See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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

D Employer identification number
04-2203836

E Telephone number
(617) 309-2400

G Gross receipts $ 84,819,168

F Name and address of principal officer
PETER S AMENTA
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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	709
6	Total number of volunteers (estimate if necessary)	**6**	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	854
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	45,974,663	35,993,445
9	Program service revenue (Part VIII, line 2g)	45,490,953	44,978,158
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,905,571	701,428
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,580,538	2,095,891
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,951,725	83,768,922
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,978,115	8,981,501
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,893,356	49,748,759
16a	Professional fundraising fees (Part IX, column (A), line 11e)	358,777	399,986
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,908,996		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,469,456	36,669,550
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	95,699,704	95,799,796
19	Revenue less expenses Subtract line 18 from line 12	5,252,021	-12,030,874

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	144,264,386	134,552,270
21	Total liabilities (Part X, line 26)	28,430,012	34,375,146
22	Net assets or fund balances Subtract line 21 from line 20	115,834,374	100,177,124

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

****** | 2016-08-11
Signature of officer | Date

ELIOT LURIER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CRAIG KLEIN	CRAIG KLEIN	2016-08-11		P00734640

Firm's name ▶ CBIZ TOFIAS | Firm's EIN ▶ 26-3753134
Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116 | Phone no (617) 761-0600

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response 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 $ 35,900,738 including grants of $ 8,981,501) (Revenue $ 38,700,096)

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 $ 39,265,820 including grants of $) (Revenue $ 7,558,198)

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** ▶ 75,166,558

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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 . .	1a	283		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	709		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response 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	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
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, address, and telephone number of the person who possesses the organization's books and records ▶ 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			

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			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	4,891,921	0	529,336

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 ▶ 119

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 330 LONGWOOD AVE BOSTON, MA 02215	CLINICAL SERVICES	892,009
MARK D CRAWFORD POBOX 554 BILLERICA, MA 01865	ARCHITECTURAL	411,839
DAVINCI DIRECT INC 6 CORDAGE PARK CIRCLE SUITE 339 PLYMOUTH, MA 02360	FUNDRAISING	385,652
PIERCE ATWOOD 100 SUMMER ST SUITE 2250 BOSTON, MA 02110	LEGAL	294,462
HARVARD MEDICAL FACULTY PHYSICIANS 25 SHATTUCK STREET BOSTON, MA 02115	HEALTH CARE PROFESSIONAL	228,661

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 ▶ 14

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	320,300			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	25,717,162			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,955,983			
	g	Noncash contributions included in lines 1a-1f $		313,074			
	h	**Total.** Add lines 1a-1f . . . . . ▶		35,993,445			
Program Service Revenue			Business Code				
	2a	SERVICE AGREEMENT	900099	25,714,128	25,714,128		
	b	ED PROG /PUBLICATIONS	900099	11,705,832	11,705,832		
	c	RESEARCH GRANTS	900099	7,558,198	7,558,198		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		44,978,158			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		700,688		854	699,834
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a	Gross rents	795,822					
	b	Less rental expenses	565,683					
	c	Rental income or (loss)	230,139					
	d	Net rental income or (loss) . . . . . ▶			230,139			230,139

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	740					
	b	Less cost or other basis and sales expenses	0					
	c	Gain or (loss)	740					
	d	Net gain or (loss) . . . . . ▶			740			740

Other Revenue	8a	Gross income from fundraising events (not including $ 320,300 of contributions reported on line 1c) See Part IV, line 18 . . a	1,041,779				
	b	Less direct expenses . . . b	472,043				
	c	Net income or (loss) from fundraising events . . ▶		569,736			569,736
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	28,400				
	b	Less direct expenses . . . b	12,520				
	c	Net income or (loss) from gaming activities . . ▶		15,880			15,880
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	1,280,136	1,280,136		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,280,136			
	12	**Total revenue.** See Instructions . . . . . ▶		83,768,922	46,258,294	854	1,516,329

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 domestic organizations and domestic governments See Part IV, line 21	8,981,501	8,981,501		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,981,203	3,393,748	1,587,455	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,353,710	27,887,699	5,927,129	1,538,882
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,804,499	1,399,466	336,187	68,846
9 Other employee benefits	5,013,602	3,888,262	934,058	191,282
10 Payroll taxes	2,595,745	2,013,111	483,600	99,034
11 Fees for services (non-employees)				
a Management				
b Legal	696,465	525,148	171,317	
c Accounting	166,380	54,906	111,474	
d Lobbying				
e Professional fundraising services See Part IV, line 17	399,986			399,986
f Investment management fees	403,609		403,609	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,292,411	3,652,465	2,600,313	39,633
12 Advertising and promotion	288,761	51,585	228,971	8,205
13 Office expenses	3,206,628	1,834,187	1,324,230	48,211
14 Information technology	280,376	208,618	65,006	6,752
15 Royalties				
16 Occupancy	2,499,099	1,472,853	990,483	35,763
17 Travel	647,705	550,239	84,342	13,124
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	411,028	276,099	87,193	47,736
20 Interest	103,120		103,120	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,231,465	2,493,829	1,677,082	60,554
23 Insurance	702,946	420,390	282,556	
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	10,465,982	10,465,982		
b SUPPLIES	5,145,425	5,031,971	100,090	13,364
c PRINTING & PUBLICATIONS	404,861	161,020	2,871	240,970
d POSTAGE & SHIPPING	337,974	128,207	113,113	96,654
e All other expenses	385,315	275,272	110,043	
25 **Total functional expenses.** Add lines 1 through 24e	95,799,796	75,166,558	17,724,242	2,908,996
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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		3,542,277	2	2,380,948
	3	Pledges and grants receivable, net		4,710,311	3	3,683,262
	4	Accounts receivable, net		10,441,521	4	10,951,228
	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		108,541	8	108,317
	9	Prepaid expenses and deferred charges		1,404,985	9	849,520
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 102,793,213			
	b	Less accumulated depreciation	10b 74,308,069	30,759,629	10c	28,485,144
	11	Investments—publicly traded securities		46,204,292	11	46,007,332
	12	Investments—other securities See Part IV, line 11		39,544,211	12	34,399,147
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,548,619	15	7,687,372
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		144,264,386	16	134,552,270
Liabilities	17	Accounts payable and accrued expenses		9,374,123	17	10,715,805
	18	Grants payable			18	
	19	Deferred revenue		10,179,850	19	10,195,602
	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		3,780,000	23	2,160,000
	24	Unsecured notes and loans payable to unrelated third parties		62,885	24	0
	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		5,033,154	25	11,303,739
	26	**Total liabilities.** Add lines 17 through 25		28,430,012	26	34,375,146
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		33,269,537	27	23,686,224
	28	Temporarily restricted net assets		39,707,627	28	33,511,379
	29	Permanently restricted net assets		42,857,210	29	42,979,521
		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		115,834,374	33	100,177,124
	34	Total liabilities and net assets/fund balances		144,264,386	34	134,552,270

Part XI Reconcilliation 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	83,768,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,799,796
3	Revenue less expenses Subtract line 2 from line 1	3	-12,030,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,834,374
5	Net unrealized gains (losses) on investments	5	-3,624,376
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	-2,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,177,124

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 CEO/PRESIDENT (THRU 9/30/15)	38 00 2 00	X		X				695,451	0	65,288
(1) KING GEORGE L MD TRUSTEE/SR VP, CSO	39 00 1 00	X		X				336,918	0	40,259
(2) GABBAY ROBERT MD PHD SR VP, CMO	39 00 1 00	X						434,591	0	47,228
(3) ASTRUE MICHAEL TRUSTEE	2 00 0 00	X						0	0	0
(4) HERMAN ROBERTA MD TRUSTEE	2 00 0 00	X						0	0	0
(5) HOPFIELD JESSICA PHD TRUSTEE	2 00 0 00	X						0	0	0
(6) KEETON FRED TRUSTEE	2 00 0 00	X						0	0	0
(7) RUBENSTEIN ARTHUR MD MBBCH TRUSTEE	2 00 0 00	X						0	0	0
(8) COOK JR JOHN J TRUSTEE	2 00 0 00	X						0	0	0
(9) GERAGHTY JAMES TRUSTEE	2 00 0 00	X						0	0	0
(10) LAGASSE ANNE M TRUSTEE	2 00 1 00	X						0	0	0
(11) JAMES RALPH M TRUSTEE	2 00 0 00	X						0	0	0
(12) PETERSON JAMES L TRUSTEE	2 00 0 00	X						0	0	0
(13) REHNERT GEOFFREY S TRUSTEE	2 00 0 00	X						0	0	0
(14) RUSSELL MARK E TRUSTEE	2 00 0 00	X						0	0	0
(15) GARDINER NATHANIEL S TRUSTEE	2 00 0 00	X						0	0	0
(16) BUCKLEY MARIA D GENERAL COUNSEL	38 00 2 00			X				277,410	0	19,726
(17) LURIER ELIOT M CFO/TREASURER	39 00 1 00			X				66,642	0	6,465
(18) AIELLO LLOYD PAUL VICE PRESIDENT, OPHTHALMOLOGY	40 00 0 00				X			357,003	0	45,586
(19) KAHN C RONALD VICE CHAIR, SECTION CHIEF OBESITY	40 00 0 00				X			435,771	0	41,015
(20) ARRIGG PAUL G CHIEF VITREORETINAL SURGURY	40 00 0 00					X		286,669	0	40,269
(21) CABALLERO ENRIQUE MEDICAL ASSOCIATE DIRECTOR	40 00 0 00					X		280,513	0	38,994
(22) HAMDY OSAMA MED DIR , OBESITY & INPATIENT DIAB	40 00 0 00					X		294,567	0	41,661
(23) SHARUK GEORGE S OPHTHALMOLOGIST	40 00 0 00					X		266,664	0	48,321
(24) WILLIAMS MARK E NEPHROLOGIST	40 00 0 00					X		298,515	0	16,631

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(26) ABRAHAMSON MARTIN J ..... FORMER SR VP, MED AFFAIRS	40 00 ..... 0 00						X	338,192	0	37,573
(1) MARKELLO ROSS J ..... FORMER CFO/TREASURER	0 00 ..... 0 00						X	523,015	0	40,320

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,447,164	41,682,623	38,942,913	45,974,663	35,993,445	202,040,808
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	39,447,164	41,682,623	38,942,913	45,974,663	35,993,445	202,040,808
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)						17,867,252
6 **Public support.** Subtract line 5 from line 4						184,173,556

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	39,447,164	41,682,623	38,942,913	45,974,663	35,993,445	202,040,808
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,512,634	2,717,208	2,337,641	2,127,572	1,496,510	11,191,565
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 VI)	1,817,519	1,037,805	1,039,902	1,123,872	1,070,179	6,089,277
11 **Total support** Add lines 7 through 10						219,321,650

12	Gross receipts from related activities, etc (see instructions)	12	226,353,555

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	83 970 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	82 530 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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) BEINNING IN FY14, THE CENTER HAS BEEN COMPLETING SCHEDULE A, PART II AND CHECKING SCHEDULE A, PART I, BOX 7 IN ORDER TO DEMONSTRATE ITS ELIGIBILITY TO REPORT CONTRIBUTIONS ON SCHEDULE B USING THE "SPECIAL RULE "

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	66,526,706	61,838,167	55,777,013	48,995,434	51,791,767
b	Contributions	120,299	241,491	287,225	302,343	441,237
c	Net investment earnings, gains, and losses	-2,156,465	6,024,375	7,730,063	8,135,272	-1,739,266
d	Grants or scholarships					
e	Other expenditures for facilities and programs	2,376,558	1,577,327	1,956,134	1,656,036	1,498,304
f	Administrative expenses					
g	End of year balance	62,113,982	66,526,706	61,838,167	55,777,013	48,995,434

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 ▶ 69 190 %
- c Temporarily restricted endowment ▶ 30 810 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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		74,214,093	53,585,680	20,628,413
c Leasehold improvements				
d Equipment		27,512,057	20,722,389	6,789,668
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				28,485,144

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIFE INSURANCE POLICIES	155,759	F
(B) LIMITED PARTNERSHIP INVESTMENTS	27,909,746	F
(C) ASSETS HELD IN ESCROW	6,333,642	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	34,399,147	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD AS AGENT	1,862,193
(2) OTHER ASSETS	1,024,233
(3) PROFESSIONAL LIABILITY REINSURANCE RECOVERIES	1,910,000
(4) DUE FROM AFFILIATES	2,890,946
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,687,372

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
OBLIGATIONS UNDER CHARITABLE REMAINDER TRUSTS	857,904
ACCRUED ASSET RETIREMENT OBLIGATION	340,000
AMOUNTS HELD AS AGENT	1,862,193
PROFESSIONAL LIABILITIY REINSURANCE RECOVERIES	1,910,000
CONDITIONAL GIFT	6,333,642
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	11,303,739

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	80,185,098
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-3,624,376		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,050,246		
e	Add lines **2a** through **2d**			2e	-2,574,130
3	Subtract line **2e** from line **1**			3	82,759,228
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,009,694		
c	Add lines **4a** and **4b**			4c	1,009,694
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	83,768,922

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	95,840,348
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	1,050,246		
e	Add lines **2a** through **2d**			2e	1,050,246
3	Subtract line **2e** from line **1**			3	94,790,102
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,009,694		
c	Add lines **4a** and **4b**			4c	1,009,694
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	95,799,796

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	ENDOWMENT FUNDS ARE TO BE USED FOR THE PURPOSE DESIGNATED BY EACH INDIVIDUAL DONOR THESE FUNCTIONS INCLUDE USE GENERAL USE FUNDS, CLINIC SUPPORT FUNDS, AND RESEARCH SUPPORT FUNDS
PART X, LINE 2	JOSLIN, THE CLINIC, AND JOSLIN TECHNOLOGIES, LLC 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 2015 OR 2014
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 565,683 FUNDRAISING EXPENSES 472,043 GAMING EXPENSES 12,520
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,009,694
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 565,683 FUNDRAISING EXPENSES 472,043 GAMING EXPENSES 12,520
PART XII, LINE 4B - OTHER ADJUSTMENTS	NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,009,694

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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.

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

OMB No 1545-0047

2014

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ 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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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.

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

OMB No 1545-0047

2014

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	DAVINCI DIRECT INC 36 CORDAGE PARK CIRCLE PLYMOUTH, MA 02360	DIRECT MAIL		No	741,438	390,152	351,286
2	DONOR POINT MARKETING 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	DIRECT MAIL		No	0	9,834	-9,834
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					741,438	399,986	341,452

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

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

		(a) Event #1 HIGH HOPES GALA (event type)	(b) Event #2 A SPOONFUL OF GINGER (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	896,292	386,111	79,676	1,362,079
	2 Less Contributions	228,050	87,250	5,000	320,300
	3 Gross income (line 1 minus line 2)	668,242	298,861	74,676	1,041,779
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	106,396	42,835	47,231	196,462
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	246,254	18,029	11,298	275,581
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(472,043)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				569,736

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			28,400	28,400
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			11,100	11,100
	4 Rent/facility costs				
	5 Other direct expenses			1,420	1,420
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				12,520
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				15,880

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

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

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct 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 activities conducted in

a	The organization's facility	**13a**	%
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 ▶ BETH CADLE

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 provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 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)	8,981,501				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 Domestic Individuals.** 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) 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
PART I, LINE 4A	ROSS J MARKELLO RECEIVED SEVERANCE PAY IN THE AMOUNT OF $267,159

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
BROOKS III JOHN L, CEO/PRESIDENT (THRU 9/30/15)	(I)	690,747	0	4,704	29,000	36,288	760,739	0
	(II)	0	0	0	0	0	0	0
KING GEORGE L MD, TRUSTEE/SR VP, CSO	(I)	324,526	7,688	4,704	16,846	23,413	377,177	0
	(II)	0	0	0	0	0	0	0
GABBAY ROBERT MD PHD, SR VP, CMO	(I)	431,769	500	2,322	21,730	25,498	481,819	0
	(II)	0	0	0	0	0	0	0
BUCKLEY MARIA D, GENERAL COUNSEL	(I)	275,088	0	2,322	0	19,726	297,136	0
	(II)	0	0	0	0	0	0	0
AIELLO LLOYD PAUL, VICE PRESIDENT, OPHTHALMOLOGY	(I)	351,300	0	5,703	17,850	27,736	402,589	0
	(II)	0	0	0	0	0	0	0
KAHN C RONALD, VICE CHAIR, SECTION CHIEF OBESITY	(I)	424,147	500	11,124	21,789	19,226	476,786	0
	(II)	0	0	0	0	0	0	0
ARRIGG PAUL G, CHIEF VITREORETINAL SURGURY	(I)	284,347	0	2,322	14,333	25,936	326,938	0
	(II)	0	0	0	0	0	0	0
CABALLERO ENRIQUE, MEDICAL ASSOCIATE DIRECTOR	(I)	177,486	101,538	1,489	14,026	24,968	319,507	0
	(II)	0	0	0	0	0	0	0
HAMDY OSAMA, MED DIR , OBESITY & INPATIENT DIAB	(I)	204,763	87,843	1,961	14,728	26,933	336,228	0
	(II)	0	0	0	0	0	0	0
SHARUK GEORGE S, OPHTHALMOLOGIST	(I)	261,850	1,250	3,564	13,333	34,988	314,985	0
	(II)	0	0	0	0	0	0	0
WILLIAMS MARK E, NEPHROLOGIST	(I)	205,833	87,119	5,563	14,926	1,705	315,146	0
	(II)	0	0	0	0	0	0	0
ABRAHAMSON MARTIN J, FORMER SR VP, MED AFFAIRS	(I)	303,630	29,721	4,841	16,910	20,663	375,765	0
	(II)	0	0	0	0	0	0	0
MARKELLO ROSS J, FORMER CFO/TREASURER	(I)	253,866	0	269,149	26,150	14,170	563,335	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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.**

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

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total ▶ $			

Part III Grants or Assistance Benefiting 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) CHRISTI GABBAY	WIFE OF TRUSTEE/SR VP	94,837	COMPENSATION FOR SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

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

2014

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	23	136,400	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	142	176,675	DONATED VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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		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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493228016256

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 990-EZ 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
JOSLIN DIABETES CENTER INC	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 RES EARCH 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 THER APIES 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 DI ABETES 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 FRO M 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 THE Y HAVE IT, SO THEY AREN'T SEEKING MEDICAL HELP TO MANAGE THEIR CONDITION AND PREVENT POTEN TIALLY FATAL COMPLICATIONS EVERY SEVEN SECONDS AROUND THE WORLD, SOMEONE DIES FROM DIABET ES DIABETES IN THE UNITED STATES - MORE THAN 29 MILLION AMERICANS ARE LIVING WITH DIABETE S 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 C OMPARED 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 CA RDIOVASCULAR 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 P EOPLE WITH DIABETES IS ABOUT TWICE THAT OF PEOPLE WITHOUT DIABETES OF SIMILAR AGE INCREAS ES 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 HEAL THCARE SYSTEM IN ADDITION TO THE HUMAN TOLL, THE FINANCIAL BURDEN ASSOCIATED WITH DIABETE S IS STAGGERING ACCORDING TO THE AMERICAN DIABETES ASSOCIATION, THE TOTAL COST OF DIAGNOS ED 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 AN D EMERGENCY CARE, OFFICE VISITS AND MEDICATION - $69 BILLION (28% OF TOTAL COSTS) WAS THE COST OF REDUCED AND LOST PRODUCTIVITY FROM ABSENTEEISM, UNEMPLOY MENT AND DEATH JOSLIN IS M EETING 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, STRATEG IES AND TECHNOLOGIES TO IMPROVE THE LIVES OF PEOPLE WITH DIABETES JOSLIN DIABETES CENTER F ACTS - ONE OF ONLY 11 FEDERALLY DESIGNATED DIABETES RESEARCH CENTERS IN THE U S - A PRINC IPAL TEACHING AFFILIATE OF HARVARD MEDICAL SCHOOL - FOUNDING CHAIR OF NATIONAL EYE INSTITU TE DIABETIC RETINOPATHY CLINICAL RESEARCH NETWORK - TOP RECOGNITION FROM THE NATIONAL CENT ER FOR QUALITY ASSURANCE (NCQA) AS A PATIENT-CENTERED SPECIALTY PRACTICE FOUNDED IN 1898 B Y ELLIOTT P JOSLIN, M D , JOSLIN TODAY HAS MORE THAN 500 EMPLOYEES SERVING TWO MAIN FUNCT IONS - RESEARCH CONDUCTING INNOVATIVE RESEARCH ON DIABETES TO FIND NEW TREATMENTS AND TH ERAPIES 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 MEDICA L 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 N EIGHBORHOOD, THE CITY OF BOSTON AND THE NEW ENGLAND REGION JOSLIN PATIENT CARE LIVING LO NG AND WELL WITH DIABETES JOSLIN HELPS ADULTS, ADOLESCENTS AND CHILDREN CHALLENGED WITH TY PE 1 AND TYPE 2 DIABETES TO LIVE LONG, HEALTHY LIVES, FREE OF COMPLICATIONS ALL OF OUR PH YSICIANS, DIABETES EDUCATORS, AND SPECIALTY CLINICIANS ARE EXPERT IN ALL FACETS OF DIABETE S 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 PRACTITIONER S AND MENTAL HEALTH PROFESSIONALS THAN ANYWHERE ELSE IN THE WORLD OUR WORLD-RENOWNED ENDO CRINOLOGISTS, CERTIFIED DIABETES EDUCATORS, NUTRITIONISTS, EXERCISE PHYSIOLOGISTS AND OTHE R 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 TECHNOL OGY (I E., PUMPS, CONTINUOUS GLUCOSE MONITORS), NUTRITION, PHYSICAL ACTIVITY AND ALL 15 CL ASSES OF DIABETES MEDICATIONS - AGGRESSIVE PREVENTION AND MANAGEMENT OF COMPLICATIONS BECA USE OF OUR CLINIC'S SINGLE-MINDED FOCUS ON CUTTING-EDGE CARE, JOSLIN HAS EXCELLENT CLINICA L QUALITY CARE METRICS OUTPERFORMING IN EVERY CATEGORY OF BOTH OUTCOME QUALITY MEASURES AN D PROCESS QUALITY MEASURES - JOSLIN OUTPERFORMS THE ADA BENCHMARK FOR ALL THREE OUTCOME Q UALITY 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 P RACTICE (PCSP) DESIGNATION - THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)/AMERICAN DIABETES ASSOCIATION (ADA) DIABETES PHYSICIAN RECOGNITION PROGRAM - THE HEART/STROKE RECO GNITION PROGRAM THROUGH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AND THE AMERICAN HEAR T 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, W HICH FACILITATES IMPROVING THE LIVES OF PEOPLE WITH DIABETES FROM UNDERSTANDING THE INTER FACE BETWEEN DIABETES AND GENETICS, TO THE ROLE OF INFLAMMATION IN DIABETES, TO DISCOVERIE S 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 COMPLICATION S, WITH THE ULTIMATE GOAL OF A WORLD FREE FROM DIABETES WE ARE ESPECIALLY EXCITED ABOUT J OSLIN'S THREE-LAB COLLABORATION TO RESET, REGULATE AND REGENERATE THE IMMUNE SYSTEM WE FE EL JOSLIN IS UNIQUE IN THIS "3RS" APPROACH TO ACHIEVE A PERMANENT CURE TO DIABETES 1 RES ET 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 BREAKTHR OUGH IN ANY ONE OF THE "3RS" AREAS WILL PROVIDE HOPE FOR BETTER TREATMENT OPTIONS AND QUAL ITY OF LIFE IMPROVEMENTS FOR THOSE LIVING WITH DIABETES YET ALL THREE APPROACHES ARE REQU IRED FOR A TRUE CURE, NO SINGLE APPROACH ALONE WILL SUFFICE EACH EFFORT IS LED BY A PRINC IPAL INVESTIGATOR (PI), UNDER THE LEADERSHIP OF WORLD-RENOWNED RESEARCHERS WHO HAVE RECEIV ED MORE THAN 200 AWARDS AND HONORS, INCLUDING THE HIGHEST HONORS FROM THE AMERICAN DIABETE S ASSOCIATION (ADA), THE U S AND BRITISH ENDOCRINE SOCIETIES AND THE JUVENILE DIABETES RE SEARCH FOUNDATION (JDRF) JOSLIN'S INVESTIGATORS ENGAGE IN LABORATORY AND CLINICAL RESEARC H, ADVANCING SCIENCE AT AN UNUSUALLY FAST PACE DUE TO JOSLIN'S UNIQUE MULTI-DISCIPLINARY T EAM APPROACH AT ANY GIVEN TIME THERE ARE FIVE COLLABORATIONS-ON AVERAGE-BETWEEN PRINCIPAL INVESTIGATORS, RESULTING IN LONGITUDINAL RESEARCH ADVANCEMENTS AND PROGRESSION TOWARDS IM PROVING CARE AND FINDING A CURE.

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 CU RE AND PREVENTION OF DIABETES HERE AT JOSLIN, INDEPENDENT THINKING AND CREATIVITY ARE VAL UED AND SUPPORTED BECAUSE WE RECOGNIZE THESE ARE THE INGREDIENTS THAT LEAD TO GREATER UNDE RSTANDING 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 RES EARCH THE SCIENTIFIC PROCESS REQUIRES A MULTI-DISCIPLINARY TEAM APPROACH LIKE THE ONE FOU ND AT JOSLIN DIABETES CENTER ONE OF ONLY 11 FEDERALLY DESIGNATED DIABETES RESEARCH CENTER S (DRCS) IN THE U S , JOSLIN HAS BEEN FUNDED BY THE NIH/NIDDK SINCE THE LATE 1980'S THE P RIMARY AIM OF THE JOSLIN DRC IS TO PROVIDE A FACILITATING FRAMEWORK FOR CONDUCTING MULTI-D ISCIPLINARY BASIC AND CLINICAL RESEARCH AND TO ENCOURAGE THE SCIENTIFIC DEVELOPMENT OF YOU NG INVESTIGATORS SPECIAL ATTENTION IS PAID TO FOSTERING RAPID TRANSLATION OF BASIC RESEAR CH TO THE NEXT LEVEL, ACCOMPLISHED VIA THREE MAJOR PROGRAMS OF THE JOSLIN DRC 1 CORE LAB ORATORIES WHICH PROVIDE SERVICES, REAGENTS, SPECIALIZED TECHNICAL EXPERTISE AND EDUCATION DIRECTED AT ENHANCING THE PRODUCTIVITY OF RESEARCH PROGRAMS 2 PILOT AND FEASIBILITY PROJ ECTS THAT SUPPORT THE DEVELOPMENT OF NEW INVESTIGATORS AND ALLOW ESTABLISHED INVESTIGATORS TO EXPLORE NEW AREAS, AND STRENGTHEN BRIDGES TO SURROUNDING INSTITUTIONS 3 THE ENRICHME NT PROGRAM WHICH PROVIDE A SERIES OF SEMINARS, WORKSHOPS AND VISITING PROFESSORS TO PROVID E CONTINUING EDUCATION, STIMULATION, AND FOSTER COLLABORATIONS WITH EXTERNAL RESEARCH PROG RAMS 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 FACIL ITATES THE MOVING OF ANTI-INFLAMMATORY DRUGS SUCH AS SALICYLATE FROM THE BASIC LAB TO NIH- FUNDED MULTI-CENTER TRIAL 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 WO RLDWIDE THIS INCLUDES THE RECOGNITION THAT TIGHT BLOOD GLUCOSE CONTROL CAN SLOW OR PREVEN T 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 RE SEARCH HAS AN IMPACT ON PEOPLE WITH DIABETES LOCALLY, NATIONALLY AND INTERNATIONALLY-IN TH E AREAS OF TYPE 1 DIABETES, TYPE 2 DIABETES AND DIABETES COMPLICATIONS FOR EXAMPLE, INVES TIGATORS IN SEVERAL JOSLIN RESEARCH SECTIONS ARE EXPLORING THE COMPLEXITY OF DIABETES COMP LICATIONS, SUCH AS CARDIOVASCULAR, KIDNEY AND EYE DISEASE WHERE ELSE COULD YOU FIND A DAT ABASE OF BIOLOGICAL AND PSYCHOLOGICAL DATA FROM PATIENTS WITH DIABETES, STRETCHING BACK DE CADES GENETICS RESEARCHERS AT JOSLIN ARE STUDY ING WHAT CHANGES IN THE GENES MAKE PEOPLE W ITH DIABETES SUSCEPTIBLE TO THESE COMPLICATIONS OTHER INVESTIGATORS FOCUS ON THE IMPACT O F INSULIN ON BLOOD VESSELS AND STILL OTHERS SPECIALIZE IN THE MOLECULAR MECHANISMS THAT L EAD TO LONG-TERM COMPLICATIONS INCLUDED IN THE MANY AREAS OF SCIENTIFIC EXPLORATION IS PE DIATRIC RESEARCH AT A BASIC RESEARCH LEVEL, WE ARE WORKING ON UNTANGLING THE COMPLEX COMB INATION 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 WEL L, 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 EFFECTIV E THERAPY FOR THE EARLY STAGES OF TYPE 2 DIABETES IN YOUNGSTERS COMPLEMENTING OUR BASIC R ESEARCH WORK IS OUR CLINICAL RESEARCH THESE CLINICAL TRIALS OR HUMAN STUDIES EVALUATE PRO MISING NEW DRUGS, THE IMPACT OF LIFESTYLE CHANGES SUCH AS WEIGHT LOSS AND INCREASED PHYSIC AL ACTIVITY, AND MUCH MORE FOR ALL TYPES OF DIABETES OF THE 250 CLINICAL TRIALS IN PROCES S, 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 MI LLIONS OF PEOPLE AND SO CAN EDUCATION SINCE 1987, JOSLIN HAS COMBINED ITS CLINICAL, RESE ARCH AND EDUCATION INITIATIVES TO MEET THE EDUCATIONAL NEEDS OF DIABETES PATIENTS, PROVIDE RS 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 CLIN ICAL GUIDELINES JOSLIN HAS DEVELOPED A NUMBER OF CLINICAL GUIDELINES TO HELP HEALTHCARE P ROVIDERS, BOTH AT JOSLIN AND IN THE COMMUNITY, IMPROVE THE TREATMENT AND CARE OF INDIVIDUA LS 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 M ATERIALS AT JOSLIN IN BOSTON AND AT OUR AFFILIATE AND CARE ALLIANCE PARTNERS WORLDWIDE TH E GUIDELINES ARE FREE AND EASILY ACCESSED VIA THE JOSLIN WEB SITE. STRATEGIC INDUSTRY PART NERSHIPS JOSLIN GLOBAL STRATEGIC PARTNERS LEVERAGE JOSLIN DIABETES CENTER'S EXPERTISE IN RESEARCH AND CLINICAL CARE TO DELIVER NOVEL TREATMENTS AND TECHNOLOGIES TO THE DIABETES CO MMUNITY PARTNERSHIPS INCLUDE R&D STRATEGIC ALLIANCES IN DRUG DEVELOPMENT, DIAGNOSTICS, BI OMARKERS, DEVICE AND FOOD TECHNOLOGIES, AS WELL AS COLLABORATIONS THAT INTEGRATE NEW TECHN OLOGIES WITH CARE PRACTICES, OUTCOMES RESEARCH, AND PAYER STRATEGIES, AND HAVE WIDE GEOGRA PHIC IMPACT PROFESSIONAL EDUCATION WE KNOW THAT 90 PERCENT OF PEOPLE WITH DIABETES SEE T HEIR 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 CR EDIT NOT JUST TO PCPS, BUT ALSO TO ALLIED HEALTH PROFESSIONALS, WHO ARE NOW THE PRIMARY PR OVIDER 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 ACHIE VED NATIONAL VISIBILITY AND A REPUTATION FOR EXCELLENCE. THESE PROGRAMS EMPOWER HEALTHCARE PROVIDERS TO MORE EFFECTIVELY SET THE STANDARDS OF DIABETES CARE FOR THEIR COMMUNITIES, P ROVIDE OPTIMAL MANAGEMENT OF ALL DIABETES PATIENTS, IMPROVE HEALTHCARE OUTCOMES AND ENHANC E PATIENT QUALITY OF LIFE. PATIENT RESOURCES JOSLIN DIABETES CENTER PROVIDES MANY INFORMA TIONAL RESOURCES COVERING EVERY ASPECT OF DIABETES SELF-MANAGEMENT -- INCLUDING MEDICATION S, NUTRITION, PHYSICAL ACTIVITY AND DIABETES COMPLICATIONS -- VIA OUR WWW JOSLIN ORG WEB S ITE. ADDITIONALLY, INDIVIDUALS CAN SIGN UP TO RECEIVE THE "SPEAKING OF DIABETES" NEWSLETTE R AND/OR THE JOSLIN DIABETES BLOG, AND FOLLOW US ON THEIR FAVORITE SOCIAL MEDIA CHANNEL, I NCLUDING FACEBOOK, TWITTER, LINKEDIN AND INSTAGRAM JOSLIN'S YOUTUBE CHANNEL PROVIDES A RA NGE OF EASILY ACCESSIBLE VIDEOS ON TOPICS RELATED TO DIABETES, DIABETES RESEARCH AND DIABE TES CARE. A WIDE RANGE OF BOOKS, COOKBOOKS, VIDEOTAPES, ONLINE SERVICES AND OTHER EDUCATIO NAL 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 ONL INE AT THE JOSLIN STORE. CARE ALLIANCES OUTSIDE OF THE BOSTON AREA, JOSLIN REACHES COUNTL ESS NUMBERS OF PATIENTS THROUGH OUR 23 AFFILIATES AND CARE ALLIANCE PARTNERS, LOCATED THRO UGHOUT 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 - ESTABLI SH 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 IM PLEMENT TARGETED CARE PROGRAMS IN DIABETES AND ITS COMPLICATIONS - BECOME A DIABETES CENTE R 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER ADJUSTMENTS -2,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228016256

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

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

(a) Name, address, and EIN (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	(g) No
(1) JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 022155306 22-2984590	DIABETES CLINIC	MA	501(C)(3)	LINE 11A, I	N/A	Yes	
(2) JOSLIN TECHNOLOGIES LLC ONE JOSLIN PLACE BOSTON, MA 022155306 36-4695829	MEDICAL RESEARCH	MA	501(C)(3)	LINE 9	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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 (2)	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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOSLIN CLINIC INC	B	8,981,501	BOOK VALUE
(2) JOSLIN CLINIC INC	J	7,034,635	BOOK VALUE
(3) JOSLIN CLINIC INC	L	18,679,493	BOOK VALUE
(4) JOSLIN TECHNOLOGIES LLC	L	1,552,705	BOOK VALUE
(5) JOSLIN CLINIC INC	D	1,472,736	BOOK VALUE
(6) JOSLIN TECHNOLOGIES LLC	D	1,418,210	BOOK VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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 related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
JOSLIN CLINIC INC	B	8,981,501	BOOK VALUE
JOSLIN CLINIC INC	J	7,034,635	BOOK VALUE
JOSLIN CLINIC INC	L	18,679,493	BOOK VALUE
JOSLIN TECHNOLOGIES LLC	L	1,552,705	BOOK VALUE
JOSLIN CLINIC INC	D	1,472,736	BOOK VALUE
JOSLIN TECHNOLOGIES LLC	D	1,418,210	BOOK VALUE