

Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See www.sec.gov/info/municipal/nrmsir.htm for list of current NRMSIRs and SIDs

IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

**MASSACHUSETTS DEVELOPMENT FINANCE AGENCY REVENUE BONDS,
MASSACHUSETTS BIOMEDICAL RESEARCH CORPORATION ISSUE, SERIES C (2000)**

Provide nine-digit CUSIP* numbers if available, to which the information relates:

<u>See Attached</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located):

Other Obligated Person's Name (if any):
(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP* number(s), if available, of Issuer:

*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

TYPE OF FILING:

Electronic (number of pages attached) _____ 1 _____ Paper (number of pages attached) _____

If information is also available on the Internet, give URL: _____

WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)

A. Annual Financial Information and Operating Data pursuant to Rule 15c2-12

(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: _____

B. Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: _____

C. Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- | | |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security |
| 2. <input type="checkbox"/> Non-payment related defaults | 7. <input type="checkbox"/> Modifications to the rights of security holders |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input checked="" type="checkbox"/> Bond calls |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties | 9. <input type="checkbox"/> Defeasances |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform | 10. <input type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
| | 11. <input type="checkbox"/> Rating changes |

D. Notice of Failure to Provide Annual Financial Information as Required

E. Other Secondary Market Information (Specify): _____

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:

Issuer Contact:

Name Steven J. Chilton Title Senior Vice President

Employer Massachusetts Development Finance Agency

Address 160 Federal Street City Boston State MA Zip Code 02110

Telephone 617-330-2043 Fax 617-330-2001

Email Address schilton@massdevelopment.com Issuer Web Site Address massdevelopment.com

Dissemination Agent Contact, if any:

Name Shana L. Bridge Title Client Service Manager

Employer Digital Assurance Certification, LLC

Address 390 North Orange Avenue City Orlando State FL Zip Code 32801

Telephone (407) 515-1100 Fax (407) 515-6513

Email Address sbridge@dacbond.com Relationship to Issuer None

Obligor Contact, if any:

Name Debra Sloan Title Director, Capital Markets

Employer Partners HealthCare System

Address 101 Merrimac Street City Boston State MA Zip Code 02114

Telephone (617) 726-5433 Fax (617) 726-7460

Email Address dsloan@partners.org Obligor Web site Address partners.org

Investor Relations Contact, if any:

Name _____ Title _____

MATERIAL EVENT NOTICE REGARDING REDEMPTION OF BONDS

**MASSACHUSETTS DEVELOPMENT FINANCE AGENCY
REVENUE BONDS, MASSACHUSETTS BIOMEDICAL RESEARCH
CORPORATION ISSUE, SERIES C (2000)**

On August 2, 2010, the Massachusetts Development Finance Agency will redeem all of the Revenue Bonds, Massachusetts Biomedical Research Corporation Issue, Series C (2000) listed below at a redemption price of 101%, in the principal amounts stated below:

<u>CUSIP*</u>	<u>Maturity Date</u>	<u>Amount Redeemed</u>	<u>Original Principal Amount of Bonds</u>
57583FTW1	08/01/2011	1,935,000	1,935,000
57583FTX9	08/01/2012	2,050,000	2,050,000
57583FTY7	08/01/2013	2,180,000	2,180,000
57583FTZ4	08/01/2014	2,315,000	2,315,000
57583FUA7	08/01/2015	2,460,000	2,460,000
57583FUB5	08/01/2016	2,620,000	2,620,000
57583FUC3	08/01/2017	2,785,000	2,785,000
57583FUD1	08/01/2020	9,450,000	9,450,000

* These CUSIP numbers have been assigned to this issue by Standard & Poor's Corporation and are included solely for the convenience of the holders. Neither the Agency nor the Trustee or any of their agents shall be responsible for the selection or use of the CUSIP numbers and no representation is made as to its correctness on the Bonds or as indicated in any redemption notice.