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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Doing Business As
MASSBIOED

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 TECHNOLOGY SQUARE 8TH FLOOR

City or town, state or country, and ZIP + 4
CAMBRIDGE, MA 02139

D Employer identification number
22-3799632

E Telephone number
(617)674-5100

G Gross receipts $ 1,152,551

F Name and address of principal officer
LANCE HARTFORD
300 TECHNOLOGY SQUARE 8TH FLOOR
CAMBRIDGE, MA 02139

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MASSBIOED ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2001

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR COMMITMENT IS TO SUPPORT BIOTECHNOLOGY EDUCATION IN MASSACHUSETTS RESIDENTS THROUGH SCHOOL PROGRAMS, WORKFORCE TRAINING AND LIFELONG LEARNING

2 Check this box ▶☐ 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
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	883,262	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
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	206,490	59,363
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

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,492,961	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

****** | 2013-07-17
Signature of officer | Date

LANCE HARTFORD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN T FINNING CPA		2013-07-17		P01445870

Firm's name ▶ ALEXANDER ARONSON FINNING & CO PC | 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 . . . . . ☑

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 ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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

(Code) (Expenses $ 84,751 including grants of $ 150) (Revenue $ 33,750)

WORKFORCE DEVELOPMENT

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
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*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
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*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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*	**35b**		
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*	**36**		No
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*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	13		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
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**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	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?	**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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 300 TECHNOLOGY SQUARE 8TH FLOOR CAMBRIDGE, MA (617) 674-5100

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, or 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 dotted 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 PHD DIRECTOR	1 00	X						0	0	0
(2) JABBAR R BENNETT PHD 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 PHD DIRECTOR	1 00	X						0	0	0
(6) ROBERT COUGHLIN DIRECTOR	1 00	X						0	648,632	28,825
(7) STEVE RICHTER PHD DIRECTOR	1 00	X						0	0	0
(8) ALAN WEISS PHD 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 VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								121,205	648,632	46,237

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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	1a	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			Business Code				
	2a	ATTENDANCE FEES	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			
	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 . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	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			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	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				
	11a						
	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 . . . . . ☑

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	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 Schedule 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 98-2 (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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		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 ▶ ☑ 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 ▶ ☐ 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 Reconcilliation 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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number
22-3799632

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	82 760 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	86 810 %

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 ▶ ☑

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 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 ▶☐

Part IV **Supplemental Information.** Complete this part to 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).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number
22-3799632

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part 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.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		102,148	59,225	42,923
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				42,923

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
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

1	Total revenue, gains, and other support per audited financial statements			1	1,086,935
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	1,086,935
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	21,893		
c	Add lines **4a** and **4b**			4c	21,893
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,108,828

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

1	Total expenses and losses per audited financial statements			1	952,521
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)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	952,521
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	21,893		
c	Add lines **4a** and **4b**			4c	21,893
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	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

Identifier	Return Reference	Explanation
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
		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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number
22-3799632

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in 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 _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

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 . . . . . ▶

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 22-3799632
Name: MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SCHOOL555 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 SCHOOL72 WILLSON STREET SALEM,MA 01970		170(C)(1)	150		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SPRINGFIELD HIGH SCHOOL OF SCIENCE AND TECHNOLOGY1250 STATE STREET SPRINGFIELD,MA 01109		170(C)(1)	150		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
TANTASQUA REGIONAL HIGH SCHOOL319 BROOKFIELD ROAD FISKDALE,MA 01518		170(C)(1)	234	490	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
QUABOAG REGIONAL HIGH SCHOOL284 OLD WEST BROOKFIELD ROAD WARREN,MA 01083		170(C)(1)	235	526	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
EVERETT HIGH SCHOOL 548 BROADWAY EVERETT,MA 02149		170(C)(1)	250		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 SCHOOL101 SCHOOL STREET REVERE,MA 02151		170(C)(1)	250	250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HAMPSHIRE REGIONAL SCHOOL DISTRICT19 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 SCHOOL35 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 SCHOOL32 LESLIE OJOHNSON ROAD GLOUCESTER,MA 01930		170(C)(1)	300	876	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WALTHAM PUBLIC SCHOOLS617 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 DISTRICT215 FITCHBURG STREET MARLBOROUGH,MA 01752		170(C)(1)	315	625	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HIGH SCHOOL OF SCIENCE AND TECHNOLOGY1250 STATE STREET SPRINGFIELD,MA 01109		170(C)(1)	315		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 SCHOOL12 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		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NEW BEDFORD HIGH SCHOOL230 HATHAWAY BLVD NEW BEDFORD,MA 02740		170(C)(1)	432		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WILMINGTON HIGH SCHOOL159 CHURCH STREET WILMINGTON,MA 01887		170(C)(1)	450	626	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MARLBOROUGH HIGH SCHOOL431 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 SCHOOL201 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
STURGIS CHARTER PUBLIC SCHOOL427 MAIN STREET HYANNIS,MA 02601		170(C)(1)	592	512	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BELLINGHAM HIGH SCHOOL60 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 INC955 MASSACHUSETTS AVENUE 350 CAMBRIDGE,MA 02139		501(C)(3)	1,500		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)		90	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LUNENBURG HIGH SCHOOL 1079 MASSACHUSETTS AVE LUNENBURG,MA 01462		170(C)(1)		166	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHELSEA HIGH SCHOOL 299 EVERETT AVENUE CHELSEA,MA 02150		170(C)(1)		226	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL135 CENTER STREET DIGHTON,MA 02715		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BURLINGTON HIGH SCHOOL123 CAMBRIDGE STREET BURLINGTON,MA 01803		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
GREATER LOWELL REGIONAL SCHOOL DISTRICT250 PAWTUCKET BOULEVARD TYNGSBOROUGH,MA 01879		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LUDLOW SENIOR HIGH SCHOOL500 CHAPIN STREET LUDLOW,MA 01056		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MASCONOMET REGIONAL HIGH SCHOOL20 ENDICOTT ROAD TOPSFIELD,MA 01983		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SILVER LAKE REGIONAL HIGH SCHOOL260 PEMBROKE STREET KINGSTON,MA 02364		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH BROOKFIELD JRSR HIGH SCHOOL10 NEW SCHOOLDRIVE NORTH BROOKFIELD,MA 01535		170(C)(1)		250	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SOUTH HADLEY HIGH SCHOOL153 NEWTON STREET SOUTH HADLEY,MA 01075		170(C)(1)		277	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
GREATER LAWRENCE TECHNICAL SCHOOL57 RIVER ROAD ANDOVER,MA 01810		170(C)(1)		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)		375	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MINUTEMAN REGIONAL HIGH SCHOOL758 MARRETT RD LEXINGTON,MA 02421		170(C)(1)		417	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
PEMBROKE HIGH SCHOOL 80 LEARNING LANE PEMBROKE,MA 02359		170(C)(1)		420	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOVER-SHERBORN REGIONAL HIGH SCHOOL9 JUNCTION STREET DOVER,MA 02030		170(C)(1)		437	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOUGLAS HIGH SCHOOL33 DAVIS STREET DOUGLAS,MA 01516		170(C)(1)		439	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORWELL PUBLIC SCHOOLS322 MAIN STREET NORWELL,MA 02061		170(C)(1)		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)		477	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH ATTLEBOROUGH HIGH SCHOOL1 WILSON W WHITTY WAY NORTH ATTLEBOROUGH, MA 02760		170(C)(1)		477	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
RANDOLPH HIGH SCHOOL 70 MEMORIAL PARKWAY RANDOLPH,MA 02368		170(C)(1)		485	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DEDHAM PUBLIC SCHOOLS 140 WHITING AVENUE DEDHAM,MA 02026		170(C)(1)		488	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DANVERS HIGH SCHOOL60 CABOT ROAD DANVERS,MA 01923		170(C)(1)		494	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH CENTRAL CHARTER ESSENTIAL SCHOOLONE OAK HILL ROAD FITCHBURG,MA 01420		170(C)(1)		497	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ANDOVER HIGH SCHOOL80 SHAWSHEEN ROAD ANDOVER,MA 01810		170(C)(1)		500	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
LOWELL HIGH SCHOOL50 FR MORISSETTE BLVD LOWELL,MA 01852		170(C)(1)		500	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ROCKPORT PUBLIC SCHOOLS24 JERDENS LANE ROCKPORT,MA 01966		170(C)(1)		506	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MOHAWK TRAIL REGIONAL HIGH SCHOOL26 ASHFIELD ROAD SHELBURNE FALLS,MA 01370		170(C)(1)		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)		511	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
FOXBOROUGH HIGH SCHOOL120 SOUTH STREET FOXBOROUGH,MA 02035		170(C)(1)		511	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HOPEDALE JR-SR HIGH SCHOOL25 ADIN STREET HOPEDALE,MA 01747		170(C)(1)		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)		516	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 DISTRICT147 POND STREET FRANKLIN,MA 02038		170(C)(1)		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)		527	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
MEDWAY HIGH SCHOOL88 SUMMER STREET MEDWAY,MA 02053		170(C)(1)		532	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DOHERTY MEMORIAL HIGH SCHOOL299 HIGHLAND STREET WORCESTER,MA 01609		170(C)(1)		533	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HINGHAM HIGH SCHOOL17 UNION STREET HINGHAM,MA 02043		170(C)(1)		552	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DRACUT HIGH SCHOOL 1540 LAKEVIEW AVENUE DRACUT,MA 01826		170(C)(1)		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)		614	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SOMERVILLE HIGH SCHOOL81 HIGHLAND AVE SOMERVILLE,MA 02143		170(C)(1)		616	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
DAVID PROUTY REGIONAL HIGH SCHOOL302 MAIN STREET SPENCER,MA 01562		170(C)(1)		625	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
OAKMONT REGIONAL HIGH SCHOOL9 OAKMONT DRIVE ASHBURNHAM,MA 01430		170(C)(1)		630	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BMC DURFEE HIGH SCHOOL 360 ELSBREE STREET FALL RIVER,MA 02720		170(C)(1)		715	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SMITH VOCATIONAL AND AGRICULTURAL HIGH SCHOOL80 LOCUST STREET NORTHAMPTON,MA 01060		170(C)(1)		789	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ALGONQUIN REGIONAL HIGH SCHOOL79 BARTLETT STREET NORTHBOROUGH,MA 01532		170(C)(1)		835	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
WESTFORD ACADEMY30 PATTERN ROAD WESTFORD,MA 01886		170(C)(1)		843	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL201 FOREST STREET MARLBOROUGH,MA 01752		170(C)(1)		875	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTH SHORE TECHNICAL HIGH SCHOOL30 LOG BRIDGE ROAD MIDDLETON,MA 01949		170(C)(1)		881	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BRISTOL PLYMOUTH REGIONAL TECHNICAL SCHOOL940 COUNTY STREET TAUNTON,MA 02780		170(C)(1)		932	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT175 LINCOLN STREET BLACKSTONE,MA 01504		170(C)(1)		947	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
SHARON HIGH SCHOOL181 POND STREET SHARON,MA 02067		170(C)(1)		969	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
HOLBROOK JUNIOR-SENIOR HIGH SCHOOL245 SOUTH FRANKLIN STREET HOLBROOK,MA 02345		170(C)(1)		1,054	FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
NORTON HIGH SCHOOL66 WEST MAIN STREET NORTON,MA 02766		170(C)(1)		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 SCHOOL100 CABLE ROAD NORTH EASTHAM,MA 02651		170(C)(1)	125		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
OXFORD HIGH SCHOOL495 MAIN STREET OXFORD,MA 01540		170(C)(1)	125		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH
PATHFINDER REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL240 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		FAIR MARKET VALUE	LAB SUPPLIES	TO SPARK STUDENT INTEREST IN BIOTECH

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number
22-3799632

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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	**1b**		
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?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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)	648,632	0	0	10,000	18,825	677,457	0

Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number
22-3799632

Identifier	Return Reference	Explanation
	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
OTHER FEES	FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 148,092 MANAGEMENT AND GENERAL EXPENSES 2,291 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 150,383
EMPLOYEES	FORM 990, PART V, LINE 2A	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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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

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" 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	(g) No
(1) MASSACHUSETTS BIOTECHNOLOGY COUNCIL INC 300 TECHNOLOGY SQUARE 8TH FLOOR CAMBRIDGE, MA 02139 22-2693047	PERMITTING AND FOSTERING POSITIVE ENHANCEMENT FOR THE BIOTECHNOLOGY INDUSTRY	MA	501 (C)(6)	NO	NO		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate 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	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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" 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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 22-3799632

Name: MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION INC

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