

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JOSLIN DIABETES CENTER INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE JOSLIN PLACE</b> City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02215-5306</b> <b>F</b> Name and address of principal officer: <b>PETER S. AMENTA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>04-2203836</b> <b>E</b> Telephone number <b>617-309-2400</b> <b>G</b> Gross receipts \$ <b>99,783,543.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.JOSLIN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1950</b>
		<b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO PREVENT, TREAT AND CURE DIABETES. OUR VISION IS A WORLD FREE OF DIABETES AND ITS</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>664</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>246</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>13,288.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>512,529.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>44,232,822.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>40,979,789.</b>	<b>40,819,240.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,036,562.</b>	<b>-355,794.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,800,107.</b>	<b>2,426,449.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>88,049,280.</b>	<b>98,325,080.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,170,140.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>47,399,856.</b>	<b>54,897,616.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>371,680.</b>	<b>413,305.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,361,253.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>32,560,282.</b>	<b>26,604,739.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>88,501,958.</b>	<b>91,783,272.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-452,678.</b>	<b>6,541,808.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>121,882,330.</b>	<b>129,902,651.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>25,781,906.</b>	<b>21,034,822.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>96,100,424.</b>	<b>108,867,829.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ELIOT LURIER, CFO/COO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature _____	Date <b>07/23/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00734640</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>			Firm's EIN ▶ <b>26-3753134</b>	
Firm's address ▶ <b>500 BOYLSTON STREET BOSTON, MA 02116</b>			Phone no. <b>617-761-0600</b>		

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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 31,266,642. including grants of \$ 9,867,612. ) (Revenue \$ 35,011,012. ) 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 WORLDWIDE ON JOSLIN TREATMENT METHODS FOR PATIENTS WITH DIABETES.

SEE THE COMMUNITY BENEFIT STATEMENT ON SCHEDULE O.

4b (Code: ) (Expenses \$ 40,118,292. including grants of \$ ) (Revenue \$ 6,932,146. ) 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 71,384,934.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096 (174), Form W-2G (0), Form W-3 (664), and various tax compliance questions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included in line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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 X; b Other officers or key employees of the organization X; 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? X; 16b 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?

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
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] 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 - 617-309-5749 ONE JOSLIN PLACE, BOSTON, MA 02215

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) JESSICA HOPFIELD PH. D. TRUSTEE/CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) JOHN J. COOK, JR. TRUSTEE	2.00 0.00	X						0.	0.	0.
(3) MICHAEL K. DEVLIN TRUSTEE	2.00 0.00	X						0.	0.	0.
(4) ROBERTA HERMAN, M.D. TRUSTEE	2.00 0.00	X						0.	0.	0.
(5) RALPH M. JAMES TRUSTEE	2.00 0.00	X						0.	0.	0.
(6) FRED KEETON TRUSTEE	2.00 0.00	X						0.	0.	0.
(7) ANNE M. LAGASSE TRUSTEE	2.00 1.00	X						0.	0.	0.
(8) DANIEL R. OMSTEAD, PH. D. TRUSTEE	2.00 0.00	X						0.	0.	0.
(9) JAMES L. PETERSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(10) GEOFFREY S. REHNERT TRUSTEE	2.00 0.00	X						0.	0.	0.
(11) ARTHUR RUBENSTEIN, M.D., MBBCH TRUSTEE	2.00 0.00	X						0.	0.	0.
(12) MARK E. RUSSELL TRUSTEE	2.00 0.00	X						0.	0.	0.
(13) STEFANY SHAHEEN TRUSTEE	2.00 0.00	X						0.	0.	0.
(14) RICHARD A. SMITH TRUSTEE	2.00 0.00	X						0.	0.	0.
(15) MICHELE A. WHITHAM, ESQ. TRUSTEE	2.00 0.00	X						0.	0.	0.
(16) PETER S. AMENTA, M.D. PRESIDENT & CHIEF EXECUTIVE OFFICER	39.00 1.00	X		X				678,581.	0.	0.
(17) ROBERT GABBAY, M.D., PH. D. CHIEF MEDICAL OFFICER & SR. VP	39.00 1.00	X						454,628.	0.	47,307.

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE L. KING, M.D. TRUSTEE/SR. VP/CHIEF SCIENCE OFFICER	39.00 1.00	X						371,883.	0.	48,209.
(19) MARIA D. BUCKLEY GENERAL COUNSEL	38.00 2.00			X				328,593.	0.	40,294.
(20) ELIOT M. LURIER TREASURER/CFO/COO	39.00 1.00			X				338,900.	0.	51,836.
(21) RONALD C. KAHN VICE CHAIRMAN/SECTION CHIEF, OBESITY	40.00 0.00			X				420,075.	0.	40,968.
(22) LLOYD P. AIELLO VICE PRESIDENT, OPHTHALMOLY	40.00 0.00			X				355,155.	0.	51,426.
(23) JOHN A. PERRY CHIEF PHILANTHROPY OFFICER	40.00 0.00				X			317,356.	0.	22,328.
(24) PAUL G. ARRIGG CHIEF VITREORETINAL SURGERY	40.00 0.00				X			286,070.	0.	49,626.
(25) NANDAN PADUKONE VP, COMMERCIALIZATION & VENTURES	40.00 0.00				X			265,695.	0.	48,968.
(26) GEORGE SHARUK OPHTHALMOLOGIST	40.00 0.00				X			264,737.	0.	49,247.
<b>1b Sub-total</b>								4,081,673.	0.	450,209.
<b>c Total from continuation sheets to Part VII, Section A</b>								260,462.	0.	39,900.
<b>d Total (add lines 1b and 1c)</b>								4,342,135.	0.	490,109.

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 **102**

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

**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
REGENTS OF UNIV OF MN PO BOX 1450, MINNEAPOLIS, MN 55485-5957	RESEARCH	840,593.
COLLIERS INTERNATIONAL 160 FEDERAL STREET, BOSTON, MA 02110	FACILITIES MANAGEMENT	779,564.
PLATFORMQ HEALTH EDUCATION LLC 100 CRESCENT RD, NEEDHAM, MA 02494	EDUCATION	592,900.
RPI CONSULTANTS, 101 N HAVEN ST, SUITE 201, BALTIMORE, MD 21224	ERP IMPLEMENTATION	255,409.
KENYA MOUNTAIN LLC 143 THORNDIKE STREET, DUNSTABLE, MA 01827	IT CONSULTANT	119,955.

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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	231,120.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	24,700,701.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	30,503,364.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		341,485.			
	<b>h Total.</b> Add lines 1a-1f .....		55,435,185.			
	<b>Program Service Revenue</b>	<b>2 a</b> SERVICE AGREEMENT .....	<b>Business Code</b> 900099	27,546,425.	27,546,425.	
<b>b</b> RESEARCH GRANTS .....		900099	6,932,146.	6,932,146.		
<b>c</b> ED. PROG./PUBLICATIONS .....		900099	6,340,669.	6,340,669.		
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			40,819,240.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		72,517.		59,229.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	707,355.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	461,911.			
		<b>c</b> Rental income or (loss) .....	245,444.			
	<b>d</b> Net rental income or (loss) .....		245,444.		245,444.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	428,311.			
		<b>c</b> Gain or (loss) .....	-428,311.			
	<b>d</b> Net gain or (loss) .....		-428,311.		-428,311.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 231,120. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	1,620,503.			
		<b>b</b> Less: direct expenses .....	563,667.			
<b>c</b> Net income or (loss) from fundraising events .....			1,056,836.		1,056,836.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	4,825.				
	<b>b</b> Less: direct expenses .....	4,574.				
	<b>c</b> Net income or (loss) from gaming activities .....		251.		251.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER REVENUE .....	900099	1,123,918.	1,123,918.			
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		1,123,918.			
<b>12 Total revenue.</b> See instructions. ....		98,325,080.	41,943,158.	13,288.	933,449.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,867,612.	9,867,612.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,505,092.	678,581.	826,511.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	43,263,619.	36,083,242.	5,371,567.	1,808,810.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,632,593.	1,340,604.	226,027.	65,962.
<b>9</b> Other employee benefits	5,921,082.	4,862,096.	819,754.	239,232.
<b>10</b> Payroll taxes	2,575,230.	2,114,650.	356,532.	104,048.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	274,222.		274,222.	
<b>c</b> Accounting	214,642.		214,642.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	413,305.			413,305.
<b>f</b> Investment management fees	412,415.		412,415.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	8,238,853.	5,315,401.	2,600,362.	323,090.
<b>12</b> Advertising and promotion	25,603.	7,673.	17,620.	310.
<b>13</b> Office expenses	1,361,104.	843,723.	475,159.	42,222.
<b>14</b> Information technology	2,648,496.	20,288.	2,612,592.	15,616.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,619,643.	1,543,896.	1,038,259.	37,488.
<b>17</b> Travel	863,410.	693,226.	79,091.	91,093.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	330,766.	270,470.	47,159.	13,137.
<b>20</b> Interest	2,034.		2,034.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,853,079.	1,681,472.	1,130,778.	40,829.
<b>23</b> Insurance	788,281.	380,607.	407,674.	
<b>24</b> 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.)				
<b>a</b> <b>SUPPLIES</b>	5,353,949.	5,291,573.	44,550.	17,826.
<b>b</b> <b>EQUIP. RENTAL &amp; MAINT.</b>	214,064.	214,064.		
<b>c</b> <b>POSTAGE &amp; SHIPPING</b>	188,708.	63,245.	70,878.	54,585.
<b>d</b> <b>PRINTING &amp; PUBLICATIONS</b>	166,192.	66,542.	6,411.	93,239.
<b>e</b> All other expenses	49,278.	45,969.	2,848.	461.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	91,783,272.	71,384,934.	17,037,085.	3,361,253.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	4,789,459.	<b>2</b>	5,038,320.
	<b>3</b> Pledges and grants receivable, net .....	4,104,928.	<b>3</b>	12,514,449.
	<b>4</b> Accounts receivable, net .....	5,379,044.	<b>4</b>	5,902,733.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	992,236.	<b>9</b>	1,566,384.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 96,129,038.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 76,960,882.	22,127,236.	<b>10c</b> 19,168,156.
	<b>11</b> Investments - publicly traded securities .....	37,651,886.	<b>11</b>	41,960,583.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	43,444,462.	<b>12</b>	40,249,194.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,393,079.	<b>15</b>	3,502,832.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	121,882,330.	<b>16</b>	129,902,651.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,766,415.	<b>17</b>	10,920,507.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,447,439.	<b>19</b>	3,865,843.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	12,568,052.	<b>25</b>	6,248,472.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	25,781,906.	<b>26</b>	21,034,822.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	9,639,044.	<b>27</b>	7,137,630.
	<b>28</b> Temporarily restricted net assets .....	40,216,613.	<b>28</b>	53,103,821.
	<b>29</b> Permanently restricted net assets .....	46,244,767.	<b>29</b>	48,626,378.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	96,100,424.	<b>33</b>	108,867,829.	
<b>34</b> Total liabilities and net assets/fund balances .....	121,882,330.	<b>34</b>	129,902,651.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,325,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,783,272.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,541,808.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,100,424.
5	Net unrealized gains (losses) on investments	5	6,225,587.
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	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,867,829.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45974663.	35993445.	40370530.	44232822.	55435185.	222006645
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	45974663.	35993445.	40370530.	44232822.	55435185.	222006645
<b>5</b> 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) .....						19714323.
<b>6 Public support.</b> Subtract line 5 from line 4.						202292322

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	45974663.	35993445.	40370530.	44232822.	55435185.	222006645
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2127572.	1496510.	1244373.	1264613.	779,872.	6912940.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1123872.	1070179.	1079252.	1131299.	1625328.	6029930.
<b>11 Total support.</b> Add lines 7 through 10						234949515
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	219,389,908.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	86.10 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	88.27 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

JOSLIN DIABETES CENTER INC

Employer identification number

04-2203836

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**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" on 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 a 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 Tax 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 7/25/06, 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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 on 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 on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**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" on 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,542,370.	62,979,530.	62,113,982.	66,526,706.	61,838,167.
b Contributions	2,381,611.	2,852,680.	414,832.	120,299.	241,491.
c Net investment earnings, gains, and losses	5,478,515.	7,748,253.	3,701,938.	-2,156,465.	6,024,375.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,402,750.	4,038,093.	3,251,222.	2,376,558.	1,577,327.
f Administrative expenses					
g End of year balance	73,999,746.	69,542,370.	62,979,530.	62,113,982.	66,526,706.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  65.71 %
  - c Temporarily restricted endowment  34.29 %
- The percentages on 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   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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" on 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		1,068,063.		1,068,063.
b Buildings		74,029,103.	59,687,255.	14,341,848.
c Leasehold improvements				
d Equipment		21,031,872.	17,273,627.	3,758,245.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>19,168,156.</b>



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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) LIMITED PARTNERSHIP		
(B) INVESTMENTS	40,249,194.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	40,249,194.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD AS AGENT	2,824,481.
(3) REINSURANCE RECOVERIES	1,990,000.
(4) CONDITIONAL GIFT	1,433,991.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,248,472.

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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	104,548,737.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,225,587.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,030,152.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,255,739.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	97,292,998.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,032,082.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,032,082.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	98,325,080.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	91,781,342.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,030,152.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,030,152.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	90,751,190.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,032,082.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,032,082.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	91,783,272.

**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.

**PART V, LINE 4:**

ENDOWMENT FUNDS ARE TO BE USED FOR THE PURPOSE DESIGNATED BY EACH INDIVIDUAL DONOR. THESE FUNCTIONS INCLUDE GENERAL USE FUNDS, CLINIC SUPPORT FUNDS, AND RESEARCH SUPPORT FUNDS.

**PART X, LINE 2:**

JOSLIN AND THE CLINIC FOLLOW GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IF

**Part XIII** Supplemental Information (continued)

THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

BOTH JOSLIN AND THE CLINIC ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) (THE CODE), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. JOSLIN AND THE CLINIC HAVE PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF THEIR RESPECTIVE TAX-EXEMPT STATUSES; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. BOTH JOSLIN AND THE CLINIC HAVE DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	461,911.
FUNDRAISING EXPENSES	563,667.
GAMING EXPENSES	4,574.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,030,152.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING	1,032,082.
--	------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	461,911.
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**Part XIII** Supplemental Information *(continued)*

FUNDRAISING EXPENSES 563,667.

GAMING EXPENSES 4,574.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,030,152.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,032,082.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		3,815,562.
<b>3 a</b> Sub-total .....	0	0			3,815,562.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,815,562.





**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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2017







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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HIGH HOPES GALA (event type)	A TASTE OF GINGER (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,571,483.	213,815.	66,325.	1,851,623.
	2	Less: Contributions	153,920.	50,076.	27,124.	231,120.
	3	Gross income (line 1 minus line 2)	1,417,563.	163,739.	39,201.	1,620,503.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	171,088.	29,113.	20,555.	220,756.
	7	Food and beverages	25,724.	21,336.	24,388.	71,448.
	8	Entertainment	129,296.	9,143.	741.	139,180.
	9	Other direct expenses	102,251.	20,794.	9,238.	132,283.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				563,667.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,056,836.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes		4,333.	4,333.
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			241.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				4,574.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				251.

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 activity conducted in:
 

13a	.00	%
13b	100.00	%
- 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 02215-5306

- 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 ▶ JOHN PERRY

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ JOHN PERRY SERVED AS CHIEF PHILANTHROPY OFFICER. 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 to be 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: DAVINCI DIRECT, INC.

(I) ADDRESS OF FUNDRAISER: 36 CORDAGE PARK CIRCLE, PLYMOUTH, MA 02360



**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
JOSLIN CLINIC, INC. ONE JOSLIN PLACE BOSTON, MA 02115	22-2984590	501(C)(3)	9,867,612.	0.			DEFICIT CONTRIBUTION AND DESIGNATED SPENDING

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0

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

Schedule I (Form 990) (2017)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE JOSLIN DIABETES CENTER PROVIDES MANAGEMENT SERVICES AND SPACE TO THE  
JOSLIN CLINIC TO PROVIDE PATIENT CARE CONSISTENT WITH THE MISSION OF THE  
CENTER. AS PART OF THESE SERVICES, ALL EXPENDITURES ARE REVIEWED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017



**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 on 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 aren't 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER S. AMENTA, M.D. PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	675,000.	0.	3,581.	0.	0.	678,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT GABBAY, M.D., PH. D. CHIEF MEDICAL OFFICER & SR. VP	(i)	444,171.	6,931.	3,526.	20,640.	26,667.	501,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEORGE L. KING, M.D. TRUSTEE/SR. VP/CHIEF SCIENCE OFFICER	(i)	343,641.	20,250.	7,992.	20,640.	27,569.	420,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA D. BUCKLEY GENERAL COUNSEL	(i)	325,012.	0.	3,581.	20,640.	19,654.	368,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIOT M. LURIER TREASURER/CFO/COO	(i)	335,421.	0.	3,479.	20,640.	31,196.	390,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RONALD C. KAHN VICE CHAIRMAN/SECTION CHIEF, OBESITY	(i)	415,127.	0.	4,948.	20,640.	20,328.	461,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LLOYD P. AIELLO VICE PRESIDENT, OPHTHALMOLY	(i)	351,683.	0.	3,472.	20,640.	30,786.	406,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN A. PERRY CHIEF PHILANTHROPY OFFICER	(i)	316,129.	0.	1,227.	0.	22,328.	339,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAUL G. ARRIGG CHIEF VITREORETINAL SURGERY	(i)	282,489.	0.	3,581.	20,640.	28,986.	335,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NANDAN PADUKONE VP, COMMERCIALIZATION & VENTURES	(i)	262,216.	0.	3,479.	20,640.	28,328.	314,663.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GEORGE SHARUK OPHTHALMOLOGIST	(i)	261,156.	0.	3,581.	20,640.	28,607.	313,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARK WILLIAMS NEPHROLOGIST	(i)	200,207.	54,675.	5,580.	20,464.	19,436.	300,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**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
CHRISTI GABBAY	WIFE OF TRUSTEE/SR.	105,211.	COMPENSATIO		X

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHRISTI GABBAY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF TRUSTEE/SR. VP

(D) DESCRIPTION OF TRANSACTION: COMPENSATION FOR SERVICES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	20	239,232.	MARKET VALUE AT RECE
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	146	102,253.	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

**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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES VOLUNTEER COMMITTEES FOR EVENTS THAT SOLICIT OTHER PARTIES TO OBTAIN AUCTION ITEMS.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

JOSLIN DIABETES CENTER INC

Employer identification number

04-2203836

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPLICATIONS.

FORM 990, PART III, LINE 4A & B:

COMMUNITY BENEFIT STATEMENT

JOSLIN CLINIC IS PART OF JOSLIN DIABETES CENTER, THE WORLD'S LARGEST  
DIABETES RESEARCH AND CLINICAL CARE ORGANIZATION. JOSLIN IS DEDICATED  
TO ENSURING THAT PEOPLE WITH DIABETES LIVE LONG, HEALTHY LIVES AND  
OFFERS REAL HOPE AND PROGRESS TOWARD DIABETES PREVENTION AND A CURE.  
JOSLIN IS AN INDEPENDENT, NONPROFIT INSTITUTION AFFILIATED WITH HARVARD  
MEDICAL SCHOOL.

AS AN INDEPENDENT, NON-PROFIT 501(C)(3) HEALTHCARE ORGANIZATION IN  
BOSTON, MASSACHUSETTS, WE DEPEND ON COMMUNITY EFFORTS AND THE  
GENEROSITY OF OUR DONORS TO SUPPORT THE CLINICAL CARE AND RESEARCH THAT  
WILL ENABLE A WORLD FREE OF DIABETES AND ITS COMPLICATIONS.

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

DIABETES IS A GLOBAL PANDEMIC

DIABETES IS A DEVASTATING AND POTENTIALLY FATAL DISEASE THAT IS A  
GLOBAL PROBLEM. THE STATISTICS ARE SOBERING: THE NUMBER OF PEOPLE  
LIVING WITH DIABETES WILL INCREASE FROM 425 MILLION IN 2017 TO 629

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

JOSLIN DIABETES CENTER INC

Employer identification number

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MILLION IN 2045, ACCORDING TO THE 2017 INTERNATIONAL DIABETES  
 FEDERATION (IDF) DIABETES ATLAS. FULLY HALF OF PEOPLE WITH TYPE 2  
 DIABETES DON'T KNOW THEY HAVE IT, SO THEY AREN'T SEEKING MEDICAL HELP  
 TO MANAGE THEIR CONDITION AND PREVENT POTENTIALLY FATAL COMPLICATIONS.  
 EVERY SEVEN SECONDS AROUND THE WORLD, SOMEONE DIES FROM DIABETES.

DIABETES IN THE UNITED STATES

- MORE THAN 50 MILLION AMERICANS ARE LIVING WITH DIABETES TODAY  
 - BY 2045, AS MANY AS 73 MILLION AMERICAN ADULTS WILL HAVE DIABETES IF  
 PRESENT TRENDS CONTINUE

COMPARED TO THEIR COUNTERPARTS WITHOUT DIABETES, ADULTS WITH DIABETES  
 IN THE U.S:

- ADULTS WITH DIABETES SPEND AN AVERAGE OF \$16,750 PER YEAR ON MEDICAL  
 COSTS OF WHICH \$9,600 OR 57% IS ATTRIBUTED TO DIABETES. THIS RESULTS IN  
 A SPEND OF 2.3 TIMES MORE ON MEDICAL COSTS EACH YEAR.  
 - HAVE A 50% HIGHER RISK OF DEATH RESULTING IN MORE THAN 378,000 DEATHS  
 IN 2017.

THE PERSONAL AND FINANCIAL IMPACT OF DIABETES

DIABETES IS ASSOCIATED WITH AN INCREASED RISK FOR A NUMBER OF  
 DEVASTATING COMPLICATIONS, INCLUDING HEART DISEASE AND STROKE, KIDNEY  
 DISEASE, BLINDNESS AND AMPUTATIONS. OVERALL, THE RISK FOR DEATH AMONG  
 PEOPLE WITH DIABETES IS ABOUT TWICE THAT OF PEOPLE WITHOUT DIABETES OF  
 SIMILAR AGE. INCREASES IN BOTH TYPES 1 AND 2 DIABETES, AS WELL AS



Name of the organization JOSLIN DIABETES CENTER INC	Employer identification number 04-2203836
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OBSESITY, A PRECURSOR OF TYPE 2 DIABETES, ARE ALSO BEING OBSERVED IN CHILDREN AND ADOLESCENTS, PRESENTING FUTURE CHALLENGES TO THE HEALTHCARE SYSTEM.

IN ADDITION TO THE HUMAN TOLL, THE FINANCIAL BURDEN ASSOCIATED WITH DIABETES IS STAGGERING. ACCORDING TO THE AMERICAN DIABETES ASSOCIATION, THE TOTAL COST OF DIAGNOSED DIABETES IN THE U.S. IN 2017 WAS \$327 BILLION - A 26% INCREASE OVER 2012. OF THAT \$327 BILLION:

- \$237 BILLION (72% OF TOTAL COST) WAS DIRECT MEDICAL COST, INCLUDING HOSPITAL AND EMERGENCY CARE, OFFICE VISITS AND MEDICATION  
- \$90 BILLION (28% OF TOTAL COSTS) WAS THE COST OF REDUCED AND LOST PRODUCTIVITY FROM ABSENTEEISM, UNEMPLOYMENT AND DEATH

JOSLIN IS MEETING THE CHALLENGE OF THE DIABETES EPIDEMIC

NO ONE KNOWS MORE ABOUT DIABETES THAN JOSLIN DIABETES CENTER.

OUR EXPERTISE NOT ONLY CONTRIBUTES TO NEW TREATMENTS AND CURES FOR BOTH TYPE 1 AND TYPE 2 DIABETES AND THEIR COMPLICATIONS, BUT ALSO IMPROVES THE LIVES OF PEOPLE LIVING WITH DIABETES. THE BENEFITS OF THIS FOCUS AND EXPERTISE ARE THREE-FOLD:

1. JOSLIN'S CLINICAL INSIGHTS LEAD TO NEW DISCOVERIES
2. JOSLIN'S RESEARCH DRIVES NEW TREATMENTS, AND REAL HOPE FOR A PERMANENT CURE
3. JOSLIN CLINICIANS OFFER THE LATEST MEDICATIONS, STRATEGIES AND TECHNOLOGIES TO IMPROVE THE LIVES OF PEOPLE WITH DIABETES

Name of the organization

JOSLIN DIABETES CENTER INC

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**JOSLIN DIABETES CENTER FACTS**


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- ONE OF ONLY 11 FEDERALLY DESIGNATED DIABETES RESEARCH CENTERS IN THE U.S.

- A PRINCIPAL TEACHING AFFILIATE OF HARVARD MEDICAL SCHOOL

- FOUNDING CHAIR OF NATIONAL EYE INSTITUTE DIABETIC RETINOPATHY

**CLINICAL RESEARCH NETWORK**

- TOP RECOGNITION FROM THE NATIONAL CENTER FOR QUALITY ASSURANCE (NCQA) AS A PATIENT-CENTERED SPECIALTY PRACTICE

FOUNDED IN 1898 BY ELLIOTT P. JOSLIN, M.D., JOSLIN TODAY HAS MORE THAN 500 EMPLOYEES SERVING TWO MAIN FUNCTIONS:

- RESEARCH. CONDUCTING INNOVATIVE RESEARCH ON DIABETES TO FIND NEW TREATMENTS AND THERAPIES FOR THOSE LIVING WITH DIABETES AND TO FIND A PERMANENT CURE FOR DIABETES

- PATIENT CARE. PROVIDING CUTTING-EDGE CARE TO 21,000 CHILDREN, ADOLESCENTS AND ADULTS WITH TYPE 1 AND TYPE 2 DIABETES

JOSLIN IS ONE OF THE MOST SIGNIFICANT ASSETS TO THE PATIENT AND MEDICAL COMMUNITY IN BOSTON, A CITY REGARDED AS THE COUNTRY'S PREEMINENT MEDICAL CENTER. JOSLIN'S INVALUABLE EDUCATIONAL PROGRAMS AND CARE RESOURCES BENEFIT PATIENTS IN THE SURROUNDING NEIGHBORHOOD, THE CITY OF BOSTON AND THE NEW ENGLAND REGION.

JOSLIN PATIENT CARE: LIVING LONG AND WELL WITH DIABETES

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Name of the organization JOSLIN DIABETES CENTER INC	Employer identification number 04-2203836
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JOSLIN HELPS ADULTS, ADOLESCENTS AND CHILDREN CHALLENGED WITH TYPE 1 AND TYPE 2 DIABETES TO LIVE LONG, HEALTHY LIVES, FREE OF COMPLICATIONS. ALL OF OUR PHYSICIANS, DIABETES EDUCATORS, AND SPECIALTY CLINICIANS ARE EXPERT IN ALL FACETS OF DIABETES. OUR CLINIC HAS THE HIGHEST CONCENTRATION OF CERTIFIED DIABETES EDUCATORS - NURSES, DIETITIANS, EXERCISE PHYSIOLOGISTS, NURSE PRACTITIONERS AND MENTAL HEALTH PROFESSIONALS THAN ANYWHERE ELSE IN THE WORLD.

OUR WORLD-RENOWNED ENDOCRINOLOGISTS, CERTIFIED DIABETES EDUCATORS, NUTRITIONISTS, EXERCISE PHYSIOLOGISTS AND OTHER CLINICAL SPECIALISTS PROVIDE:

- PERSONALIZED CARE AND SUPPORT TO HELP PATIENTS AND THEIR FAMILIES MANAGE THEIR DIABETES

- STATE-OF-THE-ART MEDICAL CARE, WITH EXPERTISE IN TECHNOLOGY (I.E., PUMPS, CONTINUOUS GLUCOSE MONITORS), NUTRITION, PHYSICAL ACTIVITY AND ALL 15 CLASSES OF DIABETES MEDICATIONS

- AGGRESSIVE PREVENTION AND MANAGEMENT OF COMPLICATIONS

BECAUSE OF OUR CLINIC'S SINGLE-MINDED FOCUS ON CUTTING-EDGE CARE, JOSLIN HAS EXCELLENT CLINICAL QUALITY CARE METRICS OUTPERFORMING IN EVERY CATEGORY OF BOTH OUTCOME QUALITY MEASURES AND PROCESS QUALITY MEASURES:

- JOSLIN OUTPERFORMS THE ADA BENCHMARK FOR ALL THREE OUTCOME QUALITY MEASURES A1C, BLOOD PRESSURE AND CHOLESTEROL

- JOSLIN OUTPERFORMS THE ADA BENCHMARK FOR ALL FIVE PROCESS QUALITY MEASURES

Name of the organization JOSLIN DIABETES CENTER INC	Employer identification number 04-2203836
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- JOSLIN ACHIEVES THE HEDIS 90TH PERCENTILE GOAL IN ALL OF SIX OF THE POSSIBLE CATEGORIES.

JOSLIN CLINIC RECOGNITIONS

- THE AMERICAN DIABETES ASSOCIATION (ADA) FOR MEETING THE NATIONAL STANDARDS FOR EXCELLENCE IN DIABETES EDUCATION.

- THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)'S TOP PATIENT-CENTERED SPECIALTY PRACTICE (PCSP) DESIGNATION

- THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)/AMERICAN DIABETES ASSOCIATION (ADA) DIABETES PHYSICIAN RECOGNITION PROGRAM.

- THE HEART/STROKE RECOGNITION PROGRAM THROUGH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR SUPERIOR CARDIOVASCULAR/STROKE CARE.

JOSLIN RESEARCH: IMPACT THROUGH DISCOVERY

IN TERMS OF DEDICATED DIABETES RESEARCH, NO INSTITUTION IS QUITE LIKE JOSLIN, WHERE RESEARCH IS DIRECTLY COUPLED TO PATIENT CARE AND EDUCATION, WHICH FACILITATES IMPROVING THE LIVES OF PEOPLE WITH DIABETES.

FROM UNDERSTANDING THE INTERFACE BETWEEN DIABETES AND GENETICS, TO THE ROLE OF INFLAMMATION IN DIABETES, TO DISCOVERIES IN BROWN FAT, THE 250 SCIENTISTS AT JOSLIN ARE DEDICATED TO PURSUING INNOVATIVE PATHWAYS OF

Name of the organization JOSLIN DIABETES CENTER INC	Employer identification number 04-2203836
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DISCOVERY TO PREVENT, TREAT AND CURE TYPE 1 AND TYPE 2 DIABETES AND THEIR COMPLICATIONS, WITH THE ULTIMATE GOAL OF A WORLD FREE FROM DIABETES.

JOSLIN'S INVESTIGATORS ENGAGE IN LABORATORY AND CLINICAL RESEARCH, ADVANCING SCIENCE AT AN UNUSUALLY FAST PACE DUE TO JOSLIN'S UNIQUE MULTI-DISCIPLINARY TEAM APPROACH. AT ANY GIVEN TIME THERE ARE FIVE COLLABORATIONS-ON AVERAGE-BETWEEN PRINCIPAL INVESTIGATORS, RESULTING IN LONGITUDINAL RESEARCH ADVANCEMENTS AND PROGRESSION TOWARDS IMPROVING CARE AND FINDING A CURE.

THESE TYPES OF COLLABORATIONS OFFER AN INCREDIBLY RICH SETTING IN WHICH TO WORK, AND OFTEN GIVE RISE TO IMPORTANT QUESTIONS THAT STIMULATE THINKING AND DRIVE PROGRESS TOWARD THE CURE AND PREVENTION OF DIABETES. HERE AT JOSLIN, INDEPENDENT THINKING AND CREATIVITY ARE VALUED AND SUPPORTED BECAUSE WE RECOGNIZE THESE ARE THE INGREDIENTS THAT LEAD TO GREATER UNDERSTANDING AND DISCOVERY. RESEARCHERS HAVE THE OPPORTUNITY TO EXCHANGE IDEAS AND CHALLENGE ONE ANOTHER IN A SETTING THAT NURTURES TEAMWORK AND ALLOWS FOR THE UNPREDICTABILITY OF RESEARCH. THE SCIENTIFIC PROCESS REQUIRES A MULTI-DISCIPLINARY TEAM APPROACH LIKE THE ONE FOUND AT JOSLIN DIABETES CENTER.

ONE OF ONLY 11 FEDERALLY DESIGNATED DIABETES RESEARCH CENTERS (DRCS) IN THE U.S., JOSLIN HAS BEEN FUNDED BY THE NIH/NIDDK SINCE THE LATE 1980'S. THE PRIMARY AIM OF THE JOSLIN DRC IS TO PROVIDE A FACILITATING FRAMEWORK FOR CONDUCTING MULTI-DISCIPLINARY BASIC AND CLINICAL RESEARCH AND TO ENCOURAGE THE SCIENTIFIC DEVELOPMENT OF YOUNG INVESTIGATORS. SPECIAL ATTENTION IS PAID TO FOSTERING RAPID TRANSLATION OF BASIC

Name of the organization JOSLIN DIABETES CENTER INC	Employer identification number 04-2203836
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RESEARCH TO THE NEXT LEVEL, ACCOMPLISHED VIA THREE MAJOR PROGRAMS OF  
THE JOSLIN DRC:

1. CORE LABORATORIES WHICH PROVIDE SERVICES, REAGENTS, SPECIALIZED  
TECHNICAL EXPERTISE AND EDUCATION DIRECTED AT ENHANCING THE  
PRODUCTIVITY OF RESEARCH PROGRAMS.

2. PILOT AND FEASIBILITY PROJECTS THAT SUPPORT THE DEVELOPMENT OF NEW  
INVESTIGATORS AND ALLOW ESTABLISHED INVESTIGATORS TO EXPLORE NEW AREAS,  
AND STRENGTHEN BRIDGES TO SURROUNDING INSTITUTIONS.

3. THE ENRICHMENT PROGRAM WHICH PROVIDE A SERIES OF SEMINARS, WORKSHOPS  
AND VISITING PROFESSORS TO PROVIDE CONTINUING EDUCATION, STIMULATION,  
AND FOSTER COLLABORATIONS WITH EXTERNAL RESEARCH PROGRAMS.

THIS EXTENSIVE RELATIONSHIP BETWEEN RESEARCH AND CLINICAL CARE-WHICH IS  
CENTRAL TO JOSLIN'S APPROACH TO DIABETES-HAS RESULTED IN THE MOST  
IMPORTANT HISTORICAL DISCOVERIES AND IMPROVEMENTS IN DIABETES CARE  
WORLDWIDE. THIS INCLUDES THE RECOGNITION THAT TIGHT BLOOD GLUCOSE  
CONTROL CAN SLOW OR PREVENT DIABETES COMPLICATIONS, CREATION OF  
TREATMENT PROTOCOLS TO ENABLE WOMEN WITH DIABETES TO HAVE HEALTHY  
BABIES, THE IDENTIFICATION OF MARKERS FOR PRE-DIABETES, AND PIONEERING  
LASER SURGERY AND ANTI-VEGF INJECTIONS FOR DIABETIC EYE DISEASE-ALL  
DEVELOPED AT JOSLIN.

OUR RESEARCH HAS AN IMPACT ON PEOPLE WITH DIABETES LOCALLY, NATIONALLY  
AND INTERNATIONALLY-IN THE AREAS OF TYPE 1 DIABETES, TYPE 2 DIABETES  
AND DIABETES COMPLICATIONS. FOR EXAMPLE, INVESTIGATORS IN SEVERAL  
JOSLIN RESEARCH SECTIONS ARE EXPLORING THE COMPLEXITY OF DIABETES  
COMPLICATIONS, SUCH AS CARDIOVASCULAR, KIDNEY AND EYE DISEASE. WHERE

Name of the organization

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Employer identification number

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ELSE COULD YOU FIND A DATABASE OF BIOLOGICAL AND PSYCHOLOGICAL DATA FROM PATIENTS WITH DIABETES, STRETCHING BACK DECADES. GENETICS RESEARCHERS AT JOSLIN ARE STUDYING WHAT CHANGES IN THE GENES MAKE PEOPLE WITH DIABETES SUSCEPTIBLE TO THESE COMPLICATIONS. OTHER INVESTIGATORS FOCUS ON THE IMPACT OF INSULIN ON BLOOD VESSELS. AND STILL OTHERS SPECIALIZE IN THE MOLECULAR MECHANISMS THAT LEAD TO LONG-TERM COMPLICATIONS.

INCLUDED IN THE MANY AREAS OF SCIENTIFIC EXPLORATION IS PEDIATRIC RESEARCH. AT A BASIC RESEARCH LEVEL, WE ARE WORKING ON UNTANGLING THE COMPLEX COMBINATION OF GENES AND ENVIRONMENT WHICH RESULTS IN THE DESTRUCTION OF INSULIN-MAKING CELLS IN THE PANCREAS, THE CAUSE OF TYPE 1 DIABETES. WE ARE ALSO EXPLORING THE POTENTIAL OF STEM CELLS AND ISLET CELL TRANSPLANTATION. WE WANT TO UNDERSTAND TYPE 2 DIABETES BETTER AS WELL, AS IT IS INCREASING IN ALARMING NUMBERS AMONG CHILDREN AND TEENS. THERAPIES FOR TYPE 2 DIABETES ARE GEARED TO ADULTS, AS THIS WAS FORMERLY CONSIDERED JUST A DISEASE OF ADULTHOOD. IN ADDITION, JOSLIN IS PART OF THE BOSTON AUTOLOGUS ISLET REPLACEMENT THERAPY PROGRAM (BAIRT), AN ACADEMIC AND INDUSTRY SPONSORED RESEARCH PROGRAM THAT LOOKS TO LINK A PATIENT'S OWN INSULIN PRODUCING CELLS TO CURE DIABETES.

COMPLEMENTING OUR BASIC RESEARCH WORK IS OUR CLINICAL RESEARCH. THESE CLINICAL TRIALS OR HUMAN STUDIES EVALUATE PROMISING NEW DRUGS, THE IMPACT OF LIFESTYLE CHANGES SUCH AS WEIGHT LOSS AND INCREASED PHYSICAL ACTIVITY, AND MUCH MORE FOR ALL TYPES OF DIABETES.

SHARING DIABETES EXPERTISE WITH THE WORLD

Name of the organization

JOSLIN DIABETES CENTER INC

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JOSLIN SCIENTISTS KNOW THAT A RESEARCH BREAKTHROUGH CAN AFFECT THE HEALTH AND LIVES OF MILLIONS OF PEOPLE. AND SO CAN EDUCATION.

SINCE 1987, JOSLIN HAS COMBINED ITS CLINICAL, RESEARCH AND EDUCATION INITIATIVES TO MEET THE EDUCATIONAL NEEDS OF DIABETES PATIENTS, PROVIDERS AND VENDORS AROUND THE WORLD. THROUGH JOSLIN'S EDUCATIONAL PROGRAMS, WE SEEK TO IMPROVE THE PUBLIC HEALTH AT LARGE.

JOSLIN HAS ONE OF THE LARGEST DIABETES TRAINING PROGRAMS IN THE WORLD, EDUCATING 150 M.D. AND PH.D. RESEARCHERS ANNUALLY. THERE ARE COUNTLESS JOSLIN M.D. AND PH.D. ALUMNI WORKING AROUND THE WORLD.

CLINICAL GUIDELINES. JOSLIN HAS DEVELOPED A NUMBER OF CLINICAL GUIDELINES TO HELP HEALTHCARE PROVIDERS, BOTH AT JOSLIN AND IN THE COMMUNITY, IMPROVE THE TREATMENT AND CARE OF INDIVIDUALS WITH DIABETES. THE GUIDELINES SERVE AS THE BASIS FOR ALL OF JOSLIN'S CLINICAL PROGRAMS, CARE PATHWAYS, PROFESSIONAL AND PATIENT EDUCATION PROGRAMS AND ENDURING SELF-MANAGEMENT MATERIALS AT JOSLIN IN BOSTON AND AT OUR AFFILIATE AND CARE ALLIANCE PARTNERS WORLDWIDE. THE GUIDELINES ARE FREE AND EASILY ACCESSED VIA THE JOSLIN WEB SITE.

STRATEGIC INDUSTRY PARTNERSHIPS. JOSLIN GLOBAL STRATEGIC PARTNERS LEVERAGE JOSLIN DIABETES CENTER'S EXPERTISE IN RESEARCH AND CLINICAL CARE TO DELIVER NOVEL TREATMENTS AND TECHNOLOGIES TO THE DIABETES COMMUNITY. PARTNERSHIPS INCLUDE R&D STRATEGIC ALLIANCES IN DRUG DEVELOPMENT, DIAGNOSTICS, BIOMARKERS, DEVICE AND FOOD TECHNOLOGIES, AS WELL AS COLLABORATIONS THAT INTEGRATE NEW TECHNOLOGIES WITH CARE PRACTICES, OUTCOMES RESEARCH, AND PAYER STRATEGIES, AND HAVE WIDE



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## GEOGRAPHIC IMPACT.

PROFESSIONAL EDUCATION. WE KNOW THAT 90 PERCENT OF PEOPLE WITH DIABETES SEE THEIR PRIMARY CARE PROVIDERS (PCPS) FOR THEIR DIABETES CARE. WITH THE GOAL OF ENSURING THAT ALL PATIENTS WITH DIABETES GET THE BEST CARE POSSIBLE, WE PROVIDE EDUCATION AND CME/CE CREDIT NOT JUST TO PCPS, BUT ALSO TO ALLIED HEALTH PROFESSIONALS, WHO ARE NOW THE PRIMARY PROVIDER OF DIABETES EDUCATION FOR PEOPLE WITH DIABETES.

SINCE 2002, JOSLIN HAS REACHED MORE THAN 500,000 CLINICIANS WITH CME AND CE PROGRAMS. THROUGH THIS AUDIENCE, JOSLIN HAS ACHIEVED NATIONAL VISIBILITY AND A REPUTATION FOR EXCELLENCE. THESE PROGRAMS EMPOWER HEALTHCARE PROVIDERS TO MORE EFFECTIVELY SET THE STANDARDS OF DIABETES CARE FOR THEIR COMMUNITIES, PROVIDE OPTIMAL MANAGEMENT OF ALL DIABETES PATIENTS, IMPROVE HEALTHCARE OUTCOMES AND ENHANCE PATIENT QUALITY OF LIFE.

PATIENT RESOURCES. JOSLIN DIABETES CENTER PROVIDES MANY INFORMATIONAL RESOURCES COVERING EVERY ASPECT OF DIABETES SELF-MANAGEMENT -- INCLUDING MEDICATIONS, NUTRITION, PHYSICAL ACTIVITY AND DIABETES COMPLICATIONS -- VIA OUR WWW.JOSLIN.ORG WEB SITE. ADDITIONALLY, INDIVIDUALS CAN SIGN UP TO RECEIVE THE "SPEAKING OF DIABETES" NEWSLETTER AND/OR THE JOSLIN DIABETES BLOG, AND FOLLOW US ON THEIR FAVORITE SOCIAL MEDIA CHANNEL, INCLUDING FACEBOOK, TWITTER, LINKEDIN AND INSTAGRAM. JOSLIN'S YOUTUBE CHANNEL PROVIDES A RANGE OF EASILY ACCESSIBLE VIDEOS ON TOPICS RELATED TO DIABETES, DIABETES RESEARCH AND DIABETES CARE.

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A WIDE RANGE OF BOOKS, COOKBOOKS, VIDEOTAPES, ONLINE SERVICES AND OTHER EDUCATIONAL MATERIALS FOR PEOPLE WITH BOTH TYPE 1 DIABETES AND TYPE 2 DIABETES AND THE PHYSICIANS AND ALLIED HEALTH PROVIDERS WHO CARE FOR THEM ARE AVAILABLE FOR PURCHASE FROM JOSLIN.

CARE ALLIANCES. OUTSIDE OF THE BOSTON AREA, JOSLIN REACHES COUNTLESS NUMBERS OF PATIENTS THROUGH RELATIONSHIPS AND AFFILIATIONS WITH HEALTH CARE CENTERS, LOCATED THROUGHOUT THE U.S. AND IN FOREIGN LOCATIONS. HEALTHCARE ORGANIZATIONS AND PROVIDERS CAN LEVERAGE JOSLIN DIABETES CENTER'S EXPERTISE TO DESIGN AND IMPLEMENT COMPREHENSIVE DIABETES CARE TO MANAGE THEIR DIABETES PATIENTS. JOSLIN AFFILIATE AND CARE ALLIANCE PARTNERS CAN:

- ESTABLISH BEST-IN-CLASS CLINICAL CARE PROGRAMS THAT SPAN ALL ASPECTS OF PATIENT-CENTERED DIABETES MANAGEMENT
- APPLY A RANGE OF ANALYTICS THAT DEFINE RISK AMONG PATIENT POPULATIONS AND IMPLEMENT TARGETED CARE PROGRAMS IN DIABETES AND ITS COMPLICATIONS
- BECOME A DIABETES CENTER OF EXCELLENCE WITH QUALITY, OUTCOMES AND COST-BASED METRICS

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.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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THE FORM AS IT WILL BE FILED WITH THE INTERNAL REVENUE SERVICE WILL BE REVIEWED AND DISCUSSED WITH THE AUDIT COMMITTEE OF THE BOARD, AND THEN E-MAILED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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.

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING 10.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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	No
JOSLIN CLINIC, INC. - 22-2984590 ONE JOSLIN PLACE BOSTON, MA 02215-5306	DIABETES CLINIC	MASSACHUSETTS	501(C)(3)	LINE 12A, I	JOSLIN DIABETES CENTER INC	X	



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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	9,867,612.	BOOK VALUE
(2) JOSLIN CLINIC, INC.	J	6,835,494.	BOOK VALUE
(3) JOSLIN CLINIC, INC.	L	20,710,931.	BOOK VALUE
(4) JOSLIN CLINIC, INC.	D	1,420,876.	BOOK VALUE
(5)			
(6)			





**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.