

**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)

Department of the Treasury  
Internal Revenue Service

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

THIS COPY FOR YOUR FILES

**A For the 2009 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated return  
 Amended return  
 Application pending

Please use IRS label or print or type.  
 See Specific Instructions.

**C Name of organization**  
 MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.  
 Doing Business As MASSBIOED

**D Employer identification number**  
 22-3799632

**E Telephone number**  
 617-674-5100

**G Gross receipts \$** 996,819

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number

**F Name and address of principal officer:** LANCE HARTFORD  
 ONE CAMBRIDGE CENTER, 9TH FLOOR, CAMBRIDGE, MA 02142

**I Tax-exempt status:**  501(c)(3) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.MASSBIOED.ORG

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** 2001 **M State of legal domicile:** MA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>OUR COMMITMENT IS TO SUPPORT BIOTECHNOLOGY EDUCATION IN MASSACHUSETTS RESIDENTS THROUGH SCHOOL</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	16
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,893,426.	671,903.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,200.	247,920.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,832.	31,107.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,638.	5,096.
	12		2,270,096.	956,026.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	527,407.	382,289.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	442,907.	459,056.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	14,176.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,026,379.	633,739.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,996,693.	1,475,084.
	19	Revenue less expenses. Subtract line 18 from line 12	273,403.	-519,058.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	20		2,061,558.	1,575,255.
21	Total liabilities (Part X, line 26)	176,532.	209,287.	
22	Net assets or fund balances. Subtract line 21 from line 20	1,885,026.	1,365,968.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: LANCE HARTFORD, PRESIDENT Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: John Finning Date: 10/29/10 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: ALEXANDER, ARONSON, FINNING & CO., P.C.  
21 EAST MAIN STREET  
WESTBORO, MA 01581  
 Preparer's identifying number (see instructions): \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no.: 508-366-9100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

MBEF IS A NON-PROFIT CHARITABLE ORGANIZATION COMMITTED TO SUPPORTING SCIENCE AND BIOTECHNOLOGY EDUCATION IN MASSACHUSETTS THROUGH SCHOOL PROGRAMS, WORKFORCE TRAINING, AND LIFELONG LEARNING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 763,825, including grants of \$ 362,758.) (Revenue \$ ) BIOTEACH - 15 NEW SCHOOLS WERE ADDED THIS YEAR AND 45 NEW TEACHERS RECEIVED PROFESSIONAL DEVELOPMENT TRAINING. THERE ARE NOW A TOTAL OF 177 BIOTEACH SCHOOLS.

4b (Code: ) (Expenses \$ 194,114, including grants of \$ ) (Revenue \$ 238,840.) LEARNING CENTER - TWO NEW COURSES WERE CREATED DURING 2009 WHICH OFFERED SIX DISTINCT COURSES AND PROVIDED 11 CLASSES TO 95 COMPANIES AND 181 STUDENTS.

4c (Code: ) (Expenses \$ 215,481, including grants of \$ ) (Revenue \$ ) PROGRAM DEVELOPMENT FOCUSES ON CREATING PROGRAMS THAT LINK PUBLIC SECTOR INSTITUTIONS WITH THE BIOTECH SECTOR. INCLUDED IN THIS DEVELOPMENT EFFORT ARE PROGRAMS SUCH AS: THE LIFE SCIENCE EDUCATION CONSORTIUM, STEM EDUCATIONAL EFFORTS, DIGITS AND THE POST DOCTORIAL BIOTECH CAREER EXPLORATION PROGRAM.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 76,460, including grants of \$ 19,531.) (Revenue \$ )

4e Total program service expenses \$ 1,249,880.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	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>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
7	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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; 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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	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>	X	
19	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>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	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.)

	Yes	No
10a		X
10b		
11	X	
11A		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15		
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LANCE HARTFORD, PRESIDENT - 617-674-5100**  
**ONE CAMBRIDGE CENTER CAMBRIDGE MA 02142**

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

**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. Use Schedule J-2 if additional space is needed.

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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID REIF, PH.D, BOARD CHAIR	0.50	X		X				0.	0.	0.
KATHRYN BLOOM DIRECTOR	0.30	X						0.	0.	0.
JABBAR R. BENNETT, PH.D. DIRECTOR	0.30	X						0.	0.	0.
GLENN G. PUDELKA, ESQ. CLERK	0.50	X		X				0.	0.	0.
RENEE CONNOLLY DIRECTOR	0.30	X						0.	0.	0.
KENNETH P. KAREY, PH.D. DIRECTOR	0.30	X						0.	0.	0.
JULIA GREENSTEIN, PH.D. DIRECTOR	0.30	X						0.	0.	0.
ROBERT COUGHLIN DIRECTOR	0.30	X						0.	0.	0.
STEVE RICHTER, PH.D. DIRECTOR	0.30	X						0.	0.	0.
ALAN WEISS, PH.D. DIRECTOR	0.30	X						0.	0.	0.
ROBERT M. PALLADINO TREASURER	0.50	X		X				0.	0.	0.
KENNETH W. MIRVIS, ED. D DIRECTOR	0.30	X						0.	0.	0.
DAVID RABKIN, PH.D, VICE CHAIR	0.50	X		X				0.	0.	0.
JULIE BENYO DIRECTOR	0.30	X						0.	0.	0.
DALE BLANK DIRECTOR	0.30	X						0.	0.	0.
LANCE HARTFORD PRESIDENT	40.00			X		X		116,105.	0.	6,296.



Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	119,488.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	82,061.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	470,354.				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			671,903.			
Program Service Revenue	2 a ATTENDANCE FEES	Business Code	900099	247,920.	247,920.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			247,920.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			31,107.		31,107.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 119,488. of contributions reported on line 1c). See Part IV, line 18	a	40,320.				
	b Less: direct expenses	b	40,793.				
c Net income or (loss) from fundraising events			-473.		-473.		
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	5,569.	5,569.			
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			5,569.				
<b>12 Total revenue. See instructions.</b>			956,026.	253,489.	0.	30,634.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	382,289.	382,289.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,401.	35,098.	87,303.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	263,429.	252,522.	10,907.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,780.	5,106.	1,674.	
9 Other employee benefits	34,059.	32,137.	1,922.	
10 Payroll taxes	32,387.	25,325.	7,062.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,385.		19,385.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	281,643.	280,468.		1,175.
12 Advertising and promotion	5,680.			5,680.
13 Office expenses	21,598.	18,537.	3,061.	
14 Information technology				
15 Royalties	1,500.	1,250.	250.	
16 Occupancy				
17 Travel	10,075.	7,025.	2,727.	323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,007.		19,007.	
23 Insurance	1,800.		1,800.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REIMBURSEMENTS-RELATED	237,896.	183,970.	53,926.	
b FACILITY RENTAL	12,935.	12,935.		
c EVENT SUPPLIES	12,934.	12,934.		
d PRINTING AND POSTAGE	4,281.			4,281.
e BANK CHARGES	2,717.			2,717.
f All other expenses	2,288.	284.	2,004.	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>1,475,084.</b>	<b>1,249,880.</b>	<b>211,028.</b>	<b>14,176.</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	10,292.	1	10,009.
	2 Savings and temporary cash investments .....	1,662,404.	2	1,530,290.
	3 Pledges and grants receivable, net .....		3	2,500.
	4 Accounts receivable, net .....	345,177.	4	7,195.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	252.	9	835.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 57,864.		
	b Less: accumulated depreciation .....	10b 33,438.	43,433.	10c 24,426.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		2,061,558.	16	1,575,255.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	155,282.	17	199,347.
	18 Grants payable .....		18	
	19 Deferred revenue .....	21,250.	19	9,940.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....		176,532.	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	1,409,075.	27	1,358,046.
	28 Temporarily restricted net assets .....	475,951.	28	7,922.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....		1,885,026.	33	1,365,968.
34 <b>Total liabilities and net assets/fund balances</b> .....		2,061,558.	34	1,575,255.

**Part X Financial Statements and Reporting**

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>x</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	<b>x</b>	
<b>2c</b>	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? .....	<b>x</b>	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		<b>x</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form 990 (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	892,811.	1,128,710.	1,670,133.	1,893,426.	671,903.	6,256,983.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	892,811.	1,128,710.	1,670,133.	1,893,426.	671,903.	6,256,983.
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)						467,908.
6 Public support. Subtract line 5 from line 4.						5,789,075.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	892,811.	1,128,710.	1,670,133.	1,893,426.	671,903.	6,256,983.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,980.	13,297.	31,410.	34,832.	31,107.	119,626.
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.)	24,779.	22,544.	16,620.	106,638.	5,096.	175,677.
11 Total support. Add lines 7 through 10						6,552,286.
12 Gross receipts from related activities, etc. (see instructions)					12	1,694,745.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.35 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.91 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
<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 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.**

Employer identification number  
**22-3799632**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/06 .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.**

Employer identification number  
**22-3799632**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<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" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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 8/17/06 .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- 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 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		57,864.	33,438.	24,426.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 24,426.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	956,026.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,475,084.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-519,058.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-519,058.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	941,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	941,850.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	14,176.
c	Add lines 4a and 4b	4c	14,176.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	956,026.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,460,908.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,460,908.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	14,176.
c	Add lines 4a and 4b	4c	14,176.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,475,084.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII AND XIII LINE 4B  $\ominus$  TOTAL FUNDRAISING EXPENSES NETTED WITH REVENUE

PER AUDITED FINANCIAL STATEMENTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	159,808.		159,808.
	2	Less: Charitable contributions	119,488.		119,488.
	3	Gross income (line 1 minus line 2)	40,320.		40,320.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	40,793.		40,793.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 40,793 )
11	Net income summary. Combine line 3, column (d), and line 10			-473.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility ..... 

13a	%
13b	%
- b An outside facility .....

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- 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 ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- 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? ..... **17a**

- 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 ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>15a</b>		
<b>17a</b>		

**SCHEDULE I (Form 990)**  
 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.

Department of the Treasury  
 Internal Revenue Service

Name of the organization: **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.**  
 Employer identification number: **22-3799632**

**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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any grants and other assistance to governments and organizations in the United States. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTON BOXBOROUGH REG HIGH SCHOOL 36 CHARTER ROAD ACTON, MA 01720		170(C)(1)	0.	566.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
AGAWAM HIGH SCHOOL 760 COOPER STREET AGAWAM, MA 01001		170(C)(1)	3,000.	0.	BOOK VALUE		TO SPARK STUDENT INTERES IN BIOTECH
ALGONQUIN REG HS 79 BARTLETT ST NORTHBOROUGH, MA 01532		170(C)(1)	0.	1,067.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
AMESBURY HS 5 HIGHLAND STREET AMESBURY, MA 01813		170(C)(1)	0.	150.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
ANDOVER HIGH SCHOOL 80 SHAWSHEN RD. ANDOVER, MA 01810		170(C)(1)	0.	911.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BELLINGHAM HIGH SCHOOL 60 BLACKSTONE ST. BELLINGHAM, MA 02109		170(C)(1)	3,000.	631.	BOOK VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH

2 Enter total number of section 501(c)(3) and government organizations: \_\_\_\_\_

3 Enter total number of other organizations: \_\_\_\_\_

**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SCHOOL GRANTS ARE AWARDED BASED ON EVALUATION OF APPLICATIONS. GRANTS ARE MONITORED BY STAFF AND OUTSIDE EVALUATORS (TERC) TO DETERMINE HOW THE FUNDS ARE USED. EVALUATORS ALSO ASSESS NUMBER OF TEACHERS TRAINED AND NUMBER OF CLASSES REACHED. IN ADDITION, STAFF EVALUATES AND APPROVES ORDERS FOR MATERIALS AND SUPPLIES BEFORE BEING SENT TO VENDORS FOR PROCESSING.

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**

**Open to Public  
Inspection**

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION**

**FOUNDATION, INC.**

Employer identification number

**22-3799632**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACKSTONE MILLVILLE 175 LINCOLN STREET BLACKSTONE, MA 01504		170(C)(1)	0.	2,842	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BLUE HILLS REGIONAL TECH SCHOOL 800 RANDOLPH ST. CANTON, MA 02021		170(C)(1)	0.	266	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BURLINGTON HIGH SCHOOL 123 CAMBRIDGE ST. BURLINGTON, MA 01803		170(C)(1)	0.	454	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CHELSEA HS 299 EVERETT AVE CHELSEA, MA 02150		170(C)(1)	0.	1,449	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
COMMUNITY CHARTER SCHOOL OF CAMBRIDGE 245 BENT STREET CAMBRIDGE, MA 02141		170(C)(1)	0.	483	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DANVERS HIGH SCHOOL 60 CABOT ROAD DANVERS, MA 01923		170(C)(1)	0.	3,103	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DIGHTON-REHOBETH REGIONAL 2700 REGIONAL RD. NORTH DIGHTON, MA 02764		170(C)(1)	0.	643	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOHERTY MEMORIAL HS 299 HIGHLAND STREET WORCESTER, MA 01602		170(C)(1)	0.	766	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1 (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.** Employer identification number **22-3799632**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRACUT HS 1540 LAKEVIEW AVE. DRACUT, MA 01826		170(C)(1)	0.	464.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
GREATER LOWELL TECH HS 250 PAWTUCKET BLVD. TYNGSBORO, MA 01879		170(C)(1)	0.	3,868.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
JD O'BRYAN HIGH SCHOOL 55 MALCOLM X BLVD. ROXBURY, MA 02120		170(C)(1)	0.	2,500.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
KING PHILIP REGIONAL HIGH SCHOOL 201 FRANKLIN ST. WRENTHAM, MA 02093		170(C)(1)	2,990.	434.	BOOK VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
LEXINGTON HS 251 WALTHAM ST. LEXINGTON, MA 02421		170(C)(1)	0.	304.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
LITTLETON HS 56 KING ST. LITTLETON, MA 01460		170(C)(1)	0.	427.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
MARBLEHEAD HIGH SCH 2 HUMPHREY ST. MARBLEHEAD, MA 01945		170(C)(1)	0.	1,363.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
MASONOMET REG HS 20 ENDICOTT RD. TOPSFIELD, MA 01983		170(C)(1)	0.	484.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
LHA		170(C)(1)	0.				

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION, INC.**

Employer identification number  
22-3799632

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDFORD HS 489 WINTHROP ST. MEDFORD, MA 02155		170(C)(1)	0.	611.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MEDWAY HIGH SCHOOL 88 SUMMER STREET MEDWAY, MA 02053		170(C)(1)	0.	2,680.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
MILTON HS 25 GILE RD. MILTON, MA 02186		170(C)(1)	0.	678.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
MOHAWK TRAIL REG HS 26 ASHFIELD ROAD SHELBURNE FALLS, MA 01370		170(C)(1)	0.	4,165.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
NATICK HIGH SCHOOL 15 WEST ST. NATICK, MA 01760		170(C)(1)	3,000.	620.	BOOK VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
NEW BEDFORD HS 230 HATHAWAY BLVD NEW BEDFORD, MA 02740		170(C)(1)	0.	7,466.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
NEWTON NORTH HIGH SCHOOL 360 LOWELL AVENUE NEWTON, MA 02460		170(C)(1)	0.	153.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
NORTH ATTLEBORO HS 1 WILSON W. WHITTY WAY NORTH ATTLEBORO, MA 02760		170(C)(1)	0.	1,253.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

**SCHEDULE I-1**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

Name of the organization		Employer identification number					
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC.		22-3799632					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL CHARTER ESSENTIAL 1 OAK HILL ROAD FITCHBURG, MA 01420		170(C)(1)	0.	1,149.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH MIDDLESEX REGIONAL HS 19 MAIN ST. TOWNSEND, MA 01469		170(C)(1)	0.	574.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
NORTON HIGH SCHOOL 66 WEST MAIN ST. NORTON, MA 02766		170(C)(1)	0.	624.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
NORWELL HS 18 SOUTH STREET NORWELL, MA 02061		170(C)(1)	0.	4,343.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
OAKMONT REGIONAL HS 9 OAKMONT DRIVE ASHBURNHAM, MA 01430		170(C)(1)	0.	1,007.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
QUABBIN REG HS 284 OLD WEST BROOKFIELD ROAD WARREN, MA 01083		170(C)(1)	0.	5,167.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
ROCKPORT HS 24 JERDENS LANE ROCKPORT, MA 01966		170(C)(1)	0.	849.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
SANDWICH HS 365 QUAKER MEETING HOUSE ROAD SANDWICH, MA 02537		170(C)(1)	0.	974.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH

**SCHEDULE I-1 (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.** Employer identification number **22-3799632**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIUTATE HS 606 CHIEF JUSTICE CUSHING HIGHWAY SCIUTATE, MA 02066		170(C)(1)	0.	2,982	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SMITH VOCATIONAL & AGRI HS 80 LOCUST STREET NORTHAMPTON, MA 01060		170(C)(1)	0.	908	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SOMERVILLE HIGH SCHOOL 81 HIGHLAND AVE. SOMERVILLE, MA 02143		170(C)(1)	0.	1,117	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SOUTH HADLEY HS 153 NEWTON STREET SOUTH HADLEY, MA 01075		170(C)(1)	0.	2,420	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
TRITON REGIONAL HIGH SCHOOL 112 ELM ST. BYFIELD, MA 01922		170(C)(1)	0.	224	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WELLESLEY HS 50 RICE ST. WELLESLEY, MA 02481		170(C)(1)	0.	440	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WHITTIER REGIONAL VOC HIGH SCHOOL 115 AMESBURY RD. HAVERHILL, MA 01830		170(C)(1)	0.	624	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WILMINGTON HS 159 CHURCH STREET WILMINGTON, MA 01887		170(C)(1)	0.	508	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION, INC.**

Employer identification number  
**22-3799632**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL - 201 FOREST ST. - MARLBOROUGH, MA 01752		170(C)(1)	0.	8,119.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ARLINGTON HS 869 MASSACHUSETTS AVE. ARLINGTON, MA 02476		170(C)(1)	0.	254.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
ASSABET VALLEY REGIONAL SCHOOL DISTRICT - 215 FITCHBURG STREET - MARLBOROUGH, MA 01752		170(C)(1)	0.	8,795.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
AUBURN HIGH SCHOOL 99 AUBURN STREET AUBURN, MA 01501		170(C)(1)	0.	598.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
B.M.C. DURFEE HIGH SCHOOL 360 ELSBREE STREET FALL RIVER, MA 02720		170(C)(1)	0.	23,103.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BEVERLY HIGH SCHOOL 100 SOHIER ROAD BEVERLY, MA 01915		170(C)(1)	0.	6,942.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BILLERICA MEMORIAL HIGH SCHOOL 35 RIVER STREET BILLERICA, MA 01821		170(C)(1)	0.	5,770.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BLACKSTONE VALLEY TECHNICAL HIGH SCHOOL - 65 PLEASANT STREET - UPTON, MA 01568		170(C)(1)	0.	254.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public  
Inspection**

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION INC.**

Employer identification number  
**22-3799632**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON LATIN SCHOOL 78 AVENUE LOUIS PASTEUR BOSTON, MA 02132		170(C)(1)	0.	641.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BRIGHTON HIGH SCHOOL 25 WARREN ST. BRIGHTON, MA 02135		170(C)(1)	3,000.	1,081.	BOOK VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL - 135 CENTER STREET - DIGHTON, MA 02715		170(C)(1)	0.	8,773.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BRISTOL PLYMOUTH REGIONAL TECHNICAL SCHOOL - 940 COUNTY STREET - TAUNTON, MA 02780		170(C)(1)	0.	7,474.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BROOK FARM BUSINESS AND SERVICE ACADEMY - 1205 V.F.W. PARKWAY - WEST ROXBURY, MA 02132		170(C)(1)	0.	1,198.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
BURNCOAT HIGH SCHOOL 179 BURNCOAT STREET WORCESTER, MA 01606		170(C)(1)	0.	27.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
CARVER PUBLIC SCHOOLS 3 CARVER SQUARE BOULEVARD CARVER, MA 02330		170(C)(1)	0.	8,806.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
CHAMPION CHARTER HIGH SCHOOL 37 ERIE AVE. BROCKTON, MA 02302		170(C)(1)	0.	989.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
 Open to Public  
 Inspection

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
 FOUNDATION, INC.**

Employer identification number  
 22-3799632

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTOWN HIGH SCHOOL 240 MEDFORD ST. CHARLESTOWN, MA 02129		170(C)(1)	0.	1,967.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CHICOPEE HIGH SCHOOL 820 FRONT STREET CHICOPEE, MA 01020		170(C)(1)	0.	1,078.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CONCORD-CARLISLE REGIONAL HIGH SCHOOL - 500 WALDEN STREET - CONCORD, MA 01742		170(C)(1)	0.	7,375.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DARTMOUTH HIGH SCHOOL 555 BAKERVILLE ROAD DARTMOUTH, MA 02748		170(C)(1)	0.	8,841.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DAVID PROUTY REGIONAL HIGH SCHOOL 302 MAIN STREET SPENCER, MA 01562		170(C)(1)	0.	242.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DEDHAM PUBLIC SCHOOLS 140 WHITING AVENUE DEDHAM, MA 02026		170(C)(1)	0.	4,206.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOVER-SHERBORN REGIONAL HIGH SCHOOL - 9 JUNCTION STREET - DOVER, MA 02030		170(C)(1)	0.	8,871.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ENGLISH HIGH SCHOOL 144 MCBRIDE ST. JAMAICA PLAIN, MA 02130		170(C)(1)	0.	744.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990) (Form 990)  
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization		Employer identification number					
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC.		22-3799632					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERETT HIGH SCHOOL 548 BROADWAY EVERETT, MA 02149		170(C)(1)	0.	648.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
EXCEL HIGH SCHOOL 95 G STREET SOUTH BOSTON, MA 02127		170(C)(1)	0.	1,184.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
FALMOUTH HIGH SCHOOL 874 GIFFORD STREET FALMOUTH, MA 02540		170(C)(1)	0.	508.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
FENWAY HIGH SCHOOL 174 IPSWICH ST. BOSTON, MA 02215		170(C)(1)	0.	721.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
GARDNER HIGH SCHOOL 200 CATHERINE STREET GARDNER, MA 01440		170(C)(1)	0.	627.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
GEORGETOWN HIGH SCHOOL 11 WINTER ST. GEORGETOWN, MA 01833		170(C)(1)	0.	371.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
GLOUCESTER HIGH SCHOOL 32 LESLIE O' JOHNSON ROAD GLOUCESTER, MA 01930		170(C)(1)	0.	4,555.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
HAMPSHIRE REGIONAL SCHOOL DISTRICT 19 STAGE ROAD WESTHAMPTON, MA 01027		170(C)(1)	0.	8,782.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**

Open to Public  
Inspection

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.** Employer identification number **22-3799632**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HANOVER HIGH SCHOOL 287 CEDAR STREET HANOVER, MA 02339		170(C)(1)	0.	6,582.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
HIGH SCHOOL OF SCIENCE AND TECHNOLOGY - 1250 STATE STREET - SPRINGFIELD, MA 01109		170(C)(1)	0.	1,264.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		
HINGHAM HIGH SCHOOL 17 UNION STREET HINGHAM, MA 02043		170(C)(1)	0.	8,145.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		
HOLBROOK JUNIOR-SENIOR HIGH SCHOOL 245 SOUTH FRANKLIN STREET HOLBROOK, MA 02345		170(C)(1)	0.	8,200.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		
HOPEDALE JR.-SR. HIGH SCHOOL 25 ADIN STREET HOPEDALE, MA 01747		170(C)(1)	0.	6,586.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		
HOPKINTON HIGH SCHOOL 90 HAYDEN ROWE STREET HOPKINTON, MA 01748		170(C)(1)	0.	4,377.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		
LOWELL HIGH SCHOOL 50 FR. MORISSETTE BLVD. LOWELL, MA 01852		170(C)(1)	0.	8,202.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		
LUNENBURG HIGH SCHOOL 1079 MASSACHUSETTS AVE. LUNENBURG, MA 01462		170(C)(1)	0.	6,936.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC.**  
 Employer identification number **22-3799632**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNN ENGLISH HIGH SCHOOL 50 GOODRIDGE STREET LYNN, MA 01902		170(C)(1)	0.	1,229.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LYNN VOCATIONAL AND TECHNICAL HIGH SCHOOL - 90 COMMERCIAL STREET - LYNN, MA 01902		170(C)(1)	0.	266.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MALDEN HIGH SCHOOL 77 SALEM STREET MALDEN, MA 02148		170(C)(1)	0.	866.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MARLBOROUGH HIGH SCHOOL 431 BOLTON AVENUE MARLBOROUGH, MA 01752		170(C)(1)	3,321.	696.	BOOK VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MCCANN TECHNICAL HIGH SCHOOL 70 HODGES CROSS ROAD NORTH ADAMS, MA 02147		170(C)(1)	0.	609.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MILLBURY JUNIOR SENIOR HIGH SCHOOL 12 MARTIN STREET MILLBURY, MA 01527		170(C)(1)	0.	610.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MONUMENT HIGH SCHOOL 95 G. STREET SOUTH BOSTON, MA 02127		170(C)(1)	0.	732.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MONUMENT MOUNTAIN REGIONAL HIGH SCHOOL - 600 STOCKBRIDGE ROAD - GREAT BARRINGTON, MA 01230		170(C)(1)	0.	5,956.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public**  
**Inspection**

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.**

**Employer identification number**  
**22-3799632**

**Part II Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHOBA REGIONAL HIGH SCHOOL 12 GREEN ROAD BOLTON, MA 01740		170(C)(1)	0.	7,847.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NAUSET REGIONAL HIGH SCHOOL 100 CABLE ROAD NORTH EASTHAM, MA 02651		170(C)(1)	0.	600.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
NEWBURYPORT HIGH SCHOOL 241 HIGH STREET NEWBURYPORT, MA 01950		170(C)(1)	0.	8,413.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
DORCHESTER ACADEMY 9 PEACEVALE RD. DORCHESTER, MA 02124		170(C)(1)	0.	927.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
NORTH HIGH SCHOOL 150 HARRINGTON WAY WORCESTER, MA 01604		170(C)(1)	0.	895.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
NORTH SHORE TECHNICAL HIGH SCHOOL 30 LOG BRIDGE ROAD MIDDLETON, MA 01949		170(C)(1)	0.	7,492.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
NORWOOD SENIOR HIGH SCHOOL NICHOLS STREET NORWOOD, MA 02062		170(C)(1)	0.	427.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH
PALMER HIGH SCHOOL 4105 MAIN STREET PALMER, MA 01069		170(C)(1)	0.	654.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERES IN BIOTECH

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

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public Inspection**

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.** Employer identification number **22-3799632**

<b>Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)</b>							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKWAY ACADEMY OF TECHNOLOGY AND HEALTH - 1205 V.F.W. PARKWAY - WEST ROXBURY, MA 02132		170(C)(1)	0.	2,194.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
PATHFINDER REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL - 240 SYKES STREET - PALMER, MA 01069		170(C)(1)	0.	632.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
PEABODY VETERANS MEMORIAL HIGH SCHOOL - 485 LOWELL STREET - PEABODY, MA 01960		170(C)(1)	0.	4,291.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
PEMBROKE HIGH SCHOOL 80 LEARNING LANE PEMBROKE, MA 02359		170(C)(1)	0.	529.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
PENTUCKET REGIONAL HIGH SCHOOL 24 MAIN STREET WEST NEWBURY, MA 01985		170(C)(1)	0.	541.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
QUABBIN REGIONAL SCHOOL DISTRICT 872 SOUTH STREET BARRE, MA 01005		170(C)(1)	0.	650.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
RANDOLPH HIGH SCHOOL 70 MEMORIAL PARKWAY RANDOLPH, MA 02368		170(C)(1)	0.	8,359.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
ROCKLAND HIGH SCHOOL 52 MACKINLAY WAY ROCKLAND, MA 02370		170(C)(1)	0.	231.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.** Employer identification number **22-3799632**

Part I Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALEM HIGH SCHOOL 72 WILLSON STREET SALEM, MA 01970		170(C)(1)	0.	8,377.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SEEKONK HIGH SCHOOL 261 ARCADE AVENUE SEEKONK, MA 02771		170(C)(1)	0.	3,933.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SHARON HIGH SCHOOL 181 POND STREET SHARON, MA 02067		170(C)(1)	0.	2,434.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SILVER LAKE REGIONAL HIGH SCHOOL 260 PEMBROKE STREET KINGSTON, MA 02364		170(C)(1)	0.	8,863.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SOUTH HIGH COMMUNITY SCHOOL 170 APRICOT STREET WORCESTER, MA 01603		170(C)(1)	0.	694.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SOUTH SHORE HIGH SCHOOL 100 LONGWATER CIRCLE NORWELL, MA 02061		170(C)(1)	0.	1.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SOUTHBRIDGE HIGH SCHOOL 25 COLE AVENUE SOUTHBRIDGE, MA 01550		170(C)(1)	0.	2,591.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		
SPRINGFIELD CENTRAL HIGH SCHOOL 1840 ROOSEVELT AVE. SPRINGFIELD, MA 01109		170(C)(1)	0.	665.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH		

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION, INC.**

Employer identification number  
**22-3799632**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STURGIS CHARTER PUBLIC SCHOOL 427 MAIN STREET HYANNIS, MA 02601		170(C)(1)	0.	6,148.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
TANTASQUA REGIONAL HIGH SCHOOL 319 BROOKFIELD ROAD FISKDALE, MA 01518		170(C)(1)	0.	4,144.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
TECHBOSTON ACADEMY, BOSTON 9 PEACEVALE RD. DORCHESTER, MA 02124		170(C)(1)	0.	917.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
THE BROMFIELD SCHOOL 14 MASSACHUSETTS AVENUE HARVARD, MA 01451		170(C)(1)	0.	260.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
TRI-COUNTY REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT - 147 POND STREET - FRANKLIN, MA 02038		170(C)(1)	0.	6,302.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
WACHUSETT REGIONAL HIGH SCHOOL 1401 MAIN STREET HOLDEN, MA 01520		170(C)(1)	0.	808.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
WALTHAM PUBLIC SCHOOLS 617 LEXINGTON STREET WALTHAM, MA 02452		170(C)(1)	0.	4,075.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH
WESTFORD ACADEMY 30 PATTERN ROAD WESTFORD, MA 01886		170(C)(1)	0.	8,277.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTERESTS IN BIOTECH

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

Schedule I-1 (Form 990) 2009

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION INC.**

Employer identification number  
**22-3799632**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTWOOD HIGH SCHOOL 200 NAHATAN ST. WESTWOOD, MA 02090		170(C)(1)	0.	624.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WORCESTER TECHNICAL HIGH SCHOOL ONE SKYLINE DRIVE WORCESTER, MA 01605		170(C)(1)	0.	672.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION, INC.**

Employer identification number  
**22-3799632**

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

**PROGRAMS, WORKFORCE TRAINING AND LIFELONG LEARNING.**

**FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:**

**AS A RESULT OF FUNDING REDUCTIONS, WE WERE FORCED TO REDUCE THE NUMBER  
OF NEW SCHOOLS WE COULD BRING INTO THE BIOTEACH PROGRAM.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**IMPROVING TEACHER QUALITY - TWO SCHOOL SYSTEMS PARTICIPATING (FALL  
RIVER AND NEW BEDFORD). 17 TEACHERS TRAINED WITH 24 HOURS OF TRAINING.  
SCHOOLS SUPPLIED WITH EQUIPMENT AND SUPPLIES TO CONDUCT LABS.  
EXPENSES \$ 76460. INCLUDING GRANTS OF \$ 19531. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WAS EXAMINED AND  
APPROVED BY THE BOARD OF DIRECTORS AT A BOARD MEETING.**

**FORM 990, PART VI, SECTION B, LINE 12C: MONITORED THROUGH BOARD VOTES AND  
GENERAL OVERSIGHT.**

**FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS THE  
EXECUTIVE DIRECTOR'S PERFORMANCE ON AN ANNUAL BASIS AND DETERMINES SALARY  
BASED ON PERFORMANCE. THE EXECUTIVE DIRECTOR REVIEWS ALL OTHER STAFF'S  
PERFORMANCE AND DETERMINES SALARY.**

**FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE OF PUBLIC RECORD**

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

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION, INC.**

Employer identification number  
**22-3799632**

AND ARE AVAILABLE UPON REQUEST.

THE BOARD OF DIRECTORS ASSUMED RESPONSIBILITY FOR OVERSIGHT OF THE  
AUDIT OF ITS FINANCIAL STATEMENTS. THE BOARD REVIEWS AND APPROVES THE  
AUDITED FINANCIAL STATEMENTS.

FORM 990, PART V, LINE 2A

EMPLOYEES

MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION HAD 10 EMPLOYEES

DURING TAX YEAR 2009, HOWEVER, PAYROLL FOR THESE EMPLOYEES ARE

PROCESSED THROUGH MASSACHUSETTS BIOTECHNOLOGY COUNCIL, INC. (RELATED

PARTY). THE ARRANGEMENT REQUIRES MASSACHUSETTS BIOTECHNOLOGY EDUCATION

FOUNDATION TO REIMBURSE MASSACHUSETTS BIOTECHNOLOGY COUNCIL, INC. FOR

PAYROLL COSTS RELATED TO THESE EMPLOYEES. ALSO SEE SCHEDULE R, PART V.

FORM 990 PART VIII, LINE 8A

FUNDRAISING REVENUE

TOTAL REVENUE FROM FUNDRAISING EVENT NET OF RELATED EXPENSES WAS

\$119,488 AND ENTIRE PROCEEDS WERE UTILIZED TO FURTHER THE EXEMPT

PURPOSE OF THE ORGANIZATION.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other 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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	C	281,559.
(2) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	M	237,896.
(3) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	O	459,056.
(4) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	L	69,000.
(5)		
(6)		



**Depreciation and Amortization** 990  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MASSACHUSETTS BIOTECHNOLOGY EDUCATION  
FOUNDATION, INC.

FORM 990 PAGE 10

22-3799632

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,007.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	19,007.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25	
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **x**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8866.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b> File by the extended due date for filing the return. See instructions.	Name of Exempt Organization MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.	Employer identification number 22-3799632
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE CAMBRIDGE CENTER, 9TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE, MA 02142	

**Check type of return to be filed (File a separate application for each return):**

Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8866.**

LANCE HARTFORD, PRESIDENT

- The books are in the care of  **ONE CAMBRIDGE CENTER - CAMBRIDGE, MA 02142**  
Telephone No.  617-674-5100      FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.
- 5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
INFORMATION NEEDED TO FILE A RETURN IS NOT YET AVAILABLE.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8866.	<b>8b</b>	\$	
<b>c</b> Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  *Lance Hartford* Title  *CFO* Date  8/9/10

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.</b>	<b>Employer identification number</b> <b>22-3799632</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE CAMBRIDGE CENTER, 9TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CAMBRIDGE, MA 02142</b>	

**Check type of return to be filed**(file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**MA BIOTECHNOLOGY EDUCATION FOUNDATION, INC.**

- The books are in the care of ▶ **ONE CAMBRIDGE CENTER - CAMBRIDGE, MA 02142**  
Telephone No. ▶ **617-674-5100** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.