Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No. 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Website: ► WWW. JGB. ORG Tax-exempt status (check only one) X 501(c)(3) 501(c) √ (insert no.) 4947(a)(1) or 527 (Form 990 - Fz. or 990 - Fy.)	Α	For th	ne 2010 c	alendar year, or tax year beginning and er	ding					
GRATER BOSTON DIABETES SOCIETY, INC O4 - 2232419	В	Check it applicate	i ole:	C Name of organization		D Emp	loyer i	dentification number		
Number and street (or P.D. Dox, if mail is not delivered to street address) Room/Suite Enterhone number		- i								
1.5 MRST 65PTH STREET		Nam	e change	GREATER BOSTON DIABETES SOCIETY, INC		0 4	4-22	232419		
Department return Depa		Initia	l return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number				
Accuration metion NEW YORK, NY 10023		Term	inated	15 WEST 65TH STREET		212-769-6200				
Mebsite: Marking Messite: Marking Messite: Marking Messite: Marking Missis Marking Missis Missi		Ame	nded return	City or town, state or country, and ZIP + 4	•	F Grou	up Exer	nption		
Accounting Method:		Applic	ation pending	NEW YORK, NY 10023		Num	nber 🕨	•		
Tax-exempt status (check only one) X Sof (c)(3) Sof (c)(3) Sof (c)(3) Sof (c)(4) Sof (c) Sof (c) Sof (c)(4) Sof (c	G			od: CashX Accrual Other (specify) ▶		H Ched	ck ►	X if the organization is not		
K Check	I	Websi	te: 🕨 _	WWW.JGB.ORG	_	requ	uired to	attach Schedule B		
Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add films 55, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-FZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) The check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1	<u>J</u>	Tax-ex	cempt stat	us (check only one) $ X$ 501(c)(3) $-$ 501(c) () \blacktriangleleft (insert no.) $-$ 4947(a)(1)	or 527	(For	m 990,	990-EZ, or 990-PF).		
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	K	Check		if the organization is not a section $509(a)(3)$ supporting organization ${\it and}$ its gross receipts ar	e normally not	more t	han \$5	0,000. A Form 990-EZ or		
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, ine 2b, column (8) below) are \$500,000 or more, life Form 990-EZ		Form 9	990 return	s not required though Form 990-N (e-postcard) may be required (see instructions). But if the	organization c	hooses	to file	a return, be sure to file a		
		comple	ete return.							
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)					•					
Check if the organization used Schedule 0 to respond to any question in this Part I										
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 3 3 3 4 Investment income SEB SCHEDULE O 4 64.	P	art I								
2 Program service revenue including government fees and contracts 2 3 4										
3 Membership dues and assessments 3			Contribut	ions, gifts, grants, and similar amounts received				8,726.		
Investment income										
Sa Since Samount from sale of assets other than inventory Sa Sib Sib		١.	Members	hip dues and assessments				<u> </u>		
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 2, 707. 14 Occupancy, rent, utilities, and maintenance 14 75. 15 Printing, publications, postage, and shipping 15 1.19. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 6, 491. 17 Total expenses. Add lines 1 othrough 16 17 Total expenses. Add lines 1 othrough 16 18 -22, 022. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 309, 741. 19 Other changes in eat assets or fund balances (explain in Schedule 0) 20 Other changes in eat assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		1 _		1 1	OTE O		4	64.		
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						<u>.</u>				
LUA For Panerwork Reduction Act Notice, see the cenerate instructions.	_						21	287,719.		

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Page 2

Pá	art II	Balance Sheets. (see the instructions for Part II.)						
		Check if the organization used Schedule O to respond to any question	in this Part II					X
				(A) Beginning of year			nd of year	
22	Cash.	, savings, and investments		87,176	• 22		92,2	66.
23		and buildings		•	23		•	
24	Other	r assets (describe in Schedule 0) SEE SCHEDULE ()	307,616			307,6	22.
25		l assets		394,792			399,8	
26	Total	I liabilities (describe in Schedule 0) SEE SCHEDULE ()	85,051	• 26		112,1	
27		assets or fund balances (line 27 of column (B) must agree with line 21)		309,741			287,7	
		Statement of Program Service Accomplishme			• 21		penses	
. ,	ui (iii	Check if the organization used Schedule O to respond to any question	•	,	Х		for section	
Wh	at ic tha	organization's primary exempt purpose? SEE SCHEDULE C				501(c)(3)	and 501(c)(
							ons and sec) trusts; opt	
		what was achieved in carrying out the organization's exempt pu	· ·		be	for others		ionai
		es provided, the number of persons benefited, and other relevant SCHEDULE O	nt information for each pro	ogram ine.		—	-	
28	255	SCHEDOLE O						
					_	_	20 7	۰.
	(Grants	s \$) If this amount includes foreign	grants, check here	<u></u>		28a	20,7	<u> </u>
29								
	(Grants	s \$) If this amount includes foreign	grants, check here	>		29a		
30								
	(Grants	s \$) If this amount includes foreign	grants, check here	>		30a		
31	Other	program services (describe in Schedule O)						
	(Grants	• • • • • • • • • • • • • • • • • • • •				31a		
32	Total				▶	32	20,7	06.
	art IV		Employees. List each one	even if not compensated. (s	see the	instructions f	or Part IV.)	
		Check if the organization used Schedule O to respond to any question	n in this Part IV					
			(b) Title and average hours			ontributions	(e) Expe	nse
		(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account	
		(2) Hame and address	position	-0)	c	leferred pensation	other allow	ances
ΑI	AN I	R. MORSE, 15 WEST 65TH STREET,	PRESIDENT AN	D CEO	COII	репъаноп		
		ORK, NY 10023	0.30	0.		0.		0.
		M. DUBIN, 15 WEST 65TH STREET,	CHAIRMAN					
		ORK, NY 10023	0.30	0.		0.		0.
= = = = = = = = = = = = = = = = = = =	TIT. TI	NE RAIFF, 15 WEST 65TH STREET,	CHAIRMAN, EX					••
		ORK, NY 10023	0.30	0.		0.		0.
		NCE E. GOLDSCHMIDT, 15 WEST	TREASURER	1 0.		0.		••
		STREET, NEW YORK, NY 10023	0.30			0		Λ
00	DC (STREET, NEW YORK, NY 10025		0.		0.		0.
ME	ARC A	S. SOLOMON, 15 WEST 65TH	SECRETARY			0		^
		T, NEW YORK, NY 10023	0.30	0.0		0.		0.
ᇎ	<u>ттто,</u>	T J. HAGLER, 15 WEST 65TH	EXEC VICE PR			^		0
		T, NEW YORK, NY 10023	0.30	0.	\ T.T.	0.		0.
		EEN WIRTS, 15 WEST 65TH STREET,	VP CORPORATE	I I	NΤ	_		_
		ORK, NY 10023	0.30	0.		0.		0.
		SPICEHANDLER, 15 WEST 65TH	ASSISTANT SE	I I				_
SI	יתתקי	T, NEW YORK, NY 10023	0.30	0.		0.		0.
		1, 11211 101111, 111 10023	* * * * *					
		T, NEW TOTAL, NT 10020						
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_		I, Man Tolki, MI 10020	-					
		1, Man 10Mi, M1 10020	-					
		T, NEW TOTAL, NT 10020	-					
			-					
			-					
			-					

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			77			
	Check if the organization used Schedule O to respond to any question in this Part V			No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		res	NO			
33		33		x			
34							
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)						
35							
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.						
а	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or						
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Schedule N	36		X			
	Enter amount of political expenditures, direct or indirect, as described in the instructions \(\bigs\) 37a \(\bigs\)						
b	Did the organization file Form 1120-POL for this year?	37b		X			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made						
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_					
39	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on line 9 39a N/A	-					
	Gross receipts, included on line 9, for public use of club facilities N/A	_					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·						
D	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?						
		40b		x			
r	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400					
U	or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the						
•	organization D.						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e		Х			
41	List the states with which a copy of this return is filed. ► MA						
42 a	The organization's books are in care of ► ELLIOT J. HAGLER Telephone no. ► 212-76	9-7	806				
	Located at ▶ 15 WEST 65TH STREET, NEW YORK, NY ZIP+4 ▶ 1	002	3				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b		X			
	If "Yes," enter the name of the foreign country:						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>			
	If "Yes," enter the name of the foreign country:						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶				
	and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 1 \ N/ 2						
			Vaa	Na			
44.0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		res	No			
44 d		44a		x			
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	444					
U		44b		х			
r	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c		X			
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	. 70		Ë			
•	in Schedule O	44d					
			90-EZ	(2010)			

Form 990-EZ ((2010) GREATER	BOSTON	DIABETES	SOCIETY,	INC		04-2232	419		Page 4
									Yes	
	elated organization a controlled		-	-				45		Х
	organization receive any paymo	-	-		-	-				
	Form 990 and Schedule R may							45a		X
46 Did the	organization engage, directly o	r indirectly, in po	olitical campaign acti	vities on behalf of or	in oppositio	n to candidates for pu	ublic office?			
	complete Schedule C, Part I							46		X
Part VI	Section 501(c)(3) or	-			-		-		•	, , ,
	organizations and section 49									
	Check if the organization used	d Schedule O to	respond to any ques	tion in this Part VI						
									Yes	
47 Did the o	organization engage in lobbyin	g activities? If "	Yes," complete Sc	chedule C, Part II				47		X
48 Is the or	ganization a school as describ	ed in section 17	0(b)(1)(A)(ii)? If "Ye	es," complete Sch	edule E			48		X
49 a Did the	organization make any transfer	s to an exempt	non-charitable relate	d organization?				49a		X
b If "Yes,"	was the related organization a	section 527 org	anization?					49b		
	e this table for the organization							ach re	ceived i	more
than \$10	00,000 of compensation from	the organization	. If there is none, ent	er "None."						
				(b) Title and av	erage hours	(c) Compensation	(d) Contribution	s (e) Expe	nse
	(a) Name and address of ea	ach employee pa	id more	per week de	evoted to	` '	to employee benefit plans &	a	ccount	and
	than \$10			positi	on		deferred	oth	er allow	ances
							compensation	\top		
				\dashv						
				\dashv						
								+		
								+		
								+		
				_						
51 Complet	mber of other employees paid te this table for the organization tion. If there is none, enter "No	n's five highest o	compensated indepe		no each recei	ved more than \$100,	000 of compen	sation f	rom the)
	(a) Name and address of ea	ach independent	contractor paid mor	e than \$100,000		(b) Type of ser	vice	(c) Con	pensat	ion
]				
]				
]				
	mber of other independent cor		. ,		·····	▶				
52 Did the o	organization complete Schedul	le A? Note: All s	ection 501(c)(3) orga	anizations and 4947(a)(1) nonexe	empt	· · · · · · · · · · · · · · · · · · ·			
<u>cha</u> ritab	le trusts must attach a comple	ted Schedule A		······································	<u></u>	<u></u>	<u></u> [ΧY	es	No
	Under penalties of perjury, I declare correct, and complete. Declaration of	that I have examine of preparer (other the	ed this return, including an officer) is based on a	accompanying scriedule II information of which p	es and stateme reparer has any	nts, and to the best of my knowledge.	knowledge and b	eller, it is	true,	
Sign										
Sign Here	Signature of officer						Date			
	ELLIOT J. HZ	AGLER, 1	EXEC VP&C	FO						
	Type or print name and title									
	Print/Type preparer's name	9	Preparer's signatu	ıre	Date	Check	if PTIN			
Paid	FREDERICK H.	ROTHMAI	N			self- emplo	yed			
Preparer	Firm's name ► LOEB					Firm's EIN	<u> </u>			
Use Only						5 Em				
	Firm's address ▶ 655	THIRD	AVENUE 1	2TH FLOOR		Phone no.				
			NY 10017			1 110110 110.	212-8	67-	400	0
May the IRS d	liscuss this return with the pre							X Y		No
032174 02-02-11		paror onown abt	000 mon nondi						90-EZ	
UZ-UZ-11								OHILL	,00 LL	ردن ان

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GREATER BOSTON DIABETES SOCIETY. INC 04-2232419

Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.	-	-		
The	organ			because it is: (For lines									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization			170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's name	,
		city, and stat	e:										
5		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental uni	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	ribed in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33			rom contri	butions, n	nembershi	o fees, an	d gross re	ceipts fr	om
				nctions - subject to certa									
		income and u	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	0, 1975	i.
			509(a)(2). (Complete			,		•				•	
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11				perated exclusively for the						y out the p	ourposes o	of one or	r
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509(a	a)(3). Che	ck the box	that	
				organization and compl				•	•				
		a Type		7		e III - Func		tegrated		d 🗀	Type III - 0	Other	
е				at the organization is not			-	-	r more disc	qualified p	ersons oth	ner than	
				han one or more publich									
f		If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III	. , . ,		. , , ,	
			rganization, check th										
g			,	organization accepted ar									
Ŭ				irectly controls, either al								Yes	No
											11g(i)		
		•	• .	n described in (i) above?									
				person described in (i)									
h				about the supported or									
			J	••	J	. ,							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Δn	nount of	
(')		nization		in col. (i) listed in your organization in col.			organization in col.			port			
	Ū		(described on lines 1-9 above or IRC section		governing document? (i) of your support?			Ü.S.	.?				
				(see instructions))	Yes	No	Yes	No	Yes	No			
Tota	ıl												
		Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	0-EZ) 2	2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.)

Calendary var (or fiscal year beginning in) Calendary var (or fi	Sec	ction A. Public Support						
membership fees received. (Do not include any runsual grants?) 1	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Tax revenues levied for the organization of expended on the behalf 1,000	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid for or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 7 Amounts from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, ents, royalties and income from interest, dividends, payments received on securities loans, ents, royalties and income from interest, of the companies of the securities loans, ents, royalties and income from interest of the business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five year. If the Form 2009 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. 14 Public support percentage from 2009 Schedulo A, Part II, line 14 15 Public support percentage from 2009 Schedulo A, Part II, line 14 15 19 Ja 31/3% support test - 2010 (line 6, column (f) divided by line 13, online 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances test. 2000 lith the organization did not check to box on line 13, fla, no 16b, and line 14 is 196 or more, and if the organization meets the "facts and circumstances test. The organization did not check to box on line 13, fla, 16b, or 17a, and		membership fees received. (Do not						
training to the property of t		include any "unusual grants.")	12,614.	27,026.	59,154.	66,093.	8,726.	173,613.
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines I through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 75, 226. 6 Public support, Subsection 5 too line 4 8 Gross income from linetest, dividends, payments received on securities loans, rents, royalties and income from similar sources 177. 284. 592. 263. 64. 1, 380. 9 Net income from inreated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part IV) 178. First five years. If the Form 990 is for the organizations (first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization of draphication of the part of the	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) column (f) 6 Public support. Solveract line 8 born line 4. Section B. Total Support Calledar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 (d) 2009 (e) 2010 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess (Explain in Part IV) 11 Total support. Add files of through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Total support percentage from 2009 Schedule A, Part II, line 14 15 33 1/3% support test - 2010. If the organization did not check the box on line 13, rad line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts and-circumstances test . 2009. If the organization did not check the box on line 13, rad line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "fa		ization's benefit and either paid to						
tunished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 ton line 4. Section B. Total Support Callendar year (or fiscal year beginning in) (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total violation in the steel line 4. Section B. Total Support Callendar year (or fiscal year beginning in) (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total violation in the steel line 4. Section B. Total Support 28 Gross income from line 4 12 , 614 . 27 , 026 . 59 , 154 . 66 , 093 . 8 , 726 . 173 , 613 . 173 , 613 . 174	3	The value of services or facilities						
12,614 27,026 59,154 66,093 8,726 173,613. 13 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) 75,226. 26 Public support. Seized line 5 from line 4 98,387. 27 Amounts from line 4 12,614 27,026 59,154 66,093 8,726 173,613. 28 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 177. 284 592 263 64 1,380. 9 Net income from invest did line 7 through 10 12 Gross receipts from related business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 400. 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 Fublic support percentage from 2009 Schodule A, Part II, line 14 56.10 % 15 Public support percentage from 2009 Schodule A, Part II, line 14 15 32.75 3 % 16 33 1/3% support test - 2001 if the organization did not check the box on line 13, and line 14 is 31% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization in the organization meets the "facts and circumstances" test. The organization qualifies as a pub		furnished by a governmental unit to						
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governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 75, 226. 6 Public support, Subract line 5 from line 4. 98 x 387. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 12, 614. 27, 026. 59, 154. 66, 093. 8, 726. 173, 613. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 177 . 284 . 592 . 263 . 64 . 1, 380 . 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10	5	The portion of total contributions						
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	low, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(6) 2007	(6) 2000	(u) 2003	(6) 2010	(i) Total
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A Amounts included on lines 1, 2, and 3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(4) 2000	(6) 2007	(6) 2000	(u) 2003	(6) 2010	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
12	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First five years. If the Form 990 is for t	ŭ		•	•	. , . ,	. —
80	check this box and stop herection C. Computation of Public						<u> </u>
	Public support percentage for 2010 (lir		<u>-</u>	column (fl)		15	%
	Public support percentage from 2009 \$					16	
	ction D. Computation of Invest					10	70
	Investment income percentage for 201					17	%
	Investment income percentage from 20					18	%
	33 1/3% support tests - 2010. If the co						
	more than 33 1/3%, check this box and						
k	33 1/3% support tests - 2009. If the c	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization **Employer identification number** GREATER BOSTON DIABETES SOCIETY, INC 04-2232419 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST 64. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: PROGRAM SUPPLIES AND EXPENSES 2,099. INTEREST 2,738. OTHER EXPENSES 1,654. TOTAL TO FORM 990-EZ, LINE 16 6,491. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR DUE FROM GREATER BOSTON GUILD FOR THE BLIND 307,616. 307,622. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR DUE TO THE JEWISH GUILD FOR THE BLIND 85,051. 112,169. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - COMMUNITY EDUCATION AND SUPPORT TO PEOPLE WITH VISION LOSS, AND THOSE AT RISK FOR VISION LOSS. PREVENTION EDUCATION AND SUPPORT FOR PEOPLE AT RISK OF DEVELOPING DIABETES AND DIABETES RELATED COMPLICATIONS SUCH AS VISION LOSS. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: DIABETES EDUCATION PROGRAMS ARE CONDUCTED FOR ADULTS WITH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization

GREATER BOSTON DIABETES SOCIETY, INC

Employer identification number 04-2232419

DIABETES TO INCREASE AWARENESS ABOUT DIABETES, CURRENTLY AN EPIDEMIC IN OUR COUNTRY, ABOUT DIABETES RELATED SERVICES, AND ABOUT THE IMPORTANCE OF MANAGING THE DISEASE TO PREVENT COMPLICATIONS SUCH AS BLINDNESS, KIDNEY DISEASE AND AMPUTATION. DIABETES PREVENTION PROGRAMS ARE CONDUCTED FOR ADULTS TO ALERT PEOPLE ABOUT RISK FACTORS AND POSSIBLE SIGNS AND SYMPTOMS OF THE DISEASE, AND MOST IMPORTANTLY, TO PROMOTE HEALTHY BEHAVIORS REGARDING NUTRITION AND EXERCISE THAT CAN DIRECTLY REDUCE THEIR RISK OF DEVELOPING TYPE 2 DIABETES. PROGRAMS FOR CHILDREN FOCUS ON INCREASING AWARENESS OF THE RELATIONSHIP BETWEEN DIABETES AND NUTRITION, AND TO HELP CHILDREN LEARN TO MAKE POSITIVE DECISIONS ABOUT EATING AND EXERCISE THAT WILL PREVENT THEIR DEVELOPING TYPE 2 DIABETES. IF NOTHING CHANGES, ONE IN EVERY THREE CHILDREN BORN IN THE U.S. WILL DEVELOP THE DISEASE IN THEIR LIFETIME. PROGRAMS ARE CONDUCTED IN SCHOOLS AND AFTERSCHOOL PROGRAMS, AND OFFER INTERACTIVE EXERCISES FOR LEARNING ABOUT NUTRITION AND PHYSICAL ACTIVITY, AND TAKE HOME MATERIALS FOR PARENTS. VISION LOSS AND DIABETES PREVENTION PROGRAM ARE ALSO OFFERED FOR TO INCREASE AWARENESS OF THE DIABETES EDUCATORS AND CARE PROVIDERS, EPIDEMIC AND CAUSATIVE RELATIONSHIP OF DIABETES AND VISION LOSS. INSTRUCTORS PROVIDE STRATEGIES AND ACTIVITIES THEY CAN IMPLEMENT REDUCE INCIDENCE OF THESE DISEASES AMONG THE CHILDREN AND ADULTS THEY TEACH AND CARE FOR.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization GREATER BOSTON DIABETES SOCIETY, INC	Employer identification number 04-2232419
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	