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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public

By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

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 province, country, and ZIP or foreign postal code

BOSTON, MA 022155306

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 subordinates?

☐ Yes☒ No

H(b) Are all subordinates 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																																																																											
Activities & Governance	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																																																																											
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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

Signature of officer

2015-08-14

Date

ELIOT LURIER CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CRAIG KLEIN

Preparer's signature

Date

2015-08-10

Check ☐ if self-employed

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 39,217,494 including grants of \$ 6,978,115) (Revenue \$ 39,428,362)

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 \$ 35,310,102 including grants of \$) (Revenue \$ 6,882,736)

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 ▶ 74,527,596

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	247	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1	
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.	692	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
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 or note to any line 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	19	
	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	16	
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 , AR
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	BETH CADLE ONE JOSLIN PLACE BOSTON,MA 02215 (617) 309-5749

Part VII

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

Check if Schedule O contains a response or note to any line 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) BROOKS III JOHN L PRESIDENT/CEO	39 00 1 00	X		X				681,109	0	31,479
(2) KING GEORGE L MD TRUSTEE/SR VP, CSO	39 00 1 00	X		X				337,842	0	36,165
(3) MARKELLO ROSS J CFO/TREASURER	38 00 2 00	X		X				485,212	0	42,676
(4) GABBAY ROBERT MD PHD SR VP, CMO	39 00 1 00	X						233,309	0	8,458
(5) ELIOT LURIER CHIEF FINANCIAL OFFICER	39 00 1 00	X		X				0	0	0
(6) ASTRUE MICHAEL TRUSTEE	2 00 0 00	X						0	0	0
(7) HERMAN ROBERTA MD TRUSTEE	2 00 0 00	X						0	0	0
(8) HOPFIELD JESSICA PHD TRUSTEE	2 00 0 00	X						0	0	0
(9) KEETON FRED TRUSTEE	2 00 0 00	X						0	0	0
(10) RUBENSTEIN ARTHUR MD MBBCH TRUSTEE	2 00 0 00	X						0	0	0
(11) COOK JR JOHN J TRUSTEE	2 00 0 00	X						0	0	0
(12) AMENTA PETER S MD PHD TRUSTEE	2 00 0 00	X						0	0	0
(13) GARDINER NATHANIEL S TRUSTEE	2 00 0 00	X						0	0	0
(14) GERAGHTY JAMES TRUSTEE	2 00 0 00	X						0	0	0
(15) LAGASSE ANNE M TRUSTEE	2 00 1 00	X						0	0	0
(16) JAMES RALPH M TRUSTEE	2 00 0 00	X						0	0	0
(17) PETERSON JAMES L TRUSTEE	2 00 0 00	X						0	0	0

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) REHNERT GEOFFREY S TRUSTEE	2 00 0 00	X						0	0	0
(19) RUSSELL MARK E TRUSTEE	2 00 0 00	X						0	0	0
(20) SMITH RICHARD A TRUSTEE	2 00 0 00	X						0	0	0
(21) SHAHEEN STEFANY TRUSTEE	2 00 0 00	X						0	0	0
(22) BUCKLEY MARIA D GENERAL COUNSEL	38 00 2 00			X				271,194	0	16,126
(23) AIELLO LLOYD PAUL DIRECTOR, BEI/INVESTIGATOR	40 00 0 00				X			361,746	0	23,898
(24) KAHN C RONALD VICE CHAIR, SECTION CHIEF OBESITY	40 00 0 00				X			484,654	0	35,548
(25) ARRIGG PAUL G CHIEF VITREORETINAL SURGURY	40 00 0 00					X		285,335	0	40,176
(26) CABALLERO ENRIQUE MEDICAL ASSOCIATE DIRECTOR	40 00 0 00					X		260,979	0	38,971
(27) HAMDY OSAMA MED DIR , OBESITY & INPATIENT DIAB	40 00 0 00					X		307,492	0	40,176
(28) SHARUK GEORGE S OPHTHALMOLOGIST	40 00 0 00					X		265,098	0	44,761
(29) WILLIAMS MARK E NEPHROLOGIST	40 00 0 00					X		322,963	0	21,383
(30) ABRAHAMSON MARTIN J FORMER SR VP FOR MEDICAL AFFAIRS	39 00 1 00						X	310,436	0	38,676
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,607,369	0	418,493

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▶115

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
	BETH ISRAEL DEACONESS MEDICAL CENTER 375 LONGWOOD AVE BOSTON MA 02215	CLINICAL SERVICES	830,443
	MARK D CRAWFORD POBOX 554 BILLERICA MA 01865	ARCHITECTURAL	739,135
	PIERCE ATWOOD 100 SUMMER ST SUITE 2250 BOSTON MA 02110	LEGAL	484,787
	PROVIDENCE HEALTH FOUNDATION 1150 VARNUM ST WASHINGTON DC 20017	PERSONNEL	351,632
	KORNFERRY INTERNATIONAL PO BOX 1450 MINNEAPOLIS MN 55485	PROFESSIONAL	339,380
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 ▶12		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	380,013			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	24,510,403			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	21,084,247			
	g	Noncash contributions included in lines 1a-1f \$	9,300,329			
	h	Total. Add lines 1a-1f	45,974,663			
Program Service Revenue	2a	SERVICE AGREEMENT	Business Code 900099	26,366,064	26,366,064	
	b	ED PROG /PUBLICATIONS	900099	12,242,153	12,242,153	
	c	RESEARCH GRANTS	900099	6,882,736	6,882,736	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	45,490,953			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	910,823			910,823
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 1,216,749	(ii) Personal		
	b	Less rental expenses	927,830			
	c	Rental income or (loss)	288,919			
	d	Net rental income or (loss)	288,919			288,919
	7a	Gross amount from sales of assets other than inventory	(i) Securities 6,994,748	(ii) Other		
	b	Less cost or other basis and sales expenses	0			
	c	Gain or (loss)	6,994,748			
	d	Net gain or (loss)	6,994,748			6,994,748
	8a	Gross income from fundraising events (not including \$ 380,013 of contributions reported on line 1c) See Part IV, line 18	a 1,090,222			
	b	Less direct expenses b	637,615			
	c	Net income or (loss) from fundraising events	452,607			452,607
	9a	Gross income from gaming activities See Part IV, line 19	a 33,650			
	b	Less direct expenses b	14,783			
	c	Net income or (loss) from gaming activities	18,867			18,867
	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	820,145	820,145	
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	820,145			
	12	Total revenue. See Instructions	100,951,725	46,311,098	0	8,665,964

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 or note to any line 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.	6,978,115	6,978,115		
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.	3,448,373	1,870,732	1,577,641	
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.	38,189,982	31,167,231	5,668,442	1,354,309
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,894,486	1,503,180	329,687	61,619
9	Other employee benefits.	4,681,654	3,714,660	814,721	152,273
10	Payroll taxes.	2,678,861	2,125,543	466,187	87,131
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	637,031	2,535	634,429	67
c	Accounting.	140,200	47,422	92,778	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	358,777			358,777
f	Investment management fees.	470,892		470,892	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,205,687	5,804,015	3,238,069	163,603
12	Advertising and promotion.	303,090	118,364	184,726	
13	Office expenses.	2,500,598	1,089,531	1,321,387	89,680
14	Information technology.	488,302	274,413	208,573	5,316
15	Royalties.				
16	Occupancy.	2,535,915	1,500,086	999,405	36,424
17	Travel.	1,159,941	980,799	147,719	31,423
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	369,238	252,002	82,778	34,458
20	Interest.	152,943		152,943	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,484,427	2,652,701	1,767,314	64,412
23	Insurance.	658,731	474,412	184,319	
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	RESEARCH SUBCONTRACTS	7,653,797	7,653,797		
b	SUPPLIES	5,617,444	5,478,165	127,941	11,338
c	TELEPHONE	844,105	592,778	109,463	141,864
d	EQUIP. RENTAL/MAINT.	247,115	247,115		
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	95,699,704	74,527,596	18,579,414	2,592,694
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 or note to any line in this Part X

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		430,337	2	3,542,277	
	3	Pledges and grants receivable, net		3,856,709	3	4,710,311	
	4	Accounts receivable, net		7,121,201	4	10,441,521	
	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		108,317	8	108,541	
	9	Prepaid expenses and deferred charges		1,558,649	9	1,404,985	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	100,608,141			
	b	Less accumulated depreciation	10b	69,848,512	29,289,058	10c	30,759,629
	11	Investments—publicly traded securities		54,447,787	11	46,204,292	
	12	Investments—other securities See Part IV, line 11		33,290,393	12	39,544,211	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		6,993,805	15	7,548,619	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		137,096,256	16	144,264,386	
Liabilities	17	Accounts payable and accrued expenses		8,682,379	17	9,374,123	
	18	Grants payable			18		
	19	Deferred revenue		7,670,251	19	10,179,850	
	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		5,400,000	23	3,780,000	
	24	Unsecured notes and loans payable to unrelated third parties		179,484	24	62,885	
	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		5,274,343	25	5,033,154	
	26	Total liabilities. Add lines 17 through 25		27,206,457	26	28,430,012	
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		36,941,395	27	33,269,537	
	28	Temporarily restricted net assets		30,332,813	28	39,707,627	
	29	Permanently restricted net assets		42,615,591	29	42,857,210	
	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		109,889,799	33	115,834,374	
	34	Total liabilities and net assets/fund balances		137,096,256	34	144,264,386	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,951,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,699,704
3	Revenue less expenses Subtract line 2 from line 1	3	5,252,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,889,799
5	Net unrealized gains (losses) on investments	5	692,554
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,834,374

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	Yes	

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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11g(i)

Yes

No

11g(ii)

Yes

No

11g(iii)

Yes

No

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	36,244,094	39,447,164	41,682,623	38,942,913	45,974,663	202,291,457
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	36,244,094	39,447,164	41,682,623	38,942,913	45,974,663	202,291,457
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)						19,205,701
6 Public support. Subtract line 5 from line 4						183,085,756

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	36,244,094	39,447,164	41,682,623	38,942,913	45,974,663	202,291,457
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,978,114	2,512,634	2,717,208	2,337,641	2,127,572	12,673,169
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.)	1,856,927	1,817,519	1,037,805	1,039,902	1,123,872	6,876,025
11 Total support (Add lines 7 through 10)						221,840,651
12 Gross receipts from related activities, etc. (see instructions)					12	219,879,441
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 2013 (line 6, column (f) divided by line 11, column (f))	14	82 530 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	86 800 %
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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	
Return Reference	Explanation
SCHEDULE A, PART I & II	JOSLIN DIABETES CENTER, INC HAS HISTORICALLY REPORTED ITS BASIS FOR PUBLIC CHARITY STATUS ON SCHEDULE A, PART I AS "BOX 3" - A HOSPITAL DESCRIBED IN SECTION 170(B)(1)(A)(III) THIS YEAR, THE CENTER HAS COMPLETED SCHEDULE A, PART II AND CHECKED SCHEDULE A, PART I, BOX 7 IN ORDER TO DEMONSTRATE ITS ELIGIBILITY TO REPORT CONTRIBUTIONS ON SCHEDULE B USING THE "SPECIAL RULE "

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 | 61,838,167 | 55,777,013 | 48,995,434 | 51,791,767 | 51,460,825 |
| b Contributions | 241,491 | 287,225 | 302,343 | 441,237 | 175,943 |
| c Net investment earnings, gains, and losses | 6,024,375 | 7,730,063 | 8,135,272 | -1,739,266 | 3,347,980 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,577,327 | 1,956,134 | 1,656,036 | 1,498,304 | 3,192,981 |
| f Administrative expenses | | | | | |
| g End of year balance | 66,526,706 | 61,838,167 | 55,777,013 | 48,995,434 | 51,791,767 |
- 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 ▶ 64 420 %

c Temporarily restricted endowment ▶ 35 580 %
- 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
- (i) unrelated organizations

(ii) related organizations
- | | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 3b | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,067,063		1,067,063
b Buildings		73,451,940	50,876,832	22,575,108
c Leasehold improvements				
d Equipment		26,089,138	18,971,680	7,117,458
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				30,759,629

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	102,324,083
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	692,554
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,580,228
e	Add lines 2a through 2d	2e	2,272,782
3	Subtract line 2e from line 1	3	100,051,301
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	900,424
c	Add lines 4a and 4b	4c	900,424
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	100,951,725

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	96,379,508
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	1,580,228
e	Add lines 2a through 2d	2e	1,580,228
3	Subtract line 2e from line 1	3	94,799,280
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	900,424
c	Add lines 4a and 4b	4c	900,424
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	95,699,704

Part XIII

Supplemental Information

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.

Return Reference	Explanation
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.
PART X, LINE 2	JOSLIN, THE CLINIC, AND JOSLIN TECHNOLOGIES HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3) AND, THEREFORE, ARE EXEMPT FROM TAXATION ON RELATED INCOME UNDER SECTION 501(A) OF THE CODE. THE IRS HAS ALSO PREVIOUSLY DETERMINED THAT THESE ENTITIES ARE NOT PRIVATE FOUNDATIONS PURSUANT TO SECTION 509(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE CENTER DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITION IN EITHER 2014 OR 2013.
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 927,830 FUNDRAISING EXPENSES 637,615 GAMING EXPENSES 14,783
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 900,424
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 927,830 FUNDRAISING EXPENSES 637,615 GAMING EXPENSES 14,783
PART XII, LINE 4B - OTHER ADJUSTMENTS	NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 900,424

[illegible]

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.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) NORTH AMERICA	0	0	INVESTMENTS		
(2)					
(3)					
(4)					
(5)					
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 04-2203836

Name: JOSLIN DIABETES CENTER INC

Part V Supplemental Information

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).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

a ☒ Mail solicitations	e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations	f ☒ Solicitation of government grants
c ☒ Phone solicitations	g ☒ Special fundraising events
d ☒ In-person solicitations	

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?		(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
		Yes	No			
1 DONOR POINT MARKETING 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	DIRECT MAIL		No	560,498	358,777	201,721
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				560,498	358,777	201,721

3 List all states in which the organization is registered or licensed to solicit contributions 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	(b) Event #2	(c) Other events	(d) Total events
		HIGH HOPES GALA (event type)	A SPOONFUL OF GINGER (event type)	2 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,111,419	241,968	116,848
	2	Less Contributions . .	166,000	86,600	127,413
	3	Gross income (line 1 minus line 2)	945,419	155,368	-10,565
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .	10,500		10,500
	6	Rent/facility costs . .	122,725	45,404	65,500
	7	Food and beverages .			8,467
	8	Entertainment			2,275
	9	Other direct expenses .	303,674	16,084	62,986
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			33,650	33,650
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			13,100	13,100
	4 Rent/facility costs				
	5 Other direct expenses			1,683	1,683
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				14,783
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				18,867

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

Schedule G (Form 990 or 990-EZ) 2013

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. 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).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JOSLIN DIABETES CENTER INC

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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)	6,978,115	0			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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE JOSLIN DIABETES CENTER PROVIDES MANAGEMENT SERVICES AND SPACE TO THE JOSLIN CLINIC TO PROVIDE PATIENT CARE CONSISTENT WITH THE MISSION OF THE CENTER AS PART OF THESE SERVICES, ALL EXPENDITURES ARE REVIEWED

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 directors, trustees, officers, including 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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	No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued 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**

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.

Return Reference	Explanation
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Additional Data

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				
BROOKS III JOHN L PRESIDENT/CEO	(i)	679,219	0	1,890	3,530	27,949	712,588	0
	(ii)	0	0	0	0	0	0	0
KING GEORGE L MD TRUSTEE/SR VP, CSO	(i)	335,952	0	1,890	19,495	16,670	374,007	0
	(ii)	0	0	0	0	0	0	0
MARKELLO ROSS J CFO/TREASURER	(i)	483,322	0	1,890	19,495	23,181	527,888	0
	(ii)	0	0	0	0	0	0	0
GABBAY ROBERT MD PHD SR VP, CMO	(i)	233,251	0	58	1,406	7,052	241,767	0
	(ii)	0	0	0	0	0	0	0
BUCKLEY MARIA D GENERAL COUNSEL	(i)	270,444	0	750	0	16,126	287,320	0
	(ii)	0	0	0	0	0	0	0
AIELLO LLOYD PAUL DIRECTOR, BEI/INVESTIGATOR	(i)	359,856	0	1,890	19,495	4,403	385,644	0
	(ii)	0	0	0	0	0	0	0
KAHN C RONALD VICE CHAIR, SECTION CHIEF OBESITY	(i)	483,904	0	750	19,495	16,053	520,202	0
	(ii)	0	0	0	0	0	0	0
ARRIGG PAUL G CHIEF VITREORETINAL SURGURY	(i)	284,585	0	750	19,495	20,681	325,511	0
	(ii)	0	0	0	0	0	0	0
CABALLERO ENRIQUE MEDICAL ASSOCIATE DIRECTOR	(i)	256,477	3,345	1,157	19,495	19,476	299,950	0
	(ii)	0	0	0	0	0	0	0
HAMDY OSAMA MED DIR , OBESITY & INPATIENT DIAB	(i)	306,847	0	645	19,495	20,681	347,668	0
	(ii)	0	0	0	0	0	0	0
SHARUK GEORGE S OPHTHALMOLOGIST	(i)	264,348	0	750	19,495	25,266	309,859	0
	(ii)	0	0	0	0	0	0	0
WILLIAMS MARK E NEPHROLOGIST	(i)	322,341	0	622	19,495	1,888	344,346	0
	(ii)	0	0	0	0	0	0	0
ABRAHAMSON MARTIN J FORMER SR VP FOR MEDICAL AFFAIRS	(i)	308,546	0	1,890	19,495	19,181	349,112	0
	(ii)	0	0	0	0	0	0	0

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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		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	16,384	COMPENSATION FOR SERVICES		No
(2) CHRISTI GABBAY	WIFE OF TRUSTEE/SR VP	32,312	COMPENSATION FOR SERVICES		No

Part V

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

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.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	32	9,093,414	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	197	206,915	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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

Yes

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.

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS
PART I, LINE 32B	THE ORGANIZATION USES VOLUNTEER COMMITTEES FOR EVENTS THAT SOLICIT OTHER PARTIES TO OBTAIN AUCTION ITEMS

2013

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Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization

JOSLIN DIABETES CENTER INC

Employer identification number

04-2203836

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A & B	COMMUNITY BENEFIT STATEMENT FOUNDED IN 1898, JOSLIN DIABETES CENTER IS WORLD-RENOWNED FOR ITS DEEP EXPERTISE IN DIABETES TREATMENT AND RESEARCH. A FEDERALLY-DESIGNATED DIABETES RESEARCH CENTER, JOSLIN IS DEDICATED TO FINDING A CURE FOR DIABETES AND ENSURING THAT PEOPLE WITH DIABETES LIVE LONG, HEALTHY LIVES. WE DEVELOP AND DISSEMINATE INNOVATIVE PATIENT THERAPIES AND SCIENTIFIC DISCOVERIES THROUGHOUT THE WORLD. AS AN INDEPENDENT, NON-PROFIT 501(C)(3) HEALTHCARE ORGANIZATION IN BOSTON, MASSACHUSETTS, WE DEPEND ON COMMUNITY EFFORTS AND THE GENEROSITY OF OUR DONORS TO SUPPORT THE CLINICAL CARE AND RESEARCH THAT WILL ENABLE A WORLD FREE OF DIABETES AND ITS COMPLICATIONS. OUR MISSION IS TO PREVENT, TREAT AND CURE DIABETES. OUR VISION IS A WORLD FREE OF DIABETES AND ITS COMPLICATIONS. DIABETES IS A GLOBAL PANDEMIC. DIABETES IS A DEVASTATING AND POTENTIALLY FATAL DISEASE THAT IS A GLOBAL PROBLEM. THE STATISTICS ARE SOBERING. THE NUMBER OF PEOPLE LIVING WITH DIABETES WILL INCREASE FROM 387 MILLION IN 2013 TO 592 MILLION IN 2035, ACCORDING TO THE 2014 INTERNATIONAL DIABETES FEDERATION (IDF) DIABETES ATLAS. FULLY HALF OF PEOPLE WITH TYPE 2 DIABETES DON'T KNOW THEY HAVE IT, SO THEY AREN'T SEEKING MEDICAL HELP TO MANAGE THEIR CONDITION AND PREVENT POTENTIALLY FATAL COMPLICATIONS. EVERY SEVEN SECONDS AROUND THE WORLD, SOMEONE DIES FROM DIABETES. DIABETES IN THE UNITED STATES - MORE THAN 29 MILLION AMERICANS ARE LIVING WITH DIABETES TODAY - BY 2050, AS MANY AS 1 IN 3 AMERICAN ADULTS WILL HAVE DIABETES IF PRESENT TRENDS CONTINUE - DIABETES KILLS MORE AMERICANS EVERY YEAR THAN AIDS AND BREAST CANCER COMBINED. COMPARED TO THEIR COUNTERPARTS WITHOUT DIABETES, ADULTS WITH DIABETES IN THE U.S. - SPEND 2-3 TIMES MORE ON MEDICAL COSTS EACH YEAR - HAVE A 50% HIGHER RISK OF DEATH - ARE 1.8 TIMES MORE LIKELY TO BE HOSPITALIZED FOR HEART ATTACK, AND 1.7 TIMES MORE LIKELY TO DIE FROM CARDIOVASCULAR DISEASE. THE PERSONAL AND FINANCIAL IMPACT OF DIABETES. DIABETES IS ASSOCIATED WITH AN INCREASED RISK FOR A NUMBER OF DEVASTATING COMPLICATIONS, INCLUDING HEART DISEASE AND STROKE, KIDNEY DISEASE, BLINDNESS AND AMPUTATIONS. OVERALL, THE RISK FOR DEATH AMONG PEOPLE WITH DIABETES IS ABOUT TWICE THAT OF PEOPLE WITHOUT DIABETES OF SIMILAR AGE. INCREASES IN BOTH TYPES 1 AND 2 DIABETES, AS WELL AS OBESITY, A PRECURSOR OF TYPE 2 DIABETES, ARE ALSO BEING OBSERVED IN CHILDREN AND ADOLESCENTS, PRESENTING FUTURE CHALLENGES TO THE HEALTHCARE SYSTEM. IN ADDITION TO THE HUMAN TOLL, THE FINANCIAL BURDEN ASSOCIATED WITH DIABETES IS STAGGERING. ACCORDING TO THE AMERICAN DIABETES ASSOCIATION, THE TOTAL COST OF DIAGNOSED DIABETES IN THE U.S. IN 2012 WAS \$245 BILLION - A 41% INCREASE OVER 2007. OF THAT \$245 BILLION - \$176 BILLION (72% OF TOTAL COST) WAS DIRECT MEDICAL COST, INCLUDING HOSPITAL AND EMERGENCY CARE, OFFICE VISITS AND MEDICATION - \$69 BILLION (28% OF TOTAL COSTS) WAS THE COST OF REDUCED AND LOST PRODUCTIVITY FROM ABSENTEEISM, UNEMPLOYMENT AND DEATH. JOSLIN IS MEETING THE CHALLENGE OF THE DIABETES EPIDEMIC. NO ONE KNOWS MORE ABOUT DIABETES THAN JOSLIN DIABETES CENTER. OUR EXPERTISE NOT ONLY CONTRIBUTES TO NEW TREATMENTS AND CURES FOR BOTH TYPE 1 AND TYPE 2 DIABETES AND THEIR COMPLICATIONS, BUT ALSO IMPROVES THE LIVES OF PEOPLE LIVING WITH DIABETES. THE BENEFITS OF THIS FOCUS AND EXPERTISE ARE THREE-FOLD: 1. JOSLIN'S CLINICAL INSIGHTS LEAD TO NEW DISCOVERIES. 2. JOSLIN'S RESEARCH DRIVES NEW TREATMENTS, AND REAL HOPE FOR A PERMANENT CURE. 3. JOSLIN CLINICIANS OFFER THE LATEST MEDICATIONS, STRATEGIES AND TECHNOLOGIES TO IMPROVE THE LIVES OF PEOPLE WITH DIABETES. JOSLIN DIABETES CENTER FACTS - ONE OF ONLY 16 FEDERALLY DESIGNATED DIABETES RESEARCH CENTERS IN THE U.S. - A PRINCIPAL TEACHING AFFILIATE OF HARVARD MEDICAL SCHOOL - FOUNDED CHAIR OF NATIONAL EYE INSTITUTE DIABETIC RETINOPATHY CLINICAL RESEARCH NETWORK - TOP RECOGNITION FROM THE NATIONAL CENTER FOR QUALITY ASSURANCE (NCQA) AS A PATIENT-CENTERED SPECIALTY PRACTICE. FOUNDED IN 1898 BY ELLIOTT P. JOSLIN, M.D., JOSLIN TODAY HAS MORE THAN 500 EMPLOYEES SERVING TWO MAIN FUNCTIONS - RESEARCH: CONDUCTING INNOVATIVE RESEARCH ON DIABETES TO FIND NEW TREATMENTS AND THERAPIES FOR THOSE LIVING WITH DIABETES AND TO FIND A PERMANENT CURE FOR DIABETES - PATIENT CARE: PROVIDING CUTTING-EDGE CARE TO 21,000 CHILDREN, ADOLESCENTS AND ADULTS WITH TYPE 1 AND TYPE 2 DIABETES. JOSLIN IS ONE OF THE MOST SIGNIFICANT ASSETS TO THE PATIENT AND MEDICAL COMMUNITY IN BOSTON, A CITY REGARDED AS THE COUNTRY'S PREEMINENT MEDICAL CENTER. JOSLIN'S INVALUABLE EDUCATIONAL PROGRAMS AND CARE RESOURCES BENEFIT PATIENTS IN THE SURROUNDING NEIGHBORHOOD, THE CITY OF BOSTON AND THE NEW ENGLAND REGION. JOSLIN PATIENT CARE: LIVING LONG AND WELL WITH DIABETES. JOSLIN HELPS ADULTS, ADOLESCENTS AND CHILDREN CHALLENGED WITH TYPE 1 AND TYPE 2 DIABETES TO LIVE LONG, HEALTHY LIVES, FREE OF COMPLICATIONS. ALL OF OUR PHYSICIANS, DIABETES EDUCATORS, AND SPECIALTY CLINICIANS ARE EXPERT IN ALL FACETS OF DIABETES. OUR CLINIC HAS THE HIGHEST CONCENTRATION OF CER.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A & B	TIFIED DIABETES EDUCATORS - NURSES, DIETITIANS, EXERCISE PHYSIOLOGISTS, NURSE PRACTITIONERS AND MENTAL HEALTH PROFESSIONALS THAN ANYWHERE ELSE IN THE WORLD. OUR WORLD-RENOWNED ENDOCRINOLOGISTS, CERTIFIED DIABETES EDUCATORS, NUTRITIONISTS, EXERCISE PHYSIOLOGISTS AND OTHER CLINICAL SPECIALISTS PROVIDE - PERSONALIZED CARE AND SUPPORT TO HELP PATIENTS AND THEIR FAMILIES MANAGE THEIR DIABETES - STATE-OF-THE-ART MEDICAL CARE, WITH EXPERTISE IN TECHNOLOGY (IE, PUMPS, CONTINUOUS GLUCOSE MONITORS), NUTRITION, PHYSICAL ACTIVITY AND ALL 15 CLASSES OF DIABETES MEDICATIONS - AGGRESSIVE PREVENTION AND MANAGEMENT OF COMPLICATIONS BECAUSE OF OUR CLINIC'S SINGLE-MINDED FOCUS ON CUTTING-EDGE CARE, JOSLIN HAS EXCELLENT CLINICAL QUALITY CARE METRICS OUTPERFORMING IN EVERY CATEGORY OF BOTH OUTCOME QUALITY MEASURES AND PROCESS QUALITY MEASURES - JOSLIN OUTPERFORMS THE ADA BENCHMARK FOR ALL THREE OUTCOME QUALITY MEASURES A1C, BLOOD PRESSURE AND CHOLESTEROL - JOSLIN OUTPERFORMS THE ADA BENCHMARK FOR ALL FIVE PROCESS QUALITY MEASURES - JOSLIN ACHIEVES THE HEDIS 90TH PERCENTILE GOAL IN ALL OF SIX OF THE POSSIBLE CATEGORIES. JOSLIN CLINIC RECOGNITIONS - THE AMERICAN DIABETES ASSOCIATION (ADA) FOR MEETING THE NATIONAL STANDARDS FOR EXCELLENCE IN DIABETES EDUCATION - THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)'S TOP PATIENT-CENTERED SPECIALTY PRACTICE (PCSP) DESIGNATION - THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)/AMERICAN DIABETES ASSOCIATION (ADA) DIABETES PHYSICIAN RECOGNITION PROGRAM - THE HEART/STROKE RECOGNITION PROGRAM THROUGH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR SUPERIOR CARDIOVASCULAR/STROKE CARE. JOSLIN RESEARCH IMPACT THROUGH DISCOVERY. IN TERMS OF DEDICATED DIABETES RESEARCH, NO INSTITUTION IS QUITE LIKE JOSLIN, WHERE RESEARCH IS DIRECTLY COUPLED TO PATIENT CARE AND EDUCATION, WHICH FACILITATES IMPROVING THE LIVES OF PEOPLE WITH DIABETES. FROM UNDERSTANDING THE INTERFACE BETWEEN DIABETES AND GENETICS, TO THE ROLE OF INFLAMMATION IN DIABETES, TO DISCOVERIES IN BROWN FAT, THE 285 SCIENTISTS AT JOSLIN ARE DEDICATED TO PURSUING INNOVATIVE PATHWAYS OF DISCOVERY TO PREVENT, TREAT AND CURE TYPE 1 AND TYPE 2 DIABETES AND THEIR COMPLICATIONS, WITH THE ULTIMATE GOAL OF A WORLD FREE FROM DIABETES. WE ARE ESPECIALLY EXCITED ABOUT JOSLIN'S THREE-LAB COLLABORATION TO RESET, REGULATE AND REGENERATE THE IMMUNE SYSTEM. WE FEEL JOSLIN IS UNIQUE IN THIS "3RS" APPROACH TO ACHIEVE A PERMANENT CURE TO DIABETES: 1. RESET THE IMMUNE SYSTEM TO GET RID OF THE T CELLS THAT CAUSE TYPE 1 DIABETES 2. REGULATE THE IMMUNE SYSTEM SO THAT IT DOESN'T ATTACK THE BETA CELLS 3. REGENERATE BETA CELLS. A BREAKTHROUGH IN ANY ONE OF THE "3RS" AREAS WILL PROVIDE HOPE FOR BETTER TREATMENT OPTIONS AND QUALITY OF LIFE IMPROVEMENTS FOR THOSE LIVING WITH DIABETES. YET ALL THREE APPROACHES ARE REQUIRED FOR A TRUE CURE, NO SINGLE APPROACH ALONE WILL SUFFICE. EACH EFFORT IS LED BY A PRINCIPAL INVESTIGATOR (PI), UNDER THE LEADERSHIP OF WORLD-RENOWNED RESEARCHERS WHO HAVE RECEIVED MORE THAN 200 AWARDS AND HONORS, INCLUDING THE HIGHEST HONORS FROM THE AMERICAN DIABETES ASSOCIATION (ADA), THE U.S. AND BRITISH ENDOCRINE SOCIETIES AND THE JUVENILE DIABETES RESEARCH FOUNDATION (JDRF). JOSLIN'S INVESTIGATORS ENGAGE IN LABORATORY AND CLINICAL RESEARCH, ADVANCING SCIENCE AT AN UNUSUALLY FAST PACE DUE TO JOSLIN'S UNIQUE MULTI-DISCIPLINARY TEAM APPROACH. AT ANY GIVEN TIME THERE ARE FIVE COLLABORATIONS-ON AVERAGE-BETWEEN PRINCIPAL INVESTIGATORS, RESULTING IN LONGITUDINAL RESEARCH ADVANCEMENTS AND PROGRESSION TOWARDS IMPROVING CARE AND FINDING A CURE.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THESE TYPES OF COLLABORATIONS OFFER AN INCREDIBLY RICH SETTING IN WHICH TO WORK, AND OFTEN GIVE RISE TO IMPORTANT QUESTIONS THAT STIMULATE THINKING AND DRIVE PROGRESS TOWARD THE CURE AND PREVENTION OF DIABETES. HERE AT JOSLIN, INDEPENDENT THINKING AND CREATIVITY ARE VALUED AND SUPPORTED BECAUSE WE RECOGNIZE THESE ARE THE INGREDIENTS THAT LEAD TO GREATER UNDERSTANDING AND DISCOVERY. RESEARCHERS HAVE THE OPPORTUNITY TO EXCHANGE IDEAS AND CHALLENGE ONE ANOTHER IN A SETTING THAT NURTURES TEAMWORK AND ALLOWS FOR THE UNPREDICTABILITY OF RESEARCH. THE SCIENTIFIC PROCESS REQUIRES A MULTI-DISCIPLINARY TEAM APPROACH LIKE THE ONE FOUND AT JOSLIN DIABETES CENTER. ONE OF ONLY 16 FEDERALLY DESIGNATED DIABETES RESEARCH CENTERS (DRCs) IN THE U.S., JOSLIN HAS BEEN FUNDED BY THE NIH/NIDDK SINCE THE LATE 1980'S. THE PRIMARY AIM OF THE JOSLIN DRC IS TO PROVIDE A FACILITATING FRAMEWORK FOR CONDUCTING MULTI-DISCIPLINARY BASIC AND CLINICAL RESEARCH AND TO ENCOURAGE THE SCIENTIFIC DEVELOPMENT OF YOUNG INVESTIGATORS. SPECIAL ATTENTION IS PAID TO FOSTERING RAPID TRANSLATION OF BASIC RESEARCH TO THE NEXT LEVEL, ACCOMPLISHED VIA THREE MAJOR PROGRAMS OF THE JOSLIN DRC: 1. CORE LABORATORIES WHICH PROVIDE SERVICES, REAGENTS, SPECIALIZED TECHNICAL EXPERTISE AND EDUCATION DIRECTED AT ENHANCING THE PRODUCTIVITY OF RESEARCH PROGRAMS. 2. PILOT AND FEASIBILITY PROJECTS THAT SUPPORT THE DEVELOPMENT OF NEW INVESTIGATORS AND ALLOW ESTABLISHED INVESTIGATORS TO EXPLORE NEW AREAS, AND STRENGTHEN BRIDGES TO SURROUNDING INSTITUTIONS. 3. THE ENRICHMENT PROGRAM WHICH PROVIDES A SERIES OF SEMINARS, WORKSHOPS AND VISITING PROFESSORS TO PROVIDE CONTINUING EDUCATION, STIMULATION, AND FOSTER COLLABORATIONS WITH EXTERNAL RESEARCH PROGRAMS. IN ADDITION, JOSLIN'S CLINICAL RESEARCH CENTER (CRC) SUPPORTS CLINICAL STUDIES WHICH TRANSLATE MANY OF THE DISCOVERIES FROM THE BENCH TO THE CLINICAL ARENA. THIS CENTER FACILITATES THE MOVING OF ANTI-INFLAMMATORY DRUGS SUCH AS SALICYLATE FROM THE BASIC LAB TO NIH-FUNDED MULTI-CENTER TRIALS AS A TREATMENT FOR TYPE 2 DIABETES. THE CRC HAS ALSO TRANSLATED THE DISCOVERY OF THE EXISTENCE OF BROWN FAT IN ADULTS AND ITS INDUCTION BY OTHER PROTEINS, WHICH CAN BE NOVEL TREATMENTS FOR OBESITY IN TYPE 2 DIABETES. THIS EXTENSIVE RELATIONSHIP BETWEEN RESEARCH AND CLINICAL CARE-WHICH IS CENTRAL TO JOSLIN'S APPROACH TO DIABETES-HAS RESULTED IN THE MOST IMPORTANT HISTORICAL DISCOVERIES AND IMPROVEMENTS IN DIABETES CARE WORLDWIDE. THIS INCLUDES THE RECOGNITION THAT TIGHT BLOOD GLUCOSE CONTROL CAN SLOW OR PREVENT DIABETES COMPLICATIONS, CREATION OF TREATMENT PROTOCOLS TO ENABLE WOMEN WITH DIABETES TO HAVE HEALTHY BABIES, THE IDENTIFICATION OF MARKERS FOR PRE-DIABETES, AND PIONEERING LASER SURGERY AND ANTI-VEGF INJECTIONS FOR DIABETIC EYE DISEASE-ALL DEVELOPED AT JOSLIN. OUR RESEARCH HAS AN IMPACT ON PEOPLE WITH DIABETES LOCALLY, NATIONALLY AND INTERNATIONALLY-IN THE AREAS OF TYPE 1 DIABETES, TYPE 2 DIABETES AND DIABETES COMPLICATIONS. FOR EXAMPLE, INVESTIGATORS IN SEVERAL JOSLIN RESEARCH SECTIONS ARE EXPLORING THE COMPLEXITY OF DIABETES COMPLICATIONS, SUCH AS CARDIOVASCULAR, KIDNEY AND EYE DISEASE. WHERE ELSE COULD YOU FIND A DATABASE OF BIOLOGICAL AND PSYCHOLOGICAL DATA FROM PATIENTS WITH DIABETES, STRETCHING BACK DECADES? GENETICS RESEARCHERS AT JOSLIN ARE STUDYING WHAT CHANGES IN THE GENES MAKE PEOPLE WITH DIABETES SUSCEPTIBLE TO THESE COMPLICATIONS. OTHER INVESTIGATORS FOCUS ON THE IMPACT OF INSULIN ON BLOOD VESSELS. AND STILL OTHERS SPECIALIZE IN THE MOLECULAR MECHANISMS THAT LEAD TO LONG-TERM COMPLICATIONS. INCLUDED IN THE MANY AREAS OF SCIENTIFIC EXPLORATION IS PEDIATRIC RESEARCH. AT A BASIC RESEARCH LEVEL, WE ARE WORKING ON UNTANGLING THE COMPLEX COMBINATION OF GENES AND ENVIRONMENT WHICH RESULTS IN THE DESTRUCTION OF INSULIN-MAKING CELLS IN THE PANCREAS, THE CAUSE OF TYPE 1 DIABETES. WE ARE ALSO EXPLORING THE POTENTIAL OF STEM CELLS AND ISLET CELL TRANSPLANTATION. WE WANT TO UNDERSTAND TYPE 2 DIABETES BETTER AS WELL, AS IT IS INCREASING IN ALARMING NUMBERS AMONG CHILDREN AND TEENS. THERAPIES FOR TYPE 2 DIABETES ARE GEARED TO ADULTS, AS THIS WAS FORMERLY CONSIDERED JUST A DISEASE OF ADULTHOOD. JOSLIN IS A PRINCIPAL SITE FOR A NATIONAL STUDY THAT SEEKS TO IDENTIFY THE MOST EFFECTIVE THERAPY FOR THE EARLY STAGES OF TYPE 2 DIABETES IN YOUNGSTERS. COMPLEMENTING OUR BASIC RESEARCH WORK IS OUR CLINICAL RESEARCH. THESE CLINICAL TRIALS OR HUMAN STUDIES EVALUATE PROMISING NEW DRUGS, THE IMPACT OF LIFESTYLE CHANGES SUCH AS WEIGHT LOSS AND INCREASED PHYSICAL ACTIVITY, AND MUCH MORE FOR ALL TYPES OF DIABETES. OF THE 250 CLINICAL TRIALS IN PROCESS, MORE THAN ONE-THIRD ARE SEEKING PARTICIPANTS. SHARING DIABETES EXPERTISE WITH THE WORLD: JOSLIN SCIENTISTS KNOW THAT A RESEARCH BREAKTHROUGH CAN AFFECT THE HEALTH AND LIVES OF MILLIONS OF PEOPLE. AND SO CAN EDUCATION. SINCE 1987, JOSLIN HAS COMBINED ITS CLINICAL, RESEARCH AND EDUCATION INITIATIVES TO MEET THE EDUCATIONAL NEEDS OF DIABETES PATIENTS, PROVIDERS AND VENDORS AROUND THE WORLD. THROUGH JOSLIN'S

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		EDUCATIONAL PROGRAMS, WE SEEK TO IMPROVE THE PUBLIC HEALTH AT LARGE. JOSLIN HAS ONE OF THE LARGEST DIABETES TRAINING PROGRAMS IN THE WORLD, EDUCATING 150 M.D. AND PH.D. RESEARCHERS ANNUALLY. THERE ARE COUNTLESS JOSLIN M.D. AND PH.D. ALUMNI WORKING AROUND THE WORLD. CLINICAL GUIDELINES: JOSLIN HAS DEVELOPED A NUMBER OF CLINICAL GUIDELINES TO HELP HEALTHCARE PROVIDERS, BOTH AT JOSLIN AND IN THE COMMUNITY, IMPROVE THE TREATMENT AND CARE OF INDIVIDUALS WITH DIABETES. THE GUIDELINES SERVE AS THE BASIS FOR ALL OF JOSLIN'S CLINICAL PROGRAMS, CARE PATHWAYS, PROFESSIONAL AND PATIENT EDUCATION PROGRAMS AND ENDURING SELF-MANAGEMENT MATERIALS AT JOSLIN IN BOSTON AND AT OUR AFFILIATE AND CARE ALLIANCE PARTNERS WORLDWIDE. THE GUIDELINES ARE FREE AND EASILY ACCESSED VIA THE JOSLIN WEB SITE. STRATEGIC INDUSTRY PARTNERSHIPS: JOSLIN GLOBAL STRATEGIC PARTNERS LEVERAGE JOSLIN DIABETES CENTER'S EXPERTISE IN RESEARCH AND CLINICAL CARE TO DELIVER NOVEL TREATMENTS AND TECHNOLOGIES TO THE DIABETES COMMUNITY. PARTNERSHIPS INCLUDE R&D STRATEGIC ALLIANCES IN DRUG DEVELOPMENT, DIAGNOSTICS, BIOMARKERS, DEVICE AND FOOD TECHNOLOGIES, AS WELL AS COLLABORATIONS THAT INTEGRATE NEW TECHNOLOGIES WITH CARE PRACTICES, OUTCOMES RESEARCH, AND PAYER STRATEGIES, AND HAVE WIDE GEOGRAPHIC IMPACT. PROFESSIONAL EDUCATION: WE KNOW THAT 80 PERCENT OF PEOPLE WITH DIABETES SEE THEIR PRIMARY CARE PROVIDERS (PCPS) FOR THEIR DIABETES CARE. WITH THE GOAL OF ENSURING THAT ALL PATIENTS WITH DIABETES GET THE BEST CARE POSSIBLE, WE PROVIDE EDUCATION AND CME/CE CREDIT NOT JUST TO PCPS, BUT ALSO TO ALLIED HEALTH PROFESSIONALS, WHO ARE NOW THE PRIMARY PROVIDER OF DIABETES EDUCATION FOR PEOPLE WITH DIABETES. SINCE 2002, JOSLIN HAS REACHED MORE THAN 500,000 CLINICIANS WITH CME AND CE PROGRAMS. THROUGH THIS AUDIENCE, JOSLIN HAS ACHIEVED NATIONAL VISIBILITY AND A REPUTATION FOR EXCELLENCE. THESE PROGRAMS EMPOWER HEALTHCARE PROVIDERS TO MORE EFFECTIVELY SET THE STANDARDS OF DIABETES CARE FOR THEIR COMMUNITIES, PROVIDE OPTIMAL MANAGEMENT OF ALL DIABETES PATIENTS, IMPROVE HEALTHCARE OUTCOMES AND ENHANCE PATIENT QUALITY OF LIFE. PATIENT RESOURCES: JOSLIN DIABETES CENTER PROVIDES MANY INFORMATIONAL RESOURCES COVERING EVERY ASPECT OF DIABETES SELF-MANAGEMENT -- INCLUDING MEDICATIONS, NUTRITION, PHYSICAL ACTIVITY AND DIABETES COMPLICATIONS -- VIA OUR WWW.JOSLIN.ORG WEB SITE. ADDITIONALLY, INDIVIDUALS CAN SIGN UP TO RECEIVE THE "SPEAKING OF DIABETES" NEWSLETTER AND/OR THE JOSLIN DIABETES BLOG, AND FOLLOW US ON THEIR FAVORITE SOCIAL MEDIA CHANNEL, INCLUDING FACEBOOK, TWITTER, LINKEDIN AND INSTAGRAM. JOSLIN'S YOUTUBE CHANNEL PROVIDES A RANGE OF EASILY ACCESSIBLE VIDEOS ON TOPICS RELATED TO DIABETES, DIABETES RESEARCH AND DIABETES CARE. 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 ARE AVAILABLE FOR PURCHASE AT JOSLIN AND ONLINE AT THE JOSLIN STORE. CARE ALLIANCES: OUTSIDE OF THE BOSTON AREA, JOSLIN REACHES COUNTLESS NUMBERS OF PATIENTS THROUGH OUR 23 AFFILIATES AND CARE ALLIANCE PARTNERS, LOCATED THROUGHOUT THE U.S. AND IN SIX COUNTRIES. HEALTHCARE ORGANIZATIONS AND PROVIDERS CAN LEVERAGE JOSLIN DIABETES CENTER'S EXPERTISE TO DESIGN AND IMPLEMENT COMPREHENSIVE DIABETES CARE TO MANAGE THEIR DIABETES PATIENTS. JOSLIN AFFILIATE AND CARE ALLIANCE PARTNERS CAN - ESTABLISH BEST-IN-CLASS CLINICAL CARE PROGRAMS THAT SPAN ALL ASPECTS OF PATIENT-CENTERED DIABETES MANAGEMENT - APPLY A RANGE OF ANALYTICS THAT DEFINE RISK AMONG PATIENT POPULATIONS AND IMPLEMENT TARGETED CARE PROGRAMS IN DIABETES AND ITS COMPLICATIONS - BECOME A DIABETES CENTER OF EXCELLENCE WITH QUALITY, OUTCOMES AND COST-BASED METRICS.

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CORPORATE EDUCATION PHARMACEUTICAL, MEDICAL DEVICE, AND HEALTHCARE IT COMPANIES USE THE SERVICES OF JOSLIN TO TRAIN KEY STAFF ON DIABETES AND ITS RELATED CONDITIONS JOSLIN DESIGNS CUSTOM PROGRAMS TO MEET PARTNER'S SPECIFIC EDUCATION NEEDS AND STRATEGIC GOALS IN SUMMARY, TAKEN ALL TOGETHER, JOSLIN'S HANDS-ON CARE AND INNOVATIVE RESEARCH PROGRAMS IMPROVE QUALITY OF CARE FOR MILLIONS OF PEOPLE AROUND THE WORLD

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.

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 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

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.

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 ON 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 POLICY ARE AVAILABLE FOR REVIEW AT THE OFFICE OF THE GENERAL COUNSEL OR IN AN ELECTRONIC FORMAT UPON REQUEST.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 022155306 22-2984590	DIABETES CLINIC	MA	501(C)(3)	LINE 11A, I	N/A	Yes	
(2) JOSLIN TECHNOLOGIES LLC ONE JOSLIN PLACE BOSTON, MA 022155306 36-4695829	MEDICAL RESEARCH	MA	501(C)(3)	LINE 9	N/A	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (5)	TRUST	MA	N/A	T				Yes	
(2) POOLED INCOME FUND (1)	TRUST	MA	N/A	T				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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 organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

Yes

No

Yes

No

No

No

Yes

No

Yes

No

No

No

No

No

No

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOSLIN CLINIC INC	B	6,978,115	BOOK VALUE
(2) JOSLIN CLINIC INC	J	6,413,960	BOOK VALUE
(3) JOSLIN CLINIC INC	L	19,952,104	BOOK VALUE
(4) JOSLIN TECHNOLOGIES LLC	L	1,368,457	BOOK VALUE
(5) JOSLIN CLINIC INC	D	1,927,074	BOOK VALUE
(6) JOSLIN TECHNOLOGIES LLC	D	776,633	BOOK VALUE

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
JOSLIN CLINIC INC	B	6,978,115	BOOK VALUE
JOSLIN CLINIC INC	J	6,413,960	BOOK VALUE
JOSLIN CLINIC INC	L	19,952,104	BOOK VALUE
JOSLIN TECHNOLOGIES LLC	L	1,368,457	BOOK VALUE
JOSLIN CLINIC INC	D	1,927,074	BOOK VALUE
JOSLIN TECHNOLOGIES LLC	D	776,633	BOOK VALUE