

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 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 300 TECHNOLOGY SQUARE, 8TH FLOOR	G Gross receipts \$ 1,404,986.
	City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02139	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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: OUR COMMITMENT IS TO SUPPORT BIOTECHNOLOGY EDUCATION IN MASSACHUSETTS RESIDENTS THROUGH SCHOOL		
	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 2013 (Part V, line 1)	5	0
	6 Total number of volunteers (estimate if necessary)	6	16
	7a 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	833,061.	1,063,393.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	269,660.	292,215.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, 10c, and 11e)	6,107.	4,316.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,108,828.	1,359,924.
	13 Grants and similar amounts paid (Part IX, column (A), line 1)	59,363.	271,011.
Expenses	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)	492,305.	539,385.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 22,246.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	422,746.	574,539.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	974,414.	1,384,935.
19 Revenue less expenses. Subtract line 18 from line 12	134,414.	-25,011.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,653,645.	1,604,585.
	22 Net assets or fund balances. Subtract line 21 from line 20	230,499.	206,450.
		1,423,146.	1,398,135.

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			
	LANCE HARTFORD, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YEVGENIYA GORLOVSKY-SCHEPP, CPA	Preparer's signature YEVGENIYA GORLOVSKY-SCHEPP,	Date 09/19/14	Check if self-employed <input type="checkbox"/>	PTIN P01485484
	Firm's name ALEXANDER, ARONSON, FINNING & CO., P.C.	Firm's EIN 04-2571780	Phone no. 508-366-9100		
	Firm's address 21 EAST MAIN STREET WESTBORO, MA 01581				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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.

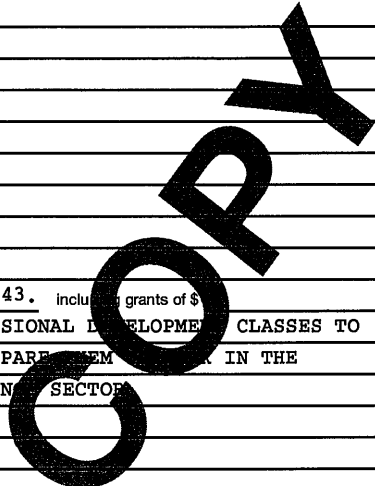
4a (Code:) (Expenses \$ 560,307. including grants of \$ 271,011.) (Revenue \$ 7,000.) BIOTEACH CONTINUES TO PROVIDE TEACHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES, STUDENT EXPERIMENTAL LEARNING AND RESUPPLY OF LAB EQUIPMENT TO SCHOOLS.

4b (Code:) (Expenses \$ 267,043. including grants of \$) (Revenue \$ 277,715.) THE LEARNING CENTER IS PROVIDING PROFESSIONAL DEVELOPMENT CLASSES TO CURRENT BIOTECH EMPLOYEES TO BETTER PREPARE THEM IN THE CHALLENGING AND EVER CHANGING LIFE SCIENCE SECTOR

4c (Code:) (Expenses \$ 243,214. 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 \$ 55,943. including grants of \$) (Revenue \$ 7,500.)

4e Total program service expenses 1,126,507.



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 14 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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?		

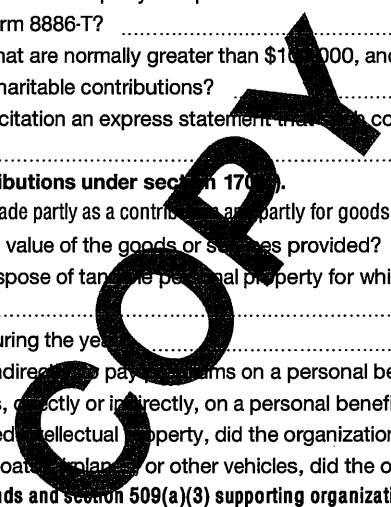
Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		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 25a		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one or more 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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and input fields.



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

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

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 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.		
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
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 501(c)(3) 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 required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID REIF, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(2) STACIE SAWCHAK AARESTAD CLERK	1.00	X						0.	0.	0.
(3) RENEE CONNOLLY CHAIR	1.00	X		X				0.	0.	0.
(4) ROBERT COUGHLIN DIRECTOR	1.00	X						0.	493,175.	29,286.
(5) STEVE RICHTER, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(6) ALAN WEISS, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(7) DALE BLANK DIRECTOR	1.00	X						0.	0.	0.
(8) CHRISTOPHER BARR DIRECTOR	1.00	X						0.	0.	0.
(9) BILL CIAMBRONE VICE CHAIR	1.00	X		X				0.	0.	0.
(10) JOHN HODGMAN DIRECTOR	1.00	X						0.	0.	0.
(11) SRIDARAN NATESAN DIRECTOR	1.00	X						0.	0.	0.
(12) MAUREEN POWERS DIRECTOR	1.00	X						0.	0.	0.
(13) COLLEEN DESIMONE TREASURER	1.00	X		X				0.	0.	0.
(14) JOAN ABRAMS DIRECTOR	1.00	X						0.	0.	0.
(15) LAUREN CELANO DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTOPHER MURPHY DIRECTOR	1.00	X						0.	0.	0.
(17) LANCE HARTFORD PRESIDENT	40.00			X				126,660.	0.	19,785.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 174,508.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 287,146.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 601,739.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,063,393.			
Program Service Revenue	2 a ATTENDANCE FEES	Business Code 900099	277,715.	277,715.		
	b CONSULTING REVENUE	900099	14,500.	14,500.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		292,215.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,316.		4,316.	
	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 \$ 174,508. of contributions reported on line 1c). See Part IV, line 18	a	45,062.			
		b Less: direct expenses	b 45,062.			
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						
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,359,924.	292,215.	0.	4,316.	

Part IX Statement of Functional Expenses

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

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

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 United States. See Part IV, line 21	271,011.	271,011.		
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	146,445.	62,342.	84,103.	
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	323,305.	291,053.	32,252.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,599.	7,452.	147.	
9 Other employee benefits	27,095.	23,308.	3,787.	
10 Payroll taxes	34,941.	723.	8,218.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,544.		20,544.	
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.)	215,316.	215,371.	945.	
12 Advertising and promotion	16,458.		2,000.	14,458.
13 Office expenses	4,318.	32,300.	2,079.	5,939.
14 Information technology	1,175.			1,175.
15 Royalties	2,000.	1,500.	500.	
16 Occupancy				
17 Travel	8,723.	5,106.	2,952.	665.
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	16,622.		16,622.	
23 Insurance	5,250.		5,250.	
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	211,812.	159,310.	52,502.	
b EVENT SUPPLIES	11,596.	11,596.		
c FACILITY RENTAL	11,595.	11,595.		
d DUES AND SUBSCRIPTIONS	6,335.	5,710.	625.	
e All other expenses	5,795.	2,130.	3,656.	9.
25 Total functional expenses. Add lines 1 through 24e	1,384,935.	1,126,507.	236,182.	22,246.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,679.	1	10,260.
	2	Savings and temporary cash investments	1,512,899.	2	1,372,544.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	85,635.	4	166,912.
	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	1,509.	9	2,502.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	72,457.		
	b	Less: accumulated depreciation	20,000.	10c	52,367.
	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)	1,653,645.	16	1,604,585.	
Liabilities	17	Accounts payable and accrued expenses	218,279.	17	205,055.
	18	Grants payable		18	
	19	Deferred revenue	12,220.	19	1,395.
	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	230,499.	26	206,450.
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	1,346,629.	27	1,328,638.
	28	Temporarily restricted net assets	76,517.	28	69,497.
	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	1,423,146.	33	1,398,135.	
34	Total liabilities and net assets/fund balances	1,653,645.	34	1,604,585.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,359,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,384,935.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,011.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,423,146.
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	1,398,135.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	671,903.	635,796.	883,262.	811,168.	1,063,394.	4,065,523.
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	671,903.	635,796.	883,262.	811,168.	1,063,394.	4,065,523.
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)						781,595.
6 Public support. Subtract line 5 from line 4.						3,283,928.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	671,903.	635,796.	883,262.	811,168.	1,063,394.	4,065,523.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,107.	192.	7,697.	6,107.	4,316.	63,419.
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.)	5,096.					5,096.
11 Total support. Add lines 7 through 10						4,134,038.
12 Gross receipts from related activities, etc. (see instructions)					12	1,241,134.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	79.44 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	82.76 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

COPY

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

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.

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

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...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation easement, 3 Number of conservation easements modified..., 4 Number of states where property... is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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?

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?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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 columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 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

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

Small table with Yes/No columns and rows 3a(i), 3a(ii), 3b.

- (i) unrelated organizations, (ii) related organizations, b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,337,678.
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,337,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	22,246.	
c	Add lines 4a and 4b		4c	22,246.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,359,924.

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

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

1	Total expenses and losses per audited financial statements		1	1,362,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,362,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	22,246.	
c	Add lines 4a and 4b		4c	22,246.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 13.)		5	1,384,935.

Part XIII Supplemental Information.

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

PART 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

FORM 990, SCHEDULE D, PART XIII

EXPLANATION: THE FOUNDATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES STANDARD, WHICH REQUIRES THE FOUNDATION TO REPORT UNCERTAIN

Part XIII Supplemental Information *(continued)*

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, 2013, THE FOUNDATION

DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.

THE FOUNDATION FILES INCOME TAX RETURNS IN THE UNITED STATES FEDERAL AND

MASSACHUSETTS STATE JURISDICTIONS. THE FOUNDATION IS NO LONGER SUBJECT TO

INCOME TAX EXAMINATIONS FOR MASSACHUSETTS STATE OR FOR UNITED STATES

FEDERAL INCOME TAXES BEFORE 2010.

COPY

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	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	219,570.			219,570.
	2 Less: Contributions	174,508.			174,508.
	3 Gross income (line 1 minus line 2)	45,062.			45,062.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	45,062.			45,062.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				45,062.
	11 Net income summary. Subtract line 10 from line 3, column (d)				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) Slot machines/instant lottery tickets/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. Subtract line 7 from line 1, column (d)					

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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
ASSABET VALLEY REGIONAL SCHOOL DISTRICT - 215 FITCHBURG STREET - MARLBOROUGH, MA 01752		170(C)(1)	781.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
AUBURN HIGH SCHOOL 99 AUBURN STREET AUBURN, MA 01501		170(C)(1)	225.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
B.M.C. DURFEE HIGH SCHOOL 360 ELSBREE STREET FALL RIVER, MA 02720		170(C)(1)	600.	16,552.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BARNSTABLE HIGH SCHOOL 744 WEST MAIN STREET HYANNIS, MA 02601		170(C)(1)	870.	16,627.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BAY PATH REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL - 57 OLD MUGGETT HILL ROAD - CHARLTON, MA 01507		170(C)(1)	1,200.	16,516.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BELLINGHAM HIGH SCHOOL 60 BLACKSTONE STREET BELLINGHAM, MA 02109		170(C)(1)	1,338.	0.	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 **53.**

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) (2013)

MASSACHUSETTS BIOTECHNOLOGY EDUCATION

Schedule I (Form 990)

FOUNDATION, INC.

22-3799632

Page 1

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
BLUE HILLS VOTEC HIGH SCHOOL 800 RANDOLPH STREET CANTON, MA 02021		170(C)(1)	450.	16,627.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BOSTON COMMUNITY LEADERSHIP ACADEMY - 20 WARREN STREET - BRIGHTON, MA 02135		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BROCKTON HIGH SCHOOL 470 FOREST AVENUE BROCKTON, MA 02301		170(C)(1)	150.	1,872.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CAMBRIDGE RINDGE AND LATIN SCHOOL 459 BROADWAY CAMBRIDGE, MA 02138		170(C)(1)	0.	16,651.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CARVER PUBLIC SCHOOLS 3 CARVER SQUARE BOULEVARD CARVER, MA 02330		170(C)(1)	334.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CHELSEA HIGH SCHOOL 299 EVERETT AVENUE CHELSEA, MA 02150		170(C)(1)	0.	271.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
CHICOPEE HIGH SCHOOL 820 FRONT STREET CHICOPEE, MA 01020		170(C)(1)	563.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DANVERS HIGH SCHOOL 60 CABOT ROAD DANVERS, MA 01923		170(C)(1)	590.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DEDHAM PUBLIC SCHOOLS 140 WHITING AVENUE DEDHAM, MA 02026		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

MASSACHUSETTS BIOTECHNOLOGY EDUCATION

Schedule I (Form 990)

FOUNDATION, INC.

22-3799632

Page 1

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
DOUGLAS HIGH SCHOOL 33 DAVIS STREET DOUGLAS, MA 01516		170(C)(1)	0.	153.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
EAST BOSTON HIGH SCHOOL 86 WHITE STREET EAST BOSTON, MA 02128		170(C)(1)	717.	0.	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.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
EVERETT HIGH SCHOOL 548 BROADWAY EVERETT, MA 02149		170(C)(1)	0.	16,624.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
FALMOUTH HIGH SCHOOL 874 GIFFORD STREET FALMOUTH, MA 02540		170(C)(1)	450.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
FITCHBURG HIGH SCHOOL 140 ARN-HOW FARM ROAD FITCHBURG, MA 01420		170(C)(1)	450.	16,065.	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)	0.	5,252.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL - 1121 ASHLEY BOULEVARD - NEW BEDFORD, MA 02745		170(C)(1)	450.	16,280.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HAMPSHIRE REGIONAL SCHOOL DISTRICT 19 STAGE ROAD WESTHAMPTON, MA 01027		170(C)(1)	460.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

COPY

Schedule I (Form 990)

MASSACHUSETTS BIOTECHNOLOGY EDUCATION

Schedule I (Form 990)

FOUNDATION, INC.

22-3799632

Page 1

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)	621.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HAVERHILL HIGH SCHOOL 137 MONUMENT HIGH SCHOOL HAVERHILL, MA 01832		170(C)(1)	450.	16,615.	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)	585.	386.	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.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HOPKINTON HIGH SCHOOL 90 HAYDEN ROWE STREET HOPKINTON, MA 01748		170(C)(1)	300.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
JOSEPH P. KEEFE TECHNICAL HIGH SCHOOL - 750 WINTER STREET - FRAMINGHAM, MA 01702		170(C)(1)	0.	8,987.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LITTLETON HIGH SCHOOL 56 KING STREET LITTLETON, MA 01460		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MALDEN HIGH SCHOOL 77 SALEM STREET MALDEN, MA 02148		170(C)(1)	885.	16,614.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MCCANN TECHNICAL HIGH SCHOOL 70 HODGES CROSS ROAD NORTH ADAMS, MA 02147		170(C)(1)	506.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

MASSACHUSETTS BIOTECHNOLOGY EDUCATION

Schedule I (Form 990)

FOUNDATION, INC.

22-3799632

Page 1

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
MINUTEMAN REGIONAL HIGH SCHOOL 758 MARRETT ROAD LEXINGTON, MA 02421		170(C)(1)	300.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL - 1050 WESTMINSTER STREET - FITCHBURG, MA 01420		170(C)(1)	450.	16,590.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NASHOBA REGIONAL HIGH SCHOOL 12 GREEN ROAD BOLTON, MA 01740		170(C)(1)	346.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH CENTRAL CHARTER ESSENTIAL SCHOOL - ONE OAK HILL ROAD - FITCHBURG, MA 01420		170(C)(1)	0.	0.	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)	581.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTHEAST METROPOLITAN REGIONAL VOCATIONAL TECHNICAL SCHOOL - 100 HEMLOCK ROAD - WAKEFIELD, MA 01880		170(C)(1)	600.	16,316.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTON HIGH SCHOOL 66 WEST MAIN STREET NORTON, MA 02766		170(C)(1)	600.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORWOOD SENIOR HIGH SCHOOL NICHOLS STREET NORWOOD, MA 02062		170(C)(1)	640.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
PENTUCKET REGIONAL HIGH SCHOOL 24 MAIN STREET WEST NEWBURY, MA 01985		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Schedule I (Form 990)

MASSACHUSETTS BIOTECHNOLOGY EDUCATION

Schedule I (Form 990)

FOUNDATION, INC.

22-3799632

Page 1

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
QUABBIN REGIONAL SCHOOL DISTRICT 872 SOUTH STREET BARRE, MA 01005		170(C)(1)	590.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
REVERE HIGH SCHOOL 101 SCHOOL STREET REVERE, MA 02151		170(C)(1)	979.	0.	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)	432.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SCITUATE PUBLIC SCHOOLS 606 CHIEF JUSTICE CUSHING HIGHWAY SCITUATE, MA 02066		170(C)(1)	5.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SEEKONK HIGH SCHOOL 261 ARCADE AVENUE SEEKONK, MA 02771		170(C)(1)	470.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SHARON HIGH SCHOOL 181 POND STREET SHARON, MA 02067		170(C)(1)	150.	0.	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.	523.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
STURGIS CHARTER PUBLIC SCHOOL 427 MAIN STREET HYANNIS, MA 02601		170(C)(1)	300.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
TANTASQUA REGIONAL HIGH SCHOOL 319 BROOKFIELD ROAD FISRDALE, MA 01518		170(C)(1)	490.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

COPY

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
TAUNTON HIGH SCHOOL 50 WILLIAMS STREET TAUNTON, MA 02180		170(C)(1)	510.	16,492.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WESTWOOD HIGH SCHOOL 200 NAHATAN ST. WESTWOOD, MA 02090		170(C)(1)	150.	0.	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

COPY

Schedule I (Form 990) (2013)

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

COPY

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

PART I, LINE 2:

EXPLANATION: 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

2013

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION
FOUNDATION, INC.

Employer identification number
22-3799632

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input 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 checked="" type="checkbox"/> Approval of the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental non-qualified pension plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

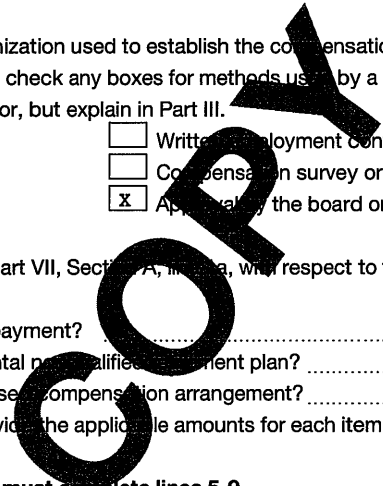
- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	493,175.	0.	0.	0,200.	19,086.	522,461.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

COPY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2013

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 4D, OTHER PROGRAM SERVICES:

WORKFORCE DEVELOPMENT

EXPENSES \$ 55,943. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,500.

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

EXPLANATION: 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:

EXPLANATION: MONITORED THROUGH BOARD VOTES AND GENERAL MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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:

EXPLANATION: ALL DOCUMENTS ARE OF PUBLIC RECORD AND ARE AVAILABLE UPON

REQUEST.

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

OTHER PROFESSIONAL FEES:

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

Schedule O (Form 990 or 990-EZ) (2013)

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

PROGRAM SERVICE EXPENSES	32,982.
MANAGEMENT AND GENERAL EXPENSES	945.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,927.

CONSULTING:

PROGRAM SERVICE EXPENSES	98,613.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	98,613.

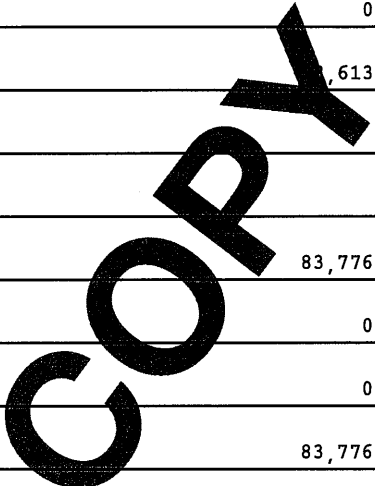
INSTRUCTORS:

PROGRAM SERVICE EXPENSES	83,776.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,776.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 216,316.

FORM 990, PART V, LINE 2A

EXPLANATION: MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION HAD 7 EMPLOYEES DURING TAX YEAR 2013. 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.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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" on Form 990, Part IV, line 33.

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

COPY

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

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

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

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

COPY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
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?		
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

COPY

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	C	304,383.	GRANT FROM MASSBIO COUNCIL
(2) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	N	158,862.	REIMBURSE FOR SHARED FACILITIES
(3) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	P	539,385.	REIMBURSE MASSBIO FOR PAYROLL
(4) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	O	52,950.	REIMBURSE FOR SHARED EMPLOYEES
(5) MASSACHUSETTS BIOTECHNOLOGY COUNCIL	M	113,050.	GOLF EVENT SPONSORSHIP BY COUNCIL
(6)			

Part VII Supplemental Information

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

COPY