

04/831

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.		D Employer identification number 22-3799632
	Doing Business As MASSBIOED		E Telephone number 617-674-5100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,152,551.
	300 TECHNOLOGY SQUARE, 8TH FLOOR		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code CAMBRIDGE, MA 02139		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: LANCE HARTFORD 300 TECHNOLOGY SQUARE, 8TH FLOOR, CAMBRIDGE,		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.MASSBIOED.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	16
	7 a Total 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 883,262.	Current Year 833,061.
	9 Program service revenue (Part VIII, line 2g)	226,964.	269,660.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,697.	6,107.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,117,923.	1,108,828.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	206,490.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		486,354.	492,305.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 21,893.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		377,928.	422,746.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,070,772.	974,414.	
19 Revenue less expenses. Subtract line 18 from line 12	47,151.	134,414.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,492,961.	End of Year 1,653,645.
	21 Total liabilities (Part X, line 26)	204,229.	230,499.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,288,732.	1,423,146.

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	Date 8/16/2013
	LANCE HARTFORD, PRESIDENT	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JOHN T. FINNING, CPA	Preparer's signature JOHN T. FINNING, CPA	Date 07/17/13	Check if self-employed <input type="checkbox"/>	PTIN P01445870
	Firm's name ALEXANDER, ARONSON, FINNING & CO., P.C.	Firm's EIN 04-2571780	Firm's address 21 EAST MAIN STREET WESTBORO, MA 01581	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

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

MASS BIOED 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 [X] 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 [X] No

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 203,932, including grants of \$ 59,213,) (Revenue \$)

BIOTEACH CONTINUES TO PROVIDE TEACHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES, STUDENT EXPERIMENTAL LEARNING AND RESUPPLY OF LAB EQUIPMENT TO SCHOOLS.

4b (Code:) (Expenses \$ 220,528, including grants of \$) (Revenue \$ 235,910,)

THE LEARNING CENTER IS PROVIDING PROFESSIONAL DEVELOPMENT CLASSES TO CURRENT BIOTECH EMPLOYEES TO BETTER PREPARE THEM TO WORK IN THE CHALLENGING AND EVER CHANGING LIFE SCIENCE SECTOR.

4c (Code:) (Expenses \$ 269,276, 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 \$ 84,751, including grants of \$ 150,) (Revenue \$ 33,750,)

4e Total program service expenses 778,487.

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 <i>Schedule B, Schedule of Contributors</i> ?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No	
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25</i>	24a		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	x	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, Form 8886-T, Form 8899, Form 1098-C, and Form 720.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		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? 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		x
6	Did the organization have members or stockholders? 6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8a	x	
b	Each committee with authority to act on behalf of the governing body? 8b	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 9		x

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

	Yes	No
10a		x
b		
10b		
11a	x	
b		
11b		
12a	x	
b	x	
c	x	
12c	x	
13	x	
14	x	
15		
a	x	
b	x	
15b	x	
16a		x
b		
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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 LANCE HARTFORD, PRESIDENT - 617-674-5100
 300 TECHNOLOGY SQUARE, 8TH FLOOR, CAMBRIDGE, MA 02139

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID REIF, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(2) JABBAR R. BENNETT, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(3) STACIE SAWCHAK AARESTAD CLERK	1.00	X		X			0.	0.	0.	
(4) RENEE CONNOLLY CHAIR	1.00	X		X			0.	0.	0.	
(5) JULIA GREENSTEIN, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(6) ROBERT COUGHLIN DIRECTOR	1.00	X					0.	648,632.	28,825.	
(7) STEVE RICHTER, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(8) ALAN WEISS, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(9) DALE BLANK DIRECTOR	1.00	X					0.	0.	0.	
(10) CHRISTOPHER BARR DIRECTOR	1.00	X					0.	0.	0.	
(11) BILL CIAMBRONE VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) JOHN HODGMAN DIRECTOR	1.00	X					0.	0.	0.	
(13) SRIDARAN NATESAN DIRECTOR	1.00	X					0.	0.	0.	
(14) MAUREEN POWERS DIRECTOR	1.00	X					0.	0.	0.	
(15) COLLEEN DESIMONE TREASURER	1.00	X		X			0.	0.	0.	
(16) JUDY OZBUN DIRECTOR	1.00	X					0.	0.	0.	
(17) LANCE HARTFORD PRESIDENT	40.00			X			121,205.	0.	17,412.	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	181,097.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	651,964.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		833,061.			
	Program Service Revenue	2 a ATTENDANCE FEES	Business Code 900099	235,910.	235,910.	
b CONSULTING REVENUE		900099	33,750.	33,750.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			269,660.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,107.		6,107.	
	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 \$ 181,097. of contributions reported on line 1c). See Part IV, line 18	a	43,723.			
		b Less: direct expenses	b	43,723.		
c Net income or (loss) from fundraising events			0.			
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	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,108,828.	269,660.	0.	6,107.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	59,363.	59,363.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138,617.	51,328.	87,289.	
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	267,700.	263,028.	4,672.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,565.	7,609.	1,956.	
9 Other employee benefits	42,809.	39,377.	3,432.	
10 Payroll taxes	33,614.	28,707.	4,907.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,903.		19,903.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	150,383.	148,092.	2,291.	
12 Advertising and promotion	14,548.		1,268.	13,280.
13 Office expenses	25,939.	16,039.	3,710.	6,190.
14 Information technology	1,875.			1,875.
15 Royalties	2,565.	2,050.	515.	
16 Occupancy				
17 Travel	9,383.	5,378.	3,457.	548.
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	1,712.		1,712.	
23 Insurance	3,408.		3,408.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMBURSEMENTS-RELATED	179,289.	144,082.	35,207.	
b EVENT SUPPLIES	5,800.	5,800.		
c FACILITY RENTAL	5,799.	5,799.		
d MISCELLANEOUS	2,023.	1,835.	188.	
e All other expenses	119.		119.	
25 Total functional expenses. Add lines 1 through 24e	974,414.	778,487.	174,034.	21,893.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 88-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	17,986	1	10,679
	2	Savings and temporary cash investments	1,408,861	2	1,512,899
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	60,512	4	85,635
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,251	9	1,509
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 102,148		
	b	Less: accumulated depreciation	10b 59,225	351	10c 42,923
	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	Total assets. Add lines 1 through 15 (must equal line 34)	1,492,961	16	1,653,645	
Liabilities	17	Accounts payable and accrued expenses	198,049	17	218,279
	18	Grants payable		18	
	19	Deferred revenue	6,180	19	12,220
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	204,229	26	230,499
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,245,962	27	1,346,629
	28	Temporarily restricted net assets	42,770	28	76,517
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,288,732	33	1,423,146	
34	Total liabilities and net assets/fund balances	1,492,961	34	1,653,645	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,108,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	974,414.
3	Revenue less expenses. Subtract line 2 from line 1	3	134,414.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,288,732.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,423,146.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		x
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,893,426.	671,903.	635,796.	883,262.	811,168.	4,895,555.
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	1,893,426.	671,903.	635,796.	883,262.	811,168.	4,895,555.
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)						673,952.
6 Public support. Subtract line 5 from line 4.						4,221,603.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,893,426.	671,903.	635,796.	883,262.	811,168.	4,895,555.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,832.	31,107.	14,192.	7,697.	6,107.	93,935.
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.)	106,638.	5,096.				111,734.
11 Total support. Add lines 7 through 10						5,101,224.
12 Gross receipts from related activities, etc. (see instructions)					12	1,198,619.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	82.76	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	86.81	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

(check all that apply):

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

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

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

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

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

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

Table with 2 columns: Description (1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance) and Amount.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: Description (3a(i) unrelated organizations, 3a(ii) related organizations, 3b), Yes, No.

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 42,923.

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Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,108,828.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 974,414.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TOTAL FUNDRAISING EXP, NETTED WITH REV, PER AUDITED

FINANCIAL STATEMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TOTAL FUNDRAISING EXP, NETTED WITH REV, PER AUDITED

FINANCIAL STATEMENTS

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Part XIII Supplemental Information *(continued)*

MASS BIOED FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD

WHICH REQUIRES MASS BIOED TO REPORT UNCERTAIN TAX POSITIONS, RELATED

INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED

TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES

ACCORDINGLY, AS OF DECEMBER 31, 2012, MASS BIOED DETERMINED THAT THERE

ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.

MASS BIOED FILES INCOME TAX RETURNS IN THE UNITED STATES FEDERAL AND

MASSACHUSETTS STATE JURISDICTIONS, MASS BIOED IS NO LONGER SUBJECT TO

INCOME TAX EXAMINATIONS FOR MASSACHUSETTS STATE OR FOR UNITED STATES

FEDERAL INCOME TAXES BEFORE 2009.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	224,820.		224,820.
	2	Less: Contributions	181,097.		181,097.
	3	Gross income (line 1 minus line 2)	43,723.		43,723.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	43,723.		43,723.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(43,723)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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))
		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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
DARTMOUTH HIGH SCHOOL 555 BAKERVILLE ROAD DARTMOUTH, MA 02748		170(C)(1)	150.	832.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ESSEX AGRICULTURAL AND TECHNICAL HIGH SCHOOL - 562 MAPLE STREET, PO BOX 362 - HATHORNE, MA 01937		170(C)(1)	150.	712.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SALEM HIGH SCHOOL 72 WILLSON STREET SALEM, MA 01970		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SPRINGFIELD HIGH SCHOOL OF SCIENCE AND TECHNOLOGY - 1250 STATE STREET - SPRINGFIELD, MA 01109		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
TANTASQUA REGIONAL HIGH SCHOOL 319 BROOKFIELD ROAD FISKDALE, MA 01518		170(C)(1)	234.	490.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
QUABOAG REGIONAL HIGH SCHOOL 284 OLD WEST BROOKFIELD ROAD WARREN, MA 01083		170(C)(1)	235.	526.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 87.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

Schedule I (Form 990)

FOUNDATION INC.

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
EVERETT HIGH SCHOOL 548 BROADWAY EVERETT, MA 02149		170(C)(1)	250.	0.	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)	250.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
REVERE HIGH SCHOOL 101 SCHOOL STREET REVERE, MA 02151		170(C)(1)	250.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HAMPSHIRE REGIONAL SCHOOL DISTRICT 19 STAGE ROAD WESTHAMPTON, MA 01027		170(C)(1)	275.	1,314.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BILLERICA MEMORIAL HIGH SCHOOL 35 RIVER STREET BILLERICA, MA 01821		170(C)(1)	300.	270.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CHICOPEE HIGH SCHOOL 820 FRONT STREET CHICOPEE, MA 01020		170(C)(1)	300.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
GLOUCESTER HIGH SCHOOL 32 LESLIE O'JOHNSON ROAD GLOUCESTER, MA 01930		170(C)(1)	300.	876.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WALTHAM PUBLIC SCHOOLS 617 LEXINGTON STREET WALTHAM, MA 02452		170(C)(1)	300.	1,394.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ASSABET VALLEY REGIONAL SCHOOL DISTRICT - 215 FITCHBURG STREET - MARLBOROUGH, MA 01752		170(C)(1)	315.	625.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

Schedule I (Form 990)

FOUNDATION, INC.

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
HIGH SCHOOL OF SCIENCE AND TECHNOLOGY - 1250 STATE STREET - SPRINGFIELD, MA 01109		170(C)(1)	315.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SEEKONK HIGH SCHOOL 261 ARCADE AVENUE SEEKONK, MA 02771		170(C)(1)	355.	423.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NASHOBA REGIONAL HIGH SCHOOL 12 GREEN ROAD BOLTON, MA 01740		170(C)(1)	374.	1,022.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DIGHTON-REHOBOTH REGIONAL HIGH SCHOOL - 2700 REGIONAL ROAD - NORTH DIGHTON, MA 02764		170(C)(1)	391.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NEW BEDFORD HIGH SCHOOL 230 HATHAWAY BLVD NEW BEDFORD, MA 02740		170(C)(1)	432.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WILMINGTON HIGH SCHOOL 159 CHURCH STREET WILMINGTON, MA 01887		170(C)(1)	450.	626.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MARLBOROUGH HIGH SCHOOL 431 BOLTON AVENUE MARLBOROUGH, MA 01752		170(C)(1)	495.	209.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
KING PHILLIP REGIONAL HIGH SCHOOL 201 FRANKLIN STREET WRENTHAM, MA 02093		170(C)(1)	500.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH MIDDLESEX REGIONAL HIGH SCHOOL - 19 MAIN STREET - TOWNSEND, MA 01469		170(C)(1)	511.	125.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

Schedule I (Form 990) FOUNDATION, INC.

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
STURGIS CHARTER PUBLIC SCHOOL 427 MAIN STREET HYANNIS, MA 02601		170(C)(1)	592.	512.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BELLINGHAM HIGH SCHOOL 60 BLACKSTONE STREET BELLINGHAM, MA 02109		170(C)(1)	630.	970.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MASSACHUSETTS STATE SCIENCE & ENGINEERING FAIR, INC. - 955 MASSACHUSETTS AVENUE # 350 - CAMBRIDGE, MA 02139		501(C)(3)	1,500.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HANOVER HIGH SCHOOL 287 CEDAR STREET HANOVER, MA 02339		170(C)(1)	2,165.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HOPKINTON HIGH SCHOOL 90 HAYDEN ROWE STREET HOPKINTON, MA 01748		170(C)(1)	0.	90.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LUNENBURG HIGH SCHOOL 1079 MASSACHUSETTS AVE. LUNENBURG, MA 01462		170(C)(1)	0.	166.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CHELSEA HIGH SCHOOL 299 EVERETT AVENUE CHELSEA, MA 02150		170(C)(1)	0.	226.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL - 135 CENTER STREET - DIGTONT, MA 02715		170(C)(1)	0.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BURLINGTON HIGH SCHOOL 123 CAMBRIDGE STREET BURLINGTON, MA 01803		170(C)(1)	0.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990) FOUNDATION INC.

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
GREATER LOWELL REGIONAL SCHOOL DISTRICT - 250 PAWTUCKET BOULEVARD - TYNGSBOROUGH, MA 01879		170(C)(1)	0.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LUDLOW SENIOR HIGH SCHOOL 500 CHAPIN STREET LUDLOW, MA 01056		170(C)(1)	0.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MASCONOMET REGIONAL HIGH SCHOOL 20 ENDICOTT ROAD TOPSFIELD, MA 01983		170(C)(1)	0.	250.	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.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH BROOKFIELD JR/SR HIGH SCHOOL 10 NEW SCHOOLDRIVE NORTH BROOKFIELD, MA 01535		170(C)(1)	0.	250.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SOUTH HADLEY HIGH SCHOOL 153 NEWTON STREET SOUTH HADLEY, MA 01075		170(C)(1)	0.	277.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
GREATER LAWRENCE TECHNICAL SCHOOL 57 RIVER ROAD ANDOVER, MA 01810		170(C)(1)	0.	345.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WESTFIELD VOCATIONAL TECHNICAL HIGH SCHOOL - 33 SMITH AVENUE - WESTFIELD, MA 01085		170(C)(1)	0.	375.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MINUTEMAN REGIONAL HIGH SCHOOL 758 MARRETT RD. LEXINGTON, MA 02421		170(C)(1)	0.	417.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

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
PEMBROKE HIGH SCHOOL 80 LEARNING LANE PEMBROKE, MA 02359		170(C)(1)	0.	420.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOVER-SHERBORN REGIONAL HIGH SCHOOL - 9 JUNCTON STREET - DOVER, MA 02030		170(C)(1)	0.	437.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOUGLAS HIGH SCHOOL 33 DAVIS STREET DOUGLAS, MA 01516		170(C)(1)	0.	439.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORWELL PUBLIC SCHOOLS 322 MAIN STREET NORWELL, MA 02061		170(C)(1)	0.	441.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
OLD ROCHESTER REGIONAL HIGH SCHOOL 135 MARION ROAD MATTAPoisETT, MA 02739		170(C)(1)	0.	477.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH ATTLEBOROUGH HIGH SCHOOL 1 WILSON W. WHITTY WAY NORTH ATTLEBOROUGH, MA 02760		170(C)(1)	0.	477.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
RANDOLPH HIGH SCHOOL 70 MEMORIAL PARKWAY RANDOLPH, MA 02368		170(C)(1)	0.	485.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DEDHAM PUBLIC SCHOOLS 140 WHITING AVENUE DEDHAM, MA 02026		170(C)(1)	0.	488.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DANVERS HIGH SCHOOL 60 CABOT ROAD DANVERS, MA 01923		170(C)(1)	0.	494.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

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
NORTH CENTRAL CHARTER ESSENTIAL SCHOOL - ONE OAK HILL ROAD - FITCHBURG, MA 01420		170(C)(1)	0.	497.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ANDOVER HIGH SCHOOL 80 SHAWSHEEN ROAD ANDOVER, MA 01810		170(C)(1)	0.	500.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LOWELL HIGH SCHOOL 50 FR. MORISSETTE BLVD. LOWELL, MA 01852		170(C)(1)	0.	500.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ROCKPORT PUBLIC SCHOOLS 24 JERDENS LANE ROCKPORT, MA 01966		170(C)(1)	0.	506.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MOHAWK TRAIL REGIONAL HIGH SCHOOL 26 ASHFIELD ROAD SHELBURNE FALLS, MA 01370		170(C)(1)	0.	509.	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.	511.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
FOXBOROUGH HIGH SCHOOL 120 SOUTH STREET FOXBOROUGH, MA 02035		170(C)(1)	0.	511.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HOPEDALE JR.-SR. HIGH SCHOOL 25 ADIN STREET HOPEDALE, MA 01747		170(C)(1)	0.	511.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CARVER PUBLIC SCHOOLS 3 CARVER SQUARE BOULEVARD CARVER, MA 02330		170(C)(1)	0.	516.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

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
TRI-COUNTY REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT - 147 POND STREET - FRANKLIN, MA 02038		170(C)(1)	0.	516.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
PEABODY VETERANS MEMORIAL HIGH SCHOOL - 485 LOWELL STREET - PEABODY, MA 01960		170(C)(1)	0.	527.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MEDWAY HIGH SCHOOL 88 SUMMER STREET MEDWAY, MA 02053		170(C)(1)	0.	532.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOHERTY MEMORIAL HIGH SCHOOL 299 HIGHLAND STREET WORCESTER, MA 01609		170(C)(1)	0.	533.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HINGHAM HIGH SCHOOL 17 UNION STREET HINGHAM, MA 02043		170(C)(1)	0.	552.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DRACUT HIGH SCHOOL 1540 LAKEVIEW AVENUE DRACUT, MA 01826		170(C)(1)	0.	577.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SANDWICH HIGH SCHOOL 365 QUAKER MEETINGHOUSE ROAD EAST SANDWICH, MA 02537		170(C)(1)	0.	614.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SOMERVILLE HIGH SCHOOL 81 HIGHLAND AVE. SOMERVILLE, MA 02143		170(C)(1)	0.	616.	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.	625.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

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
OAKMONT REGIONAL HIGH SCHOOL 9 OAKMONT DRIVE ASHBURNHAM, MA 01430		170(C)(1)	0.	630.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
B.M.C. DURPEE HIGH SCHOOL 360 ELSBREE STREET FALL RIVER, MA 02720		170(C)(1)	0.	715.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SMITH VOCATIONAL AND AGRICULTURAL HIGH SCHOOL - 80 LOCUST STREET - NORTHAMPTON, MA 01060		170(C)(1)	0.	789.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ALGONQUIN REGIONAL HIGH SCHOOL 79 BARTLETT STREET NORTHBOROUGH, MA 01532		170(C)(1)	0.	835.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WESTFORD ACADEMY 30 PATTERN ROAD WESTFORD, MA 01886		170(C)(1)	0.	843.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL - 201 FOREST STREET - MARLBOROUGH, MA 01752		170(C)(1)	0.	875.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH SHORE TECHNICAL HIGH SCHOOL 30 LOG BRIDGE ROAD MIDDLETON, MA 01949		170(C)(1)	0.	881.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BRISTOL PLYMOUTH REGIONAL TECHNICAL SCHOOL - 940 COUNTY STREET - TAUNTON, MA 02780		170(C)(1)	0.	932.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT - 175 LINCOLN STREET - BLACKSTONE, MA 01504		170(C)(1)	0.	947.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

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
SHARON HIGH SCHOOL 181 POND STREET SHARON, MA 02067		170(C)(1)	0	969	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HOLBROOK JUNIOR-SENIOR HIGH SCHOOL 245 SOUTH FRANKLIN STREET HOLBROOK, MA 02345		170(C)(1)	0	1,054	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTON HIGH SCHOOL 66 WEST MAIN STREET NORTON, MA 02766		170(C)(1)	0	5,500	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BROCKTON HIGH SCHOOL 470 FOREST AVENUE BROCKTON, MA 02301		170(C)(1)	125	1,098	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LEXINGTON HIGH SCHOOL 251 WALTHAM STREET LEXINGTON, MA 02421		170(C)(1)	125	343	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)	125	0	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
OXFORD HIGH SCHOOL 495 MAIN STREET OXFORD, MA 01540		170(C)(1)	125	0	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)	125	250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
THE BROMFIELD SCHOOL 14 MASSACHUSETTS AVENUE HARVARD, MA 01451		170(C)(1)	125	0	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 TO DETERMINE HOW THE FUNDS
ARE USED AND STAFF ALSO ASSESS THE NUMBER OF TEACHERS TRAINED AND THE
NUMBER OF CLASSES REACHED, IN ADDITION, STAFF EVALUATES AND APPROVES ORDERS
FOR MATERIALS AND SUPPLIES BEFORE BEING SENT TO VENDORS FOR PROCESSING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2012

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b
		4c
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	8
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	9
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT COUGHLIN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	648,632.	0.	0.	10,000.	18,825.	677,457.	0.
	(i)							
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization	MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION, INC.	Employer identification number	22-3799632
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS, WORKFORCE TRAINING AND LIFELONG LEARNING,

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

WORKFORCE DEVELOPMENT

EXPENSES \$ 84,751, INCLUDING GRANTS OF \$ 150, REVENUE \$ 33,750,

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

AND ARE AVAILABLE UPON REQUEST,

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	148,092.
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MANAGEMENT AND GENERAL EXPENSES	2,291.
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FUNDRAISING EXPENSES	0.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

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Name of the organization	MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC.	Employer identification number	22-3799632
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TOTAL EXPENSES 150,383.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 150,383.

FORM 990, PART V, LINE 2A

EMPLOYEES

MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION HAD 7 EMPLOYEES DURING

TAX YEAR 2012, 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.

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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MASSACHUSETTS BIOTECHNOLOGY COUNCIL INC. - 22-2693047, 300 TECHNOLOGY SQUARE, 8TH FLOOR, CAMBRIDGE, MA 02139	PERMITTING AND FOSTERING POSITIVE ENHANCEMENT FOR THE BIOTECHNOLOGY INDUSTRY	MASSACHUSETTS	501 (C) (6)	NO	NO		X

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	C	294,994	GRANT FROM MASSBIO COUNCIL
(2) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	N	129,727	REIMBURSE FOR SHARED FACILITIES
(3) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	P	492,511	REIMBURSE MASSBIO FOR PAYROLL
(4) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	M	117,700	GOLF EVENT SPONSORSHIP BY COUNCIL
(5) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	O	49,563	REIMBURSE FOR SHARED EMPLOYEES
(6)			

