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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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 $ 97,340,144

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
OUR MISSION IS TO PREVENT, TREAT AND CURE DIABETES OUR VISION IS A WORLD FREE OF DIABETES AND ITS COMPLICATIONS

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	699
6	Total number of volunteers (estimate if necessary)	**6**	115
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
Revenue **8**	Contributions and grants (Part VIII, line 1h)	41,682,623	38,942,913
9	Program service revenue (Part VIII, line 2g)	45,874,496	44,922,618
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,294,067	10,131,808
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,388,347	1,708,065
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,239,533	95,705,404
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,398,708	6,235,072
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)	49,826,411	51,037,694
16a	Professional fundraising fees (Part IX, column (A), line 11e)	408,988	372,938
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,658,098		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,320,035	35,017,210
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	89,954,142	92,662,914
19	Revenue less expenses Subtract line 18 from line 12	4,285,391	3,042,490

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	135,879,420	137,096,256
21	Total liabilities (Part X, line 26)	30,172,578	27,206,457
22	Net assets or fund balances Subtract line 21 from line 20	105,706,842	109,889,799

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

****** | 2014-08-14
Signature of officer | Date

JOHN L BROOKS III PRESIDENT AND CEO
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				P00734640

Firm's name ▶ CBIZ TOFIAS | Firm's EIN ▶ 26-3753134

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

OUR MISSION IS TO PREVENT, TREAT AND CURE DIABETES OUR VISION IS A WORLD FREE OF DIABETES AND ITS COMPLICATIONS

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 38,799,047 including grants of $ 6,235,072) (Revenue $ 41,394,499)

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 $ 33,602,751 including grants of $) (Revenue $ 4,541,463)

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** ▶ 72,401,798

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *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	Yes	
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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 United States? *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 United States? *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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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*	**35b**	Yes	
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 11b 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	270		
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	699		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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 as charitable contributions? . . .	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization 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** 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 10			
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	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 , 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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 (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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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/SR VICE PRESIDENT	39 00 1 00	X		X				336,503	0	49,735
(2) BROOKS III JOHN L PRESIDENT AND CEO	39 00 1 00	X		X				715,913	0	37,894
(3) KING MD GEORGE L TRUSTEE/SR VICE PRESIDENT	40 00 0 00	X		X				366,255	0	42,976
(4) COOK JR JOHN J TRUSTEE	2 00 0 00	X						0	0	0
(5) AMENTA MD PH D PETER S TRUSTEE	2 00 0 00	X						0	0	0
(6) GARDINER NATHANIEL S TRUSTEE	2 00 0 00	X						0	0	0
(7) GROSSMAN MORELLA M TRUSTEE	2 00 0 00	X						0	0	0
(8) LAGASSE ANNE M TRUSTEE	2 00 1 00	X						0	0	0
(9) JAMES RALPH M TRUSTEE	2 00 0 00	X						0	0	0
(10) PETERSON JAMES L TRUSTEE	2 00 0 00	X						0	0	0
(11) REHNERT GEOFFREY S TRUSTEE	2 00 0 00	X						0	0	0
(12) RUSSELL MARK E TRUSTEE	2 00 0 00	X						0	0	0
(13) SMITH RICHARD A TRUSTEE	2 00 0 00	X						0	0	0
(14) MARKELLO ROSS J COO & CFO	39 00 1 00			X				518,809	0	47,043
(15) CHAPMAN JOHN C GENERAL COUNSEL	39 00 1 00			X				284,943	0	14,583
(16) MARIA BUCKLEY GENERAL COUNSEL	39 00 1 00			X				112,936	0	5,046
(17) KAHN C RONALD SECTION CHIEF, OBESITY	40 00 0 00				X			469,641	0	40,214

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ARRIGG PAUL G CHIEF VITREORETINAL SURGUR	40 00 0 00					X		278,911	0	48,494
(19) SHARUK GEORGE S OPHTHALMOLOGIST	40 00 0 00					X		271,156	0	55,090
(20) HAMDY OSAMA MED DIR , OBESITY & INPATIENT DIAB	40 00 0 00					X		270,676	0	46,770
(21) AIELLO LLOYD PAUL VP, OPTHALMOLOGY	40 00 0 00					X		315,457	0	34,200
(22) ANEJA RAJNI EXECUTIVE VICE PRESIDENT	40 00 0 00					X		382,581	0	670

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	4,323,781	0	422,715

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 110

			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**		No
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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MARK D CRAWFORD POBOX 554 BILLERICA MA 01865	ARCHITECTURAL	902,299
PIERCE ATWOOD 100 SUMMER ST SUITE 2250 BOSTON MA 02110	LEGAL	554,349
DUANE MORRIS LLP 470 ATLANTIC AVE SUITE 500 BOSTON MA 02110	LEGAL	229,051
INTEGRATED LEARNING PARTNERS 122 NEWTOWN TPKE SUITE B WESTPORT CT 06880	MANAGEMENT CONSULTING	212,082
VICTOR SOLOD 168 SOUTH BENNINGTON ROAD BENNINGTON NH 03442	ELECTRICAL	209,364

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

Part VIII Statement of Revenue

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

				(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	698,614			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	25,929,067			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,315,232			
	g	Noncash contributions included in lines 1a-1f $		278,519			
	h	**Total.** Add lines 1a-1f			38,942,913		
Program Service Revenue			Business Code				
	2a	SERVICE AGREEMENT	900099	25,778,891	25,778,891		
	b	ED PROG /PUBLICATIONS	900099	14,588,948	14,588,948		
	c	RESEARCH GRANTS	900099	4,541,463	4,541,463		
	d	CLINIC PATIENT SVCS REV	900099	13,316	13,316		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			44,922,618		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,048,082		1,048,082
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
6a	Gross rents	1,289,559					
b	Less rental expenses	985,670					
c	Rental income or (loss)	303,889					
d	Net rental income or (loss)			303,889			303,889

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	9,083,726					
b	Less cost or other basis and sales expenses	0					
c	Gain or (loss)	9,083,726					
d	Net gain or (loss)			9,083,726			9,083,726

8a	Gross income from fundraising events (not including $ 698,614 of contributions reported on line 1c) See Part IV, line 18	a 1,014,455				
b	Less direct expenses	b 633,498				
c	Net income or (loss) from fundraising events		380,957			380,957
9a	Gross income from gaming activities See Part IV, line 19	a 25,447				
b	Less direct expenses	b 15,572				
c	Net income or (loss) from gaming activities		9,875			9,875
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	1,013,344	1,013,344		
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d		1,013,344			
12	**Total revenue.** See Instructions		95,705,404	45,935,962	0	10,826,529

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)

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

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 United States See Part IV, line 21	6,235,072	6,235,072		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,032,423	1,301,339	1,731,084	
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	38,602,575	31,909,757	5,180,169	1,512,649
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,811,919	1,445,318	300,772	65,829
9 Other employee benefits	4,921,341	3,925,619	816,924	178,798
10 Payroll taxes	2,669,436	2,129,336	443,116	96,984
11 Fees for services (non-employees)				
a Management				
b Legal	865,289	138,199	727,090	
c Accounting	173,300	61,947	111,353	
d Lobbying				
e Professional fundraising services See Part IV, line 17	372,938			372,938
f Investment management fees	459,575		459,575	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,177,012	5,214,518	2,951,098	11,396
12 Advertising and promotion	237,544	164,752	71,252	1,540
13 Office expenses				
14 Information technology	354,366	209,623	138,384	6,359
15 Royalties . .				
16 Occupancy	2,385,494	1,411,106	940,124	34,264
17 Travel	894,339	795,892	74,316	24,131
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	460,604	339,978	110,100	10,526
20 Interest	195,060		195,060	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,114,661	2,433,971	1,621,589	59,101
23 Insurance	691,755	427,512	264,243	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	5,958,689	5,772,360	172,205	14,124
b RESEARCH CONSULTING	5,532,924	5,532,924		
c EQUIP RENTAL/MAINT	1,520,212	505,846	950,862	63,504
d PRINTING & PUBLICATIONS	682,135	548,359	6,390	127,386
e All other expenses	2,314,251	1,898,370	337,312	78,569
25 **Total functional expenses.** Add lines 1 through 24e	92,662,914	72,401,798	17,603,018	2,658,098
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		533,998	2	430,337
	3	Pledges and grants receivable, net		6,358,223	3	3,856,709
	4	Accounts receivable, net		10,257,652	4	7,121,201
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		107,324	8	108,317
	9	Prepaid expenses and deferred charges		1,207,540	9	1,558,649
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 96,324,237			
	b	Less accumulated depreciation	10b 67,035,179	22,857,778	10c	29,289,058
	11	Investments—publicly traded securities		64,124,324	11	54,447,787
	12	Investments—other securities See Part IV, line 11		23,639,361	12	33,290,393
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,793,220	15	6,993,805
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		135,879,420	16	137,096,256
Liabilities	17	Accounts payable and accrued expenses		10,264,723	17	8,682,379
	18	Grants payable			18	
	19	Deferred revenue		6,741,949	19	7,670,251
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		7,020,000	23	5,400,000
	24	Unsecured notes and loans payable to unrelated third parties		292,893	24	179,484
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,853,013	25	5,274,343
	26	**Total liabilities.** Add lines 17 through 25		30,172,578	26	27,206,457
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,043,032	27	36,941,395
	28	Temporarily restricted net assets		29,347,138	28	30,332,813
	29	Permanently restricted net assets		42,316,672	29	42,615,591
		Organizations that do not follow SFAS 117 (ASC 958), 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		105,706,842	33	109,889,799
	34	Total liabilities and net assets/fund balances		135,879,420	34	137,096,256

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	95,705,404
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,662,914
3	Revenue less expenses Subtract line 2 from line 1	3	3,042,490
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105,706,842
5	Net unrealized gains (losses) on investments	5	1,667,815
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-527,347
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,889,799

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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).

Facts And Circumstances Test

Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	55,777,013	48,995,434	51,791,767	51,460,825	44,833,831
b	Contributions	287,225	302,343	441,237	175,943	2,106,784
c	Net investment earnings, gains, and losses	7,730,063	8,135,272	-1,739,266	3,347,980	4,520,210
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,956,134	1,656,036	1,498,304	3,192,981	
f	Administrative expenses					
g	End of year balance	61,838,167	55,777,013	48,995,434	51,791,767	51,460,825

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 68 910 %
- c Temporarily restricted endowment ▶ 31 090 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(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		69,774,025	48,124,139	21,649,886
c Leasehold improvements				
d Equipment		25,477,528	18,911,040	6,566,488
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				29,289,058

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	144,484	F
(B) ADAGE LIMITED PARTNERSHIP	32,120,528	F
(C) EQUITY MUTUAL FUNDS	1,025,381	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	33,290,393	

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) must 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
(1) ASSETS HELD AS AGENT	1,877,412
(2) OTHER ASSETS	1,154,905
(3) PROFESSIONAL LIABILITY REINSURANCE RECOVERIES	1,898,000
(4) DUE FROM AFFILIATES	2,063,488
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,993,805

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
OBLIGATIONS UNDER CHARITABLE REMAINDER TRUSTS	978,931
ACCRUED ASSET RETIREMENT OBLIGATION	520,000
AMOUNTS HELD AS AGENT	1,877,412
PROFESSIONAL LIABILITIY REINSURANCE RECOVERIES	1,898,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,274,343

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	97,954,861
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,667,815		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,634,740		
e	Add lines **2a** through **2d**			2e	3,302,555
3	Subtract line **2e** from line **1**			3	94,652,306
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 XIII)	4b	1,053,098		
c	Add lines **4a** and **4b**			4c	1,053,098
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	95,705,404

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

1	Total expenses and losses per audited financial statements			1	93,244,556
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 XIII)	2d	1,634,740		
e	Add lines **2a** through **2d**			2e	1,634,740
3	Subtract line **2e** from line **1**			3	91,609,816
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 XIII)	4b	1,053,098		
c	Add lines **4a** and **4b**			4c	1,053,098
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	92,662,914

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 4% OF THE AVERAGE OF THE FAIR VALUE OF QUALIFYING LONG-TERM INVESTMENTS APPLIED TO A THREE-YEAR MONTHLY AVERAGE WITH A ONE YEAR LAG
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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 CONSOLIDATED FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 985,670 FUNDRAISING EXPENSES 633,498 GAMING EXPENSES 15,572
PART XI, LINE 4B - OTHER ADJUSTMENTS		NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,053,098
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 985,670 FUNDRAISING EXPENSES 633,498 GAMING EXPENSES 15,572
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,053,098

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	NORTH AMERICA	0	0	INVESTMENTS		
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. Part II can be duplicated 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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
DONOR POINT MARKETING 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	DIRECT MAIL		No	537,673	372,938	164,735
Total . . . . . ▶				537,673	372,938	164,735

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

AL, AK, AZ, CA, CO, CT, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 HIGH HOPES GALA (event type)	(b) Event #2 A SPOONFUL OF GINGER (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,203,619	300,100	209,350	1,713,069
	2 Less Contributions	371,000	208,280	119,334	698,614
	3 Gross income (line 1 minus line 2)	832,619	91,820	90,016	1,014,455
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	12,500			12,500
	6 Rent/facility costs	388,567	37,000	44,958	470,525
	7 Food and beverages		13,798	14,015	27,813
	8 Entertainment	3,446	7,295	25,330	36,071
	9 Other direct expenses	33,999	23,569	29,021	86,589
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(633,498)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				380,957

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			25,447	25,447
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			14,300	14,300
	4 Rent/facility costs				
	5 Other direct expenses			1,272	1,272
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				15,572
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				9,875

9 Enter the state(s) in which the organization operates gaming activities MA

a Is the organization licensed to operate gaming activities in each of these states? ☑ 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

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ WILLIAM TSOULES

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ RICK PRICE

Gaming manager compensation ▶ $

Description of services provided ▶ RICK PRICE SERVES AS VICE PRESIDENT OF DEVELOPMENT AS SUCH, IN ADDITION TO OTHER DUTIES, HE OVERSEES RAFFLE ACTIVITIES

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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. Part II can be duplicated if additional space is needed.

(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)	6,235,072				DEFICIT CONTRIBUTION AND DESIGNATED SPENDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 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. Part III can be duplicated 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, Part III, column (b), 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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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?	**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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4A	RANJI ANEJA, $112,502 SEVERENCE JOHN CHAPMAN, $84,031 SEVERENCE

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ABRAHAMSON MARTIN J	(I)	304,613	30,000	1,890	19,493	30,242	386,238	0
	(II)	0	0	0	0	0	0	0
BROOKS III JOHN L	(I)	657,784	56,700	1,429	0	37,894	753,807	0
	(II)	0	0	0	0	0	0	0
KING MD GEORGE L	(I)	332,365	32,000	1,890	19,493	23,483	409,231	0
	(II)	0	0	0	0	0	0	0
MARKELLO ROSS J	(I)	468,919	48,000	1,890	19,495	27,548	565,852	0
	(II)	0	0	0	0	0	0	0
CHAPMAN JOHN C	(I)	199,603	0	85,340	14,583	0	299,526	0
	(II)	0	0	0	0	0	0	0
KAHN C RONALD	(I)	468,591	300	750	19,495	20,719	509,855	0
	(II)	0	0	0	0	0	0	0
ARRIGG PAUL G	(I)	277,861	300	750	19,495	28,999	327,405	0
	(II)	0	0	0	0	0	0	0
SHARUK GEORGE S	(I)	270,106	300	750	19,495	35,595	326,246	0
	(II)	0	0	0	0	0	0	0
HAMDY OSAMA	(I)	269,731	300	645	19,495	27,275	317,446	0
	(II)	0	0	0	0	0	0	0
AIELLO LLOYD PAUL	(I)	288,267	25,300	1,890	19,493	14,707	349,657	0
	(II)	0	0	0	0	0	0	0
ANEJA RAJNI	(I)	269,539	0	113,042	0	670	383,251	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total			▶ $									

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHERINE A BROOKS	DAUGHTER OF PRESIDENT/CEO	24,860	COMPENSATION FOR SERVICES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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 noncash 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	18	158,727	MARKET 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	75	119,792	DONATED 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 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS
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

2012

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, LOCATED IN BOSTON, MASSACHUSETTS, IS THE WORLD'S LARGEST DIABETES RESEARCH AND CLINICAL CARE ORGANIZATION JOSLIN IS DEDICATED TO ENSURING THAT PEOPLE WITH DIABETES LIVE LONG, HEALTHY LIVES AND OFFERS REAL HOPE AND PROGRESS TOWARD DIABETES PREVEN TION AND A CURE JOSLIN IS AN INDEPENDENT, NONPROFIT INSTITUTION AFFILIATED WITH HARVARD M EDICAL SCHOOL OUR MISSION IS TO PREVENT, TREAT AND CURE DIABETES OUR VISION IS A WORLD F REE OF DIABETES AND ITS COMPLICATIONS THE GLOBAL DIABETES PANDEMIC THE EXPLOSION OF DIABE TES WORLDWIDE SHOWS NO SIGNS OF ABATING THREE YEARS AGO, THE INTERNATIONAL DIABETES FEDER ATION (IDF) ESTIMATED THAT "THE NUMBER OF PEOPLE LIVING WITH DIABETES IS EXPECTED TO RISE FROM 366 MILLION IN 2011 TO 552 MILLION BY 2030 THIS EQUATES TO APPROXIMATELY THREE NEW C ASES EVERY TEN SECONDS OR ALMOST TEN MILLION PER YEAR IDF ALSO ESTIMATES THAT AS MANY AS 183 MILLION PEOPLE ARE UNAWARE THAT THEY HAVE DIABETES " SINCE THOSE NUMBERS WERE RELEASED , EVERYTHING POINTS TO THESE PREDICTIONS COMING VERY TRUE THIS MEANS A TOTAL OF APPROXIMA TELY 550 MILLION PEOPLE AT SIGNIFICANTLY INCREASED RISK FOR HEART DISEASE AND STROKE, KIDN EY DISEASE, BLINDNESS, NERVOUS SYSTEM DAMAGE, AMPUTATION AND EARLY DEATH DIABETES IN THE UNITED STATES THE UNITED STATES FACES THE SAME PROBLEMS DATA PUBLISHED IN JANUARY 2011 BY THE CENTERS FOR DISEASE CONTROL (CDC), SHOWS THAT 25 8 MILLION AMERICANS HAVE DIABETES I N ADDITION, AN ESTIMATED 79 MILLION U S ADULTS HAVE PRE-TYPE 2 DIABETES, WHICH CAN BE EXP ECTED TO DEVELOP INTO FULL-BLOWN DISEASE THIS MEANS THAT DIABETES AFFECTS 8 3 PERCENT OF AMERICANS OF ALL AGES, AND 11 3 PERCENT OF ADULTS AGED 20 AND OLDER PRE-TYPE 2 DIABETES A FFECTS 35 PERCENT OF ADULTS AGED 20 AND OLDER AND IT IS ESTIMATED THAT ABOUT 27 PERCENT O F THOSE WITH DIABETES-7 MILLION AMERICANS-DO NOT KNOW THEY HAVE THE DISEASE SOME OTHER FR IGHTENING STATISTICS - IT IS ESTIMATED THAT 1 9 MILLION AMERICANS ARE DIAGNOSED WITH DIAB ETES - HALF OF AMERICANS AGED 65 AND OLDER HAVE PRE-TYPE 2 DIABETES, NEARLY 27 PERCENT OF AMERICANS AGED 65 HAVE DIABETES - ABOUT 215,000 AMERICANS YOUNGER THAN AGE 20 HAVE DIABE TES, AND WHILE MOST OF THIS IS TYPE 1 DIABETES, IN THE 10-19 AGE GROUP, ALMOST 30% IS TYPE 2 DIABETES THE PERSONAL AND FINANCIAL IMPACT OF DIABETES DIABETES IS ASSOCIATED WITH AN INCREASED RISK FOR A NUMBER OF DEVASTATING COMPLICATIONS, INCLUDING HEART DISEASE AND STRO KE, KIDNEY DISEASE, BLINDNESS AND AMPUTATIONS OVERALL, THE RISK FOR DEATH AMONG PEOPLE WI TH DIABETES IS ABOUT TWICE THAT OF PEOPLE WITHOUT DIABETES OF SIMILAR AGE INCREASES IN BO TH TYPES 1 AND 2 DIABETES, AS WELL AS OBESITY, A PRECURSOR OF TYPE 2 DIABETES, ARE ALSO BE ING OBSERVED IN CHILDREN AND ADOLESCENTS PRESENTING FUTURE CHALLENGES TO THE HEALTHCARE SY STEM IN ADDITION TO THE HUMAN TOLL, THE FINANCIAL BURDEN ASSOCIATED WITH DIABETES IS STAG GERING ACCORDING TO A 2013 ANALYSIS CONDUCTED BY THE AMERICAN DIABETES ASSOCIATION - $24 5 BILLION TOTAL COSTS OF DIAGNOSED DIABETES IN THE UNITED STATES IN 2012 - $176 BILLION F OR DIRECT MEDICAL COSTS - $69 BILLION IN REDUCED PRODUCTIVITY JOSLIN IS MEETING THE CHALLE NGE OF THE DIABETES EPIDEMIC JOSLIN DIABETES CENTER IS THE WORLD'S LARGEST DIABETES RESEAR CH CENTER, DIABETES CLINIC AND PROVIDER OF DIABETES EDUCATION AMONG THE HARVARD MEDICAL S CHOOL AFFILIATED INSTITUTIONS, JOSLIN IS ONE OF THE MOST RESEARCH-INTENSIVE ACADEMIC MEDIC AL CENTERS AND IS UNIQUE IN ITS SOLE FOCUS ON DIABETES THIS CONCENTRATED FOCUS ON A SINGL E DISEASE ALLOWS IT TO RAPIDLY DISCOVER, CREATE AND DISTRIBUTE NEW KNOWLEDGE ABOUT DIABETE S PREVENTION, TREATMENT OPTIONS AND RESEARCH TOWARD A CURE FOUNDED IN 1898 BY ELLIOTT P JOSLIN, M D , JOSLIN TODAY HAS ALMOST 600 EMPLOYEES WORKING IN THREE MAJOR DIVISIONS - JO SLIN RESEARCH, A HIGHLY COLLABORATIVE TEAM OF MORE THAN 300 PEOPLE WITH MORE THAN 46 FACUL TY LEVEL INVESTIGATORS UNDERTAKING THE LARGEST RESEARCH PROGRAM AIMED AT PREVENTING AND CU RING TYPE 1 AND TYPE 2 DIABETES AND THEIR LONG-TERM COMPLICATIONS - JOSLIN CLINIC, THE WO RLD'S FIRST AND MOST RESPECTED DIABETES CARE FACILITY, WHICH CARES FOR 22,000 ADULT AND PE DIATRIC PATIENTS A YEAR - JOSLIN HEALTHCARE SOLUTIONS, WHICH DEVELOPS AND MARKETS INNOVAT IVE PROGRAMS, PRODUCTS AND SERVICES THAT EXPAND THE AVAILABILITY OF JOSLIN KNOWLEDGE AND E XPERTISE TO PEOPLE WITH DIABETES AND THE CLINICIANS WHO CARE FOR THEM JOSLIN IS ONE OF TH E MOST SIGNIFICANT ASSETS TO THE PATIENT AND MEDICAL COMMUNITY IN BOSTON, A CITY REGARDED AS THE COUNTRY'S PREEMINENT MEDICAL CENTER JOSLIN'S INVALUABLE EDUCATIONAL PROGRAMS AND C ARE RESOURCES BENEFIT PATIENTS IN THE SURROUNDING NEIGHBORHOOD, THE CITY OF BOSTON AND THE NEW ENGLAND REGION JOSLIN RESEARCH IMPACT THROUGH DISCOVERY THE JOSLIN RESEARCH TEAM RE PRESENTS THE MOST COMPREHENSIVE AND DYNAMIC RESEARCH PROGRAM DEDICATED EXCLUSIVELY TO DIAB ETES ANYWHERE IN THE WORLD THERE IS NO INSTITUTION QUITE LIKE JOSLIN, WHERE RESEARCH IS D IRECTLY COUPLED TO PATIENT CARE AND EDUCATION, WHI

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	FORM 990, PART III, LINE 4A & B	CH FACILITATES IMPROVING THE LIVES OF PEOPLE WITH DIABETES JOSLIN INVESTIGATORS, WHO ENGA GE IN BOTH LABORATORY AND CLINICAL RESEARCH ACROSS THE SECTIONS INTO WHICH THE RESEARCH DI VISION IS ORGANIZED, ARE ADVANCING SCIENCE AT AN UNUSUALLY FAST PACE DUE TO JOSLIN'S UNIQU E ENVIRONMENT AT ANY GIVE TIME THERE ARE FIVE COLLABORATIONS-ON AVERAGE-BETWEEN PRINCIPAL INVESTIGATORS, RESULTING IN LONGITUDINAL RESEARCH ADVANCEMENTS AND PROGRESSION TOWARDS IM PROVING CARE AND FINDING A CURE FROM UNDERSTANDING THE INTERFACE BETWEEN DIABETES AND GEN ETICS, TO THE ROLE OF INFLAMMATION IN DIABETES, TO DISCOVERIES IN BROWN FAT, THE MORE THAN 300 SCIENTISTS AT JOSLIN ARE DEDICATED TO PURSUING INNOVATIVE PATHWAYS OF DISCOVERY TO PR EVENT, TREAT AND CURE TYPE 1 AND TYPE 2 DIABETES AND THEIR COMPLICATIONS, WITH THE ULTIMAT E GOAL OF A WORLD FREE FROM DIABETES WE ARE ESPECIALLY EXCITED ABOUT OUR SOON-TO-OPEN TRA NSLATIONAL CENTER FOR THE CURE OF DIABETES A DYNAMIC PLATFORM FOR SPEEDING IDEAS AND CONC EPTS FROM OUR CLINIC TO OUR RESEARCH LABS AND BACK TO THE CLINIC IN THE FORM OF INNOVATIVE CARE MODELS, TREATMENTS AND, ULTIMATELY, A CURE THIS EXTENSIVE RELATIONSHIP BETWEEN RESE ARCH AND CLINICAL CARE-WHICH IS CENTRAL TO JOSLIN'S APPROACH TO DIABETES-HAS RESULTED IN T HE MOST IMPORTANT HISTORICAL DISCOVERIES AND IMPROVEMENTS IN DIABETES CARE WORLDWIDE THIS INCLUDES THE RECOGNITION THAT TIGHT BLOOD GLUCOSE CONTROL CAN SLOW OR PREVENT DIABETES CO MPLICATIONS, CREATION OF TREATMENT PROTOCOLS TO ENABLE WOMEN WITH DIABETES TO HAVE HEALTHY BABIES, THE IDENTIFICATION OF MARKERS FOR PRE-DIABETES, AND PIONEERING LASER SURGERY FOR DIABETIC EYE DISEASE-ALL DEVELOPED AT JOSLIN OUR RESEARCH HAS AN IMPACT ON PEOPLE WITH DI ABETES LOCALLY, NATIONALLY AND INTERNATIONALLY-IN THE AREAS OF TYPE 1 DIABETES, TYPE 2 DIA BETES AND DIABETES COMPLICATIONS FOR EXAMPLE, INVESTIGATORS IN SEVERAL JOSLIN RESEARCH SE CTIONS ARE EXPLORING THE COMPLEXITY OF DIABETES COMPLICATIONS, SUCH AS CARDIOVASCULAR, KID NEY AND EYE DISEASE WHERE ELSE COULD YOU FIND A DATABASE OF BIOLOGICAL AND PSYCHOLOGICAL DATA FROM PATIENTS WITH DIABETES, STRETCHING BACK DECADES? JOSLIN CLINIC RECORDS HAVE BEEN INVALUABLE IN STUDYING HOW COMPLICATIONS DEVELOP AND PROGRESS OVER TIME GENETICS RESEARC HERS AT JOSLIN ARE STUDYING WHAT CHANGES IN THE GENES MAKE PEOPLE WITH DIABETES SUSCEPTIBL E TO THESE COMPLICATIONS OTHER INVESTIGATORS FOCUS ON THE IMPACT OF INSULIN ON BLOOD VESS ELS AND STILL OTHERS SPECIALIZE IN THE MOLECULAR MECHANISMS THAT LEAD TO LONG-TERM COMPLI CATIONS 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 EN VIRONMENT THAT RESULTS IN THE DESTRUCTION OF INSULIN-MAKING CELLS IN THE PANCREAS, THE CAU SE OF TYPE 1 DIABETES WE ARE ALSO EXPLORING THE POTENTIAL OF STEM CELLS AND ISLET CELL TR ANSPLANTATION WE WANT TO UNDERSTAND TYPE 2 DIABETES BETTER AS WELL, AS IT IS INCREASING I N ALARMING NUMBERS AMONG CHILDREN AND TEENS THERAPIES FOR TYPE 2 DIABETES ARE GEARED TO A DULTS, 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 CLIN ICAL RESEARCH APPROXIMATELY 30 TO 40 PERCENT OF ALL RESEARCH AT JOSLIN IS CLINICAL RESEAR CH MORE THAN 150 CLINICAL TRIALS AND HUMAN SUBJECT STUDIES ARE UNDER WAY AT ANY GIVEN TIM E, RANGING FROM STUDIES OF PROMISING NEW DRUGS TO THOSE EVALUATING THE IMPACT OF LIFESTYLE CHANGES SUCH AS WEIGHT LOSS AND INCREASED PHYSICAL ACTIVITY

Identifier	Return Reference	Explanation
		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. JOSLIN HAS ONE OF THE LARGEST DIABETES TRAINING PROGRAMS IN THE WORLD, EDUCATING 150 M D. AND PH D. RESEARC HERS ANNUALLY. THERE ARE COUNTLESS JOSLIN M D. ALUMNI WORKING AROUND THE WORLD. THROUGH JO SLIN'S EDUCATIONAL PROGRAMS, WE SEEK TO IMPROVE THE PUBLIC HEALTH AT LARGE. JOSLIN'S PROFE SSIONAL EDUCATION ACTIVITIES REACH NEARLY 50,000 PRIMARY CARE PHYSICIANS AND ALLIED HEALTH PROFESSIONALS ANNUALLY. THROUGH THIS AUDIENCE, JOSLIN HAS ACHIEVED NATIONAL VISIBILITY AN D A REPUTATION FOR EXCELLENCE IN PRODUCING ACTIVITIES THAT HAVE MEASURABLE IMPACT ON PHYSI CIAN PERFORMANCE AND PATIENT OUTCOMES. THESE PROGRAMS EMPOWER HEALTHCARE PROVIDERS TO MORE EFFECTIVELY SET THE STANDARDS OF DIABETES CARE FOR THEIR COMMUNITIES, PROVIDE OPTIMAL MAN AGEMENT OF ALL DIABETES PATIENTS, IMPROVE HEALTHCARE OUTCOMES AND ENHANCE PATIENT QUALITY OF LIFE. EDUCATION IS PROVIDED IN A VARIETY OF FORMATS INCLUDING LIVE WEEKEND AND EVENING DIDACTIC SYMPOSIA, INTERACTIVE PATIENT ENCOUNTER SIMULATIONS, BOTH LIVE AND CONTINUING ONL INE, WEB-BASED SELF-STUDIES, MOBILE APPLICATIONS AND PERFORMANCE IMPROVEMENT PROGRAMS. SIN CE 2002, JOSLIN PROFESSIONAL EDUCATION HAS REACHED MORE THAN 500,000 HEALTHCARE PROVIDERS. WE KNOW THAT 80 PERCENT OF PEOPLE WITH DIABETES SEE THEIR PRIMARY CARE PROVIDERS FOR THEI R DIABETES CARE. THROUGH OUR PROFESSIONAL EDUCATION PROGRAMS, WE ARE REACHING THESE PROVID ERS, 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 D IABETES EDUCATION FOR PEOPLE WITH DIABETES. THEY PROVIDE CONTINUING SUPPORT AND ADVICE ON BLOOD GLUCOSE AND A1C MONITORING, MEDICATION MANAGEMENT, ACUTE COMPLICATION PREVENTION AND MANAGEMENT, PSYCHOSOCIAL ASSESSMENT AND ISSUES, MEAL PLANNING, NUTRITION MANAGEMENT AND P HYSICAL ACTIVITY. WE PROVIDE A PRACTICAL FOCUS ON 'SYSTEMS IMPROVEMENT IN THE PRIMARY CARE SETTING' AS OPPOSED TO JUST IMPARTING INDIVIDUAL KNOWLEDGE. AS A RESULT, THE ALLIED HEALT H PROFESSIONAL IS AN INTEGRAL TEAM MEMBER IN PROMOTING OPTIMAL DIABETES CARE. THROUGH ALL ACTIVITIES WE FOCUS ON EDUCATION, SUPPORT, TOOLS AND RESOURCES TO ENABLE THE ALLIED HEALTH PROFESSIONAL TO BE A PART OF A MORE EFFICIENT AND EFFECTIVE SYSTEM OF CARE, REGARDLESS OF THE CARE DELIVERY ENVIRONMENT. JOSLIN HAS DEVELOPED A NUMBER OF CLINICAL GUIDELINES TO HE LP HEALTHCARE PROVIDERS, BOTH AT JOSLIN AND IN THE COMMUNITY, IMPROVE THE TREATMENT AND CA RE OF INDIVIDUALS WITH DIABETES. EXPERTS FROM JOSLIN DEVELOPED THESE GUIDELINES, WHICH ARE RECOMMENDATIONS FOR CLINICAL PRACTICE AND TREATMENT, AND THEY ARE UNIQUE IN THAT THEY ARE CLEAR, CONCISE AND EASY TO USE. THEY ARE ALSO FREE AND EASILY ACCESSED VIA THE JOSLIN WEB SITE. THE PRIMARY OBJECTIVE OF JOSLIN DIABETES CENTER'S CLINICAL GUIDELINES IS TO SUPPORT CLINICAL PRACTICE AND INFLUENCE CLINICAL BEHAVIORS OF PROVIDERS SO THAT OUTCOMES ARE IMPR OVED AND PATIENT EXPECTATIONS ARE INFORMED AND REASONABLE. THEY SERVE AS THE BASIS FOR ALL OF JOSLIN'S CLINICAL PROGRAMS, CARE PATHWAYS, PROFESSIONAL AND PATIENT EDUCATION PROGRAMS AND SELF-MANAGEMENT ENDURING MATERIALS AT JOSLIN IN BOSTON, AT OUR AFFILIATES ACROSS THE COUNTRY AND IN OUR OUTREACH PROGRAMS WORLDWIDE. PROVIDING HEALTH SOLUTIONS TO THE WORLD SI NCE 1987, JOSLIN HAS COMBINED ITS CLINICAL, RESEARCH AND EDUCATION INITIATIVES WITH THE GO AL OF DEVELOPING HEALTH SOLUTIONS THAT GENERATE LARGE-SCALE BENEFITS FOR ORGANIZATIONS THA T SERVE DIABETES PATIENTS, PROVIDERS AND CONSUMERS AROUND THE WORLD. JOSLIN'S PUBLICATIONS OFFER A WIDE RANGE OF BOOKS, COOKBOOKS, VIDEOTAPES, ONLINE SERVICES AND OTHER EDUCATIONAL MATERIALS FOR PEOPLE WITH BOTH TYPE 1 DIABETES AND TYPE 2 DIABETES AND THE PHYSICIANS AND ALLIED HEALTH PROVIDERS WHO CARE FOR THEM. BOOKS ARE AUTHORED BY JOSLIN DIABETES CENTER S TAFF, THUS PROVIDING THE JOSLIN EXPERTISE, REPUTATION AND EXPERIENCE. JOSLIN'S PUBLICATION S 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 UNITED STATE S, WHICH PROVIDE MORE THAN 176,000 ANNUAL ADULT PATIENT VISITS AND 9,000 PEDIATRIC VISITS. JOSLIN ALSO HAS AN INTERNATIONAL AFFILIATE IN KUWAIT AND ANOTHER IN CANADA. WORKING WITH DOMESTIC AND INTERNATIONAL HOSPITALS AND HEALTHCARE SYSTEMS, THESE CENTERS PROVIDE A CONTI NUUM OF CARE BASED ON JOSLIN STANDARDS OF PRACTICE AND QUALITY-THAT IS, EXPERT DIABETES ED UCATION MANAGEMENT THAT CAN PREVENT COMPLICATIONS. THROUGH OUR AFFILIATED CENTER PROGRAM, WE REACH THE COUNTLESS NUMBER OF PATIENTS WHO ARE TOUCHED BY DIABETES. A TYPICAL JOSLIN AF FILIATED PROGRAM INCLUDES - MEDICAL DIRECTOR AND PHYSICIANS WHO ARE BOARD CERTIFIED IN IN TERNAL MEDICINE, OR INTERNAL MEDICINE AND ENDOCRIN

Identifier	Return Reference	Explanation
		OLOGY - NURSING STAFF WHO ARE CERTIFIED DIABETES EDUCATORS - DIETITIANS WHO ARE CERTIFIE D DIABETES EDUCATORS - ACCESS TO STAFF IN THE FOLLOWING AREAS (EITHER AS PART OF THE JOSL IN PROGRAM OR THROUGH REFERRAL TO THE HOSPITAL) EXERCISE SPECIALIST, MENTAL HEALTH SPECIA LIST, PODIATRIST, EYE SPECIALIST, OTHER SPECIALISTS, SUCH AS NEPHROLOGY, CARDIOLOGY, VASCU LAR MEDICINE, ETC - A WIDE RANGE OF PROGRAMS AND EDUCATIONAL MATERIALS FOR USE WITH PATIE NTS - A COMPREHENSIVE TRAINING AND EDUCATION PROGRAM FOR STAFF THE JOSLIN WEB SITE PROVI DES BROAD ACCESS FOR INDIVIDUALS SEEKING INFORMATION AND EDUCATION ABOUT DIABETES, JOSLIN DIABETES CENTER PROVIDES MANY RESOURCES VIA OUR WEB SITE AND SOCIAL MEDIA PROGRAMS WE OFF ER "MANAGING YOUR DIABETES," A WIDE-RANGING SERIES OF ARTICLES COVERING EVERY ASPECT OF DI ABETES SELF-MANAGEMENT, INCLUDING INFORMATION ON MEDICATIONS, NUTRITION, PHY SICAL ACTIVITY , DIABETES COMPLICATIONS AND FEELINGS ABOUT DIABETES WE OFFER INTERACTIVE ONLINE CLASSES ABOUT DIABETES, DISCUSSION BOARDS AND AN ONLINE BOOKSTORE EACH WEEK OUR COMMUNICATIONS TE AM PRODUCES NEW ARTICLES ON DIABETES MANAGEMENT AND RELATED TOPICS THAT ARE DISTRIBUTED WO RLDWIDE VIA OUR DIABETES BLOG, FACEBOOK AND TWITTER ACCOUNTS AND EMAIL NEWSLETTERS JOSLIN 'S YOUTUBE CHANNEL PROVIDES A RANGE OF EASILY ACCESSIBLE VIDEOS ON TOPICS RELATED TO DIABE TES, DIABETES RESEARCH AND DIABETES CARE TAKEN ALL TOGETHER, JOSLIN'S HANDS-ON CARE, EDUC ATION AND OUTREACH PROGRAMS IMPROVE QUALITY OF CARE FOR MILLIONS OF PEOPLE AROUND THE WORL D

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 9	TRANSFER OF UNRESTRICTED ASSETS TO RELATED PARTY - 527,347

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) 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 9	N/A	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER TRUSTS (5)	TRUST	MA	N/A	T				Yes	
(2) POOLED INCOME FUND (2)	TRUST	MA	N/A	T				Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOSLIN CLINIC INC	B	6,235,072	BOOK VALUE
(2) JOSLIN CLINIC INC	J	5,424,632	BOOK VALUE
(3) JOSLIN CLINIC INC	L	19,413,628	BOOK VALUE

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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