Net Assets or Fund Balances מועס Sign Here ✓ Final return/terminate

☐ Amended return Part || Signature Block
Under penalties of perjury, I declare that I have examined this return, knowledge and belief, it is true, correct, and complete. Declaration of any knowledge. Activities & Governance Form 990 K Form of organization: B Check if applicable: Department of the Treasury Internal Revenue Service Amended returnApplication pendi Revenue ☐ Initial return O Name change ☐ Address change Expenses efile Public Visual Render Tax-exempt status: Website: ▶ For the 2019 22 20 19 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 14 13 10 ων 4 Briefly describe the organization's mission or most significant activities: TO PROMOTE PLANT BIOTECHNOLOGY THROUGH THE EXCHANGE OF INFORMATION Net assets or fund balances. Subtract line Total liabilities (Part X, line 26) . Revenue less expenses. Subtract line 18 from line 12 Total fundraising expenses (Part IX, column (D), line 25) 100 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line Total assets (Part X, line 16) . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Benefits paid to or for members (Part IX, column (A), line 4) . Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, Investment income (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, line 2g) . Contributions and grants (Part VIII, line 1h) Net unrelated business taxable income from Form 990-T, line 39 Total unrelated business revenue from Part VIII, column (C), line 12 Total number of volunteers (estimate if necessary) Total number of individuals employed in calendar year 2019 (Part V, line 2a) Number of independent voting members of the governing body (Part VI, line 1b) Check this box \blacktriangleright \checkmark Number of voting members of the governing body (Part VI, line 1a) MICHAEL STEBBINS EXECUTIVE DIRECTOR
Type or print name and title Signature of officer Summary WWW.GMOANSWERS.COM Print/Type preparer's name F Name and address MICHAEL STEBBINS 1156 15TH STREET NOTON, DC 2 Corporation 501(c)(3) Name of organization
COUNCIL FOR BIOTECHNOLOGY INFORMATION City or town, state or province, WASHINGTON, DC 20005 Number and street (or P.O. 1156 15TH STREET NW NO Doing business section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) < **Return of Organization Exempt From Income** Go to www.irs.gov/Form990 for instructions and the latest information 3 Do not enter social security numbers on this form as it may be made public. ObjectId: 202013079349302201 - Submission: 2020-11-02 Trust 501(c) (6) ◀ (insert no.) T NW NO 400 20005 ess of principal officer: box 400 beginning 01-01 Association country, if mail is not delivered to street 21 from line 20 and ZIP , 9c, 10c, Other 🔻 or foreign postal , including accompanying schedules and statements, and to the best of my preparer (other than officer) is based on all information of which preparer has 4947(a)(1) or and 11e) address) 25) Room/suite 527 Date 2020-11-02 31-2019 **ABOUT ITS** H(b) **H(a)** Is this a group return for Year of formation: 2008 **Beginning of Current Year** subordinates?
Are all subordinates included? Group exemption number If "No," attach a list. (see instructions) Check 2020-11-02 Date Prior Tax E Telephone number D Employer identification number Year **G** Gross receipts \$ 2,026,473 26-4188804 (202) 872-3884 2,593,131 2,779,000 1,082,362 1,275,455 2,779,946 ,743,571 145,440 Ì≒ 193,093 36,375 **AND SAFETY** 5,000 946 M State of legal domicile: DC 7a 4 ω 0 σ TIN: 26-4188804 OMB No. 1545-0047 Open to Public Inspection Current 2019 End of Year ☐ Yes □Yes Year 2,025,501 1,672,950 2,024,655 No ,843, 154,052 ONO 180,953 16,700 -846 ,702 0 0 0 6 0

Preparer	Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-07467	749		
Use Only	Firm's address ▶ 901 NORTH GLEBE ROAD SUITE 200 Phone no. (571) 227-9.	500		
	ARLINGTON, VA 22203			
•		✓ Yes 〔		
or Paperwo	rk Reduction Act Notice, see the separate instructions. Cat. No. 11282Y	For	m 99	0 (2019
	Page 2 ———————————————————————————————————			
orm 990 (20	9)			Page
	Statement of Program Service Accomplishments			rage
	Check if Schedule O contains a response or note to any line in this Part III			
- '	escribe the organization's mission:	D CAFET	V AND	
	AGRICULTURAL PLANT BIOTECHNOLOGY THROUGH THE EXCHANGE OF INFORMATION ABOUT ITS BENEFITS AN EARCH, EDUCATION, ADVOCACY AND OTHER MEANS.	D SAFET	YAND	
2 Did the	organization undertake any significant program services during the year which were not listed on			
the pric	Form 990 or 990-EZ?	☐ Ye	s 🔽	No
•	describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program			
	?		es (✓ No
	describe these changes on Schedule O.			
	e the organization's program service accomplishments for each of its three largest program services, as measure 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th			
and rev	enue, if any, for each program service reported.			
4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
GMO AN	WERS - CONTINUED DEVELOPMENT AND EXPENDED OUTREACH FOR THE GMO ANSWERS PROGRAM AND WEBSITE			
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
EXTERN	L VOICES - WORKED WITH EXTERNAL PARTNERS FOR EDUCATION, TRAINING AND LEADERSHIP DEVELOPMENT			
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
-				
4d Other p	rogram services (Describe in Schedule O.)			
(Expen	7, 2, 2, 2, 1)		
4e Total p	rogram service expenses▶	Fo	rm 99	0 (2019
		10	55	• (201)
	Page 3			
Form 990 (20	9)			Page :
Part IV	Checklist of Required Schedules		.,	I
1 Is the o	ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No No
Schedu	e <i>A</i>	1		
	rganization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates c office? If "Yes," complete Schedule C, Part I	3		No
	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		
	ganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, lents, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
assessi	ienos, or similar amounts as defined in revenue Flocedule 30-13: If Tes, complete Schedule C, Part III 🖼	5	Yes	
6 Did the	organization maintain any donor advised funds or any similar funds or accounts for which donors have the right de advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>			
Schedu	e <i>D</i> ,Part I 📆	6		No
	organization receive or hold a conservation easement, including easements to preserve open space, ronment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 📆	7		No
trie env	ronnienc, motoric iana areas, or motoric structures: It i res, complete stricture D, Fait II 👑	1 - 1		1
		_		

			Yes	No
Pa	t IV Checklist of Required Schedules (continued)			
orm	990 (2019)			Page 4
	Page 4			
			Form 99	0 (2019)
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
19	complete Schedule G, Part III	19		No
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
3	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		NI -
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
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		No
e	in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
d	total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>			
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its	11c		No
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
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
0	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No

	checkinst of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			

	employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	200		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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	Yes	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		163	No
33	Schedule N, Part II	32		No
34	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
٠.	Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b ()		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
	(gambling) winnings to prize winners?		orm 99	0 (2019
	(gambling) winnings to prize winners?		orm 99	0 (2019
Form			form 99	
	Page 5		orm 99	
Pa	990 (2019) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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		orm 99	
Pai	990 (2019) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	F	orm 99	
Par 2a b	Page 5 990 (2019) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	F	orm 99	
Pa 2a b	Page 5 990 (2019) Int V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	0 2b 3a	form 99	0 (2019) Page 5
2a b 3a b	Page 5 990 (2019) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	0 2b	orm 99	Page 5
2a b 3a b 4a	Page 5 990 (2019) Int V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	0 2b 3a 3b	form 99	Page 5
Pal 2a b 3a b 4a b	Page 5 990 (2019) Int V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	0 2b 3a 3b	orm 99	No No
2a b 3a b 4a b	Page 5 990 (2019) Int V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a 3b 4a	form 99	Page 5
Pa 2a b 3a b 4a b 5a b	Page 5 990 (2019) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a 3b 4a	orm 99	No No
Pa 2a b 3a b 4a b 5a b c	Page 5 990 (2019) It V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a 3b 4a 5a	Form 99	No No
2a b 3a b 4a b 5a b c 6a	Page 5 990 (2019) In V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a 3b 4a 5a 5b	form 99	No No No No
2a b 3a b 4a b 5a b c 6a	Page 5 990 (2019) Int V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a 3b 4a 5a 5b 5c 6a	form 99	No No No No
2a b 3a b 4a b c 6a b	Page 5 990 (2019) Rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 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) bid the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	2b 3a 3b 4a 5a 5b 5c 6a	orm 99	No No No No
2a b 3a b 4a b c 6a b 7 a b	Page 5 990 (2019) If V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	2b 3a 3b 4a 5a 5b 5c 6a	form 99	No No No No
2a b 3a b 4a b c 6a b 7 a b	Page 5 990 (2019) It V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	2b 3a 3b 4a 5a 5c 6a 6b 7a	form 99	No No No No
2a b 3a b 4a b c 6a b 7 a b c	Page 5 990 (2019) It V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a 3b 4a 5a 5b 5c 6a 6b 7a	form 99	No No No No

				7e		l
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benef	it contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organ					-
_	required?		•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did	d the o	rganization file a Form			
	1098-C?			7h		
	Cuanaging appointing maintaining days advised founds. Did a days advised f	Fund m	aintained by the			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised f sponsoring organization have excess business holdings at any time during the year?		anntained by the	8		
9	Sponsoring organizations maintaining donor advised funds.					_
а	Did the sponsoring organization make any taxable distributions under section 4966? .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related	perso	n?	9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:			1		
a	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1		
	against amounts due or received from them.)	11b				
12-	Costing 4047(s)(1) and support the site blockwards. To the support of this forms of	00:1	io of Forms 10412	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 IN I I	ieu of Form 1041?	12a		
D	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.					
	Is the organization licensed to issue qualified health plans in more than one state?			42-		
_	Note. See the instructions for additional information the organization must report on Sci	hedule	0.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in	13b				
	which the organization is licensed to issue qualified health plans	130				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year			14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 parachute payment(s) during the year?	000 in •	remuneration or excess	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on n	et inve	estment income?	16		NI.
	If "Yes," complete Form 4720, Schedule O.					No
	If "Yes," complete Form 4720, Schedule O.				orm 99	
	If "Yes," complete Form 4720, Schedule O.				orm 99	0 (2019)
					orm 99	
	If "Yes," complete Form 4720, Schedule O. Page 6				Form 99	
Form	Page 6 ———————————————————————————————————			F		0 (2019)
	Page 6 990 (2019) t VI Governance, Management, and Disclosure For each "Yes" response to lines 2		nh 7b below, and for a "No	F		0 (2019)
	Page 6 ———————————————————————————————————	lule O.	nh 7b below, and for a "No See instructions.	F		0 (2019)
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b	If "Yes," did the organization have written and branches to ensure their operations ar									, affiliates,	10b		
11a	Has the organization provided a complete form?										11a	Yes	
b	Describe in Schedule O the process, if any,	used by the or	ganizat	ion to	o rev	/iew	this F	orm	990				
12a	Did the organization have a written conflict	t of interest pol	icy? <i>If</i>	'No,"	go t	o lin	ne 13				12a	Yes	
b	Were officers, directors, or trustees, and keep conflicts?			to di	sclo:	se a •	nnuall	ly int	terests that could g	ive rise to	12b	Yes	
С	Did the organization regularly and consiste Schedule O how this was done									escribe in	12c	Yes	
13	Did the organization have a written whistle	blower policy?									13	Yes	
14	Did the organization have a written docum	ent retention a	nd dest	ructio	n po	olicy	?.				14	Yes	
15	Did the process for determining compensar persons, comparability data, and contempo									dependent			
а	The organization's CEO, Executive Director	or top manage	ement o	officia	١.						15a		No
b	Other officers or key employees of the orga	anization .									15b		No
	If "Yes" to line 15a or 15b, describe the pro	ocess in Schedu	ıle O (s	ee in:	struc	ction	ıs).						
16a	Did the organization invest in, contribute a taxable entity during the year?									with a	16a		No
b	If "Yes," did the organization follow a writtin joint venture arrangements under applic status with respect to such arrangements?	able federal tax	x law, a	nd ta	ke s	teps	to sa	fegu	ard the organization		16b		
Se	ction C. Disclosure										<u> </u>	1	<u> </u>
17	List the states with which a copy of this Fo	rm 990 is requi	red to I	oe file	ed▶								
18	Section 6104 requires an organization to monly) available for public inspection. Indica									1(c)(3)s			
19	Own website Another's website Describe in Schedule O whether (and if so, policy, and financial statements available to	how) the orga	nizatior	mac	le its	gov	-		•	f interest			
20	State the name, address, and telephone no ►MICHAEL STEBBINS 1156 15TH STREET									l records:			
												Form 99	0 (2019)
	990 (2019) Compensation of Officers, D and Independent Contractor	irectors,Tru rs	stees	Key	/ En	npl	oyee	s, H	lighest Comper	nsated Emp	loye	es,	Page 7
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	this	Part	t VII .						
Se	Check if Schedule O contains a resp ction A. Officers, Directors, Truste												
1a Co		es, Key Emp	loyee	s, ar	nd H	ligl	hest	Con	npensated Emp	loyees			
1a Co	ction A. Officers, Directors, Truste implete this table for all persons required to	es, Key Emp be listed. Repo	oloyee ort com	s, ar pens	nd H atior	ligh	the c	Con alen	npensated Emp dar year ending wit	loyees th or within th	ie orga		
1a Co	ction A. Officers, Directors, Truste	es, Key Emp be listed. Repos, directors, tru	ort com stees (v	s, ar pensa wheth	nd H atior ner in	ligh n for ndivi	the ciduals	Con alen	npensated Emp dar year ending wit	loyees th or within th	ie orga		
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(3) TIFFANY ATWELL

(4) CHARLES BAXTER 0.20 DIRECTOR X (5) RICK VAN GENDEREN 0 DIRECTOR X (6) PHIL MILLER 0.20 DIRECTOR X (7) KIMITOSHI UMEDA 0 DIRECTOR X	0 0 0
X	0
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X 0 0	0

Form **990** (2019)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

organizations 은 글 그 그 나는 그를 다 하는 그를 다	(A) Name and title	(B) Average hours per week (list any hours		one b	ox, u in off	t che inles ficer	s pers	son	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Sub-Total									_		

070			_	073	rest, and other	3 Investment income (including dividends, interest,	3
	-				2,025,501	Total. Add lines 2a−2f ▶	g
						All other program service revenue.	—
							rograr
							n Ser
							vice R
							evenu
			2,025,501	2,025,501	Business Code 900099	2a DUES AND SPECIAL ASSES	e 2a
					•	h Total. Add lines 1a-1f	h Tot:
						Noncash contributions included in lines 1a - 1f:\$	g None lines
						ither contributions, gifts, grants, and similar amounts not included 1f	
						ernment grants (contributions)	ntribut I Othe
						ated organizations	r Sim
						draising events 1c	ilar A
						nbership dues 1b	\mou
					,	erated campaigns 1a	nts
Revenue excluded from tax under sections 512 - 514		(C) Unrelated business revenue	(B) Related or exempt function revenue	(A) Total revenue			
			- - - -	any line in this Part VIII	response or note to any	Statement of Revenue Check if Schedule O contains a	Part VIII
Page 9				raye y		Form 990 (2019)	Form 99
Form 990 (2019)				Dago O			
)00 of	re than \$100,000	listed above) who received more	to those listed abov		Total number of independent contractors (including but not limited compensation from the organization $ $	2 Tota
						729 E PRATT ST STE 500-690 BALTIMORE, MD 21202	BALTIMOR
424,661		NTS	IT CONSULTANTS			PITTSBURGH, PA 15222 JELLYFISH US LIMITED	JELLYFISH
549,563	ANTS	PUBLIC RELATIONS CONSULTANTS	PUBLIC RELA			INC \CE 12TH FLOOR	6 PPG PLACE 1
(C) Compensation		(B) Description of services	Descri		ss address	(A) Name and business address	
ation	compensation	\$100,000 of cc's tax year.	received more than hin the organization	nt contractors that ir ending with or with	pensated independe or the calendar yea	ction B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	Section 1 Confirmation
No	и	vidual for	organization or indiv	from any unrelated of the such person	" complete Schedul	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 I for such person	
N _o	4	the	compensation from hedule J for such	pensation and other "Yes," complete Sc	of reportable compression of reportable compressions of reportable compress	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 or in
N _O	ω	employee on	jhest compensated (key employee, or hig	irector or trustee, k ካ individual	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 ≕ □
Yes No							

	5 Royalties				•	<u> </u>			
			(i) Rea	ıl	(ii) Personal				
	6a Gross rents	6a							
	b Less: rental expenses	6b							
	c Rental income or (loss)	6c							
	d Net rental income				·				
	Troc Fortial Income	, o. ((i) Securi	ties	(ii) Other				
	7a Gross amount	1	(i) Securi	tics	(ii) other				
	from sales of assets other than inventory	7a							
	b Less: cost or other basis and sales expenses	7b			1,81	8			
	c Gain or (loss)	7 c			-1,81	⊣ ,			
	d Net gain or (loss)				•	-1,818	3		-1,818
a	Gross income from fu (not including \$	ındrai	sing events of						
Revenue	contributions reported		ine 1c).						
No.	See Part IV, line 18	•		8a					
ď	b Less: direct expen	ses		8b					
Other	c Net income or (los	s) fr	om fundraisir	ng eve	nts	_			
Ò	Gross income from See Part IV, line 19			9a					
	b Less: direct expen			9a 9b	_	+			
	c Net income or (los				es	_			
	• 1100 11100 1110 01 (100	,c,	o gag a			1			
	10aGross sales of invergence returns and allowa			10a					
	b Less: cost of good	s sol	d	10b					
	c Net income or (los	s) fr	om sales of i	nvento	ory ►				
	Miscellaned				Business Code				
	11a								
	b								
	_								
	С								
	d All other revenue				-				
	e Total. Add lines 1	1a-1	.1d	• •	•				
	12 Total revenue. S	ee in	structions .	•	• • • •	2,024,655	2,025,501	C	-846
						-			Form 990 (2019)
						Page 10			
						- Page 10			
	n 990 (2019) art IX Statement	+ of	Functions	l Ev=	enses				Page 10
Г						mplete all columns.	All other organization	ns must complete co	lumn (A).
	Check if Sche	edule	O contains a	resp	onse or note to any	/ line in this Part IX			🗸
Do b,	not include amounts 8b, 9b, and 10b of P	s rep Part V	oorted on lin /III.	es 6b	ο,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assi domestic government					16,700			
2	Grants and other assi Part IV, line 22				viduals. See				
3	Grants and other assi governments, and for and 16	eign	individuals.						
	Benefits paid to or for				[
5	Compensation of curr	ent o	officers, direc	tors, t	crustees, and	140,297			

similar amounts)

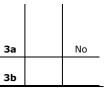
4 Income from investment of tax-exempt bond proceeds

0	10c	199,166			
			0	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	
0	o	13,734		9	As
0	8			œ	se
0	7			7	ts
0	6		1958(c)(3)(B) · · ·	section $4958(f)(1)$), and persons described	
			sons (as defined under	6 Loans and other receivables from other disqualified per	
0	л		cer, director, trustee, key 35% controlled entity	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity	
0	4	31,500		4 Accounts receivable, net	
0	3		•	3 Pledges and grants receivable, net	
0	2	422,247		Savings and temporary cash investments	
0	1	604,977	•	1 Cash-non-interest-bearing	
(B) End of year		(A) Beginning of year			
	 - -		y line in this Part IX	Check if Schedule O contains a response or note to any line in this Part IX	
				Part X Balance Sheet	P
Page 11			,	Form 990 (2019)	Forr
101111 990 (2019)			— Page 11 ————		
Form 990 (2019)				Check nere To II following Sor 90-z (ASC 930-7zu).	ĺ
				Joint costs. Compreported in column educational campa	26
			1,843,702		25
				e All other expenses	
				ď	
				0	
				Ь	
				expenses. Itemize expenses in the case for 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	,
			10,/91		2 6
			10 701		, ₂
					21
					20
			21,941		19
					18
			21,112	Travel	17
			39,762		16
				Royalties	15 :
			21,128	Information technology	14
			447,685	Advertising and promotion	12
			369,913	(A) amount, list line 11g expenses on Schedule O)	
				f Investment management fees	_
				d Lobbying	•
			56,141	c Accounting	•
			30,821	b Legal	_
				a Management	6 1
				Fees for services (non-employees):	11
			8,283		10
					9
				8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	∞
			5,472	7 Other salaries and wages	7
				6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6

<u>Z</u>	.		nsibility for oversight	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	C
			separate basis	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate	
	1	basis,	separate		
Z o	2 b			n's financial statements audited by an ind	-
			separate basis	Separate basis	
Tes	79	n a	ere compiled or reviewed on	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both:	7
	,				,
			Other other," explain in	ng method used to prepare the Form 990: Cash Accrual Cash Cash	—
Yes No	-	-		Check if Schedule O contains a response or note to any line in this Part XII.	
					Pa
0		10	art X, line 32, column (B))	0 Net assets or fund balances at end of year. Combine lines 3 through	10
-1,263,315		9	• • •		9
		8	· . · . · . · .	•	∞ \
		7 6	· · ·	Donated services and use of faciliti	7 6
		ъ			и
1,082,362		4	(A)) · ·	Net assets or fund balances at beginn	4
180,953		ω	· .	Revenue less expenses. Subtract line 2 from line 1	ωι
2,024,655		2 1		 Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 	2 1
			· · · · · ·	Part XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.	U
Page 12) (20	Form
				Page 12	
000 (2019)		33	1,275,455	Z 33 Total liabilities and net assets/fund balances	N
0		32		32	et A
		31		31	Asse
		30		30	ets
		29		29	or F
					und
		28			l Ba
0		27	1,082,362	organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	lance
		0	190,090	20 local labilities. Add lilles 17 tillough 20	s
		2 2		_	
		24		24 Unsecured notes and loans payable to unrelated third parties	
		23		23	Li
		22		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	abiliti
		21		21	es
		20		Tax-exempt bond liabilities	
		19			
C		18		18 Grants navable	
		17	111 822	Accounts payable and accrued expenses	
0		15			
0		14	3,831	Intangible ass	
0		13		Investments—program-related. See Part IV, line	
0		12		12 Investments—other securities. See Part IV, line 11	
C		=	_		_

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?
- **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.



Form **990** (2019)

Form 990 (2019)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

TIN: 26-4188804

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only.
 If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

	ky Tax) (see separate ins Section 501(c)(4), (5), or (6	structions), then 6) organizations: Complete Pa	art III.				
	ne of the organization INCIL FOR BIOTECHNOLOGY I	NFORMATION		Em	ployer identifi	cation num	nber
					-4188804		
Par	t I-A Complete if the	ne organization is exem	pt under section 501(c) or	is a section 5	27 organizati	ion.	
1	Provide a description of provide a description of providing the provided pr		ndirect political campaign activitie	es in Part IV (see i	nstructions for d	efinition of	
2			ons)				
3			nstructions)		<u> </u>		
ar	t I-B Complete if th	ne organization is exem	pt under section 501(c)(3)).			
1	Enter the amount of any	excise tax incurred by the or	ganization under section 4955		> \$_		
2	,	, 3	ization managers under section 49		_		
3	If the organization incur	red a section 4955 tax, did it	file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part						
ar	t I-C Complete if the	ne organization is exem	pt under section 501(c), e	xcept section	501(c)(3).		
1 2	Enter the amount of the	filing organization's funds con	nization for section 527 exempt funtributed to other organizations fo	r section 527 exe	mpt		
3	Total exempt function ex	penditures. Add lines 1 and 2	2. Enter here and on Form 1120-Po	OL, line 17b	▶ \$		
4	Did the filing organizatio	on file Form 1120-POL for th	is year?		·······	☐ Yes	□ No
5	organization made paym of political contributions	nents. For each organization li received that were promptly	on number (EIN) of all section 527 sted, enter the amount paid from and directly delivered to a separat al space is needed, provide inform	the filing organiza te political organiz	ation's funds. Als	o enter the	
(a)	Name	(b) Address	(c) EIN	filing o	-0	(e) Amo political cor received and and directly to a separa organization enter	ntributions d promptly delivered te politica n. If none
Ĺ							
2							
3							
ļ							
5							
5							
or P	aperwork Reduction Act No	otice, see the instructions for Fo	Page 2 —	Cat. No. 50084S	Schedule C (Forn	n 990 or 990)-EZ) 2019
Sche	dule C (Form 990 or 990-l	EZ) 2019					Page 2
	•	f the organization is ex	empt under section 501(c)	(3) and filed F	orm 5768 (e	lection ur	
	theck if the filing expenses, as	organization belongs to an afind share of excess lobbying e	'	<u> </u>	ıp member's nam	ne, address,	, EIN,
3 C		Limits on Lobbying	nd "limited control" provisions app Expenditures mounts paid or incurred.)	oly.	(a) Filing organization's totals		ated group stals

1a	lotal lobbying expenditures to influence public opini	on (grass roots lobbying)		<u> </u>		
b	Total lobbying expenditures to influence a legislative	, , , , , , , , , , , , , , , , , , , ,		<u> </u>		
C	Total lobbying expenditures (add lines 1a and 1b)					
d e	Other exempt purpose expenditures			 		
f	Lobbying nontaxable amount. Enter the amount fro	•				
-	columns.					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on line				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the		0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex				
	Over \$17,000,000	\$1,000,000.				
h	Grassroots nontaxable amount (enter 25% of line 1 Subtract line 1g from line 1a. If zero or less, enter - Subtract line 1f from line 1c. If zero or less, enter -	0				
	If there is an amount other than zero on either line section 4911 tax for this year?	1h or line 1i, did the orga	nization file Forn			Yes No
	(Some organizations that made a columns below. See Lobbying Exp		tion do not hat tions for lines	ave to comple s 2a through		five
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures			Schodul	o C (Form 990	or 990-EZ) 2019
Cobo	odula C (Farm 000 av 000 E7) 2010	Page 3				
	edule C (Form 990 or 990-EZ) 2019 Int II-B Complete if the organization is		on 501(c)(3)	and has NOT	filed	Page 3
_	Form 5768 (election under sect				(a)	(b)
For e	each "Yes" response on lines 1a through 1i below, pr vity.	ovide in Part IV a detaile	d description of ti	ne lobbying	Yes No	Amount
1	During the year, did the filing organization attemp including any attempt to influence public opinion of					
a	Volunteers?			:)2		_
b c	Paid staff or management (include compensation i Media advertisements?		_	-		\dashv
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements	5?				
f	Grants to other organizations for lobbying purpose					
g h	Direct contact with legislators, their staffs, govern Rallies, demonstrations, seminars, conventions, sp		•			
n i	Other activities?					+
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization t		. , . ,			
b	If "Yes," enter the amount of any tax incurred und					
c d	If "Yes," enter the amount of any tax incurred by our fithe filing organization incurred a section 4912 to	•				
	rt III-A Complete if the organization is				c)(5), or sec	tion
	501(c)(6). Were substantially all (90% or more) dues receive			\		Yes No

Did the organization make only in-house lobbying expenditures of \$2.000 or less?

_				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		. 3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I answered "Yes."			c)(6)
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	3-		
a	Current year	2a		
ь	Carryover from last year	2b		
С	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
Pa	art IV Supplemental Information			
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); Proceedings and Part II-B, line 1. Also, complete this part for any additional information.	art II-A	, lines 1 and 2 (s	ee
	Return Reference Explanation			
	Schedule (C (Forn	1 990 or 990EZ) 2019
Ac	lditional Data		Return to For	m

Software ID: Software Version:

TIN: 26-4188804 OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	ne of the organization		Employer identification number
COU	NCIL FOR BIOTECHNOLOGY INFORMATION		26-4188804
Pa	rt I Organizations Maintaining Donor Advis		or Accounts.
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	L	lyicod funds are the
3	organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and do		be used only for
	charitable purposes and not for the benefit of the donor private benefit?		Conferring impermissible Yes No
Par	t II Conservation Easements.		U fes U No
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (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 fo	rm of a conservation
_	easement on the last day of the tax year.	quamica conservation contribution in the fol	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year	d, released, extinguished, or terminated by	the organization during the
_	·	n excement is located by	
4	Number of states where property subject to conservatio		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspec		
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, \blacktriangleright \$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	
Par	t III Organizations Maintaining Collections		ner Similar Assets.
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i) Assets included in Form 990, Part X		
	If the organization received or held works of art, historic		
2	following amounts required to be reported under FASB A	SC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X · · · · · · · ·		
For F	Paperwork Reduction Act Notice, see the Instruction	s for Form 990. Cat. No.	. 52283D Schedule D (Form 990) 2019
		Page 2	
~ _ I.	dula D (Farra 000) 2010		_
	dule D (Form 990) 2019		Page 2
Part 3	Using the organization's acquisition, accession, and other		
а	items (check all that apply):	d	
	□ Public exhibition	Loan or exchange	programs

b	☐ Scholarly research			e (Oth	er <u></u>					
c	Preservation for future g	ienerations									
4	Provide a description of the organic Part XIII.		ions and exp	ain how they f	urther th	ne organiz	zation's e	xempt purpo	se in		
5	During the year, did the organi assets to be sold to raise funds								□ Y ₁	es C	No
Par	t IV Escrow and Custoo Complete if the orga			Form 990, P	art IV, I	ine 9, or	reporte	ed an amou			
	line 21.	wystaa systadian s		madiam, fau aa		na au ath		not			
1a	Is the organization an agent, t included on Form 990, Part X?								□ Y (es C	No
ь	If "Yes," explain the arrangem	ent in Part XIII and	d complete th	e following tal	ole:			A	mount		
c	Beginning balance						1c				
d	Additions during the year . $$.						1d				
е	Distributions during the year .						1e				
f	Ending balance						1f				
2a	Did the organization include ar	n amount on Form	990, Part X,	line 21, for esc	row or c	ustodial a	account li	ability?	□ Y	es 🗆	No
b	If "Yes," explain the arrangement	ent in Part XIII. Ch	eck here if th	ne explanation	has beer	n provide	d in Part	XIII			
Pa	rt V Endowment Funds Complete if the orga	nization answere						T			
15	Beginning of year balance .		(a) Current yea	r (b) Prior	year	(c) Two y	ears back	(d) Three ye	ars back	(e) Four	years back
	Contributions	–						1			
	Net investment earnings, gains,	and losses									
	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percenta	age of the current	year end bala	nce (line 1g, d	olumn (a	a)) held a	is:				
а	Board designated or quasi-end	lowment 🕨									
b	Permanent endowment										
c	Term endowment										
	The percentages on lines 2a, 2		-								
3a	Are there endowment funds no organization by:	ot in the possessior	n of the orgai	nization that ar	e held a	nd admin	istered fo	or the		V	es No
	(i) Unrelated organizations .								3	a(i)	<u>es 110</u>
	(ii) Related organizations .									a(ii)	
b	If "Yes" on 3a(ii), are the relat	ed organizations lis	sted as requi	red on Schedu	eR? .					3b	
4	Describe in Part XIII the intend		ganization's e	ndowment fun	ds.						
Par	t VI Land, Buildings, a		ad "Vaa" an	Farm 000 D	o w+ T\/ I	ina 11a	Coo For	000 Day	at V lim	. 10	
	Complete if the orga Description of property	(a) Cost or other b		Cost or other ba				depreciation		(d) Book	value
		(investment)									
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment										
е	Other										
Tota	I. Add lines 1a through 1e. (Col	umn (d) must equa	al Form 990,	Part X, column	(B), line	10(c).)		•			
								Sch	edule I	D (Form	990) 201
				– Page 3 –							
Sche	dule D (Form 990) 2019										Page
Par	t VII Investments-Othe	r Securities.									. age
	Complete if the orga			Form 990, P	art IV, I	ine 11b.	See For	m 990, Par	t X, line	e 12.	
		n of security or cat g name of security)			(b) Book value		Cos	(c) Method t or end-of-y			e
(1)	Financial derivatives				value						
(2)	Closely-held equity interests			· · · ·							
(B)											
(C)											
(C) (D)											

(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII Investments-Program Related.	D T) / 1:		C F 000 B		
Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, III	ne 11c.	(b) Book value	(c)	Method of valuation: or end-of-year market
(2)			I		value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11d.	See Form 990, Part	X, line	15.
(a) Description					(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV. lin	e 11e d	or 11f.See Form 9	90. Pa	rt X. line 25.
1. (a) Description of liability					(b) Book value
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes	te to the or	ganizati		nents th	nat 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 Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . а 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c c Other (Describe in Part XIII.) Add lines 2a through 2d . . . 2e 3 3 Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4h b 4с c Add lines **4a** and **4b** 5 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b b Prior year adjustments . . . 2c d Other (Describe in Part XIII.) . . 2d Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a Other (Describe in Part XIII.) 4b c 4с 5 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
	CBI IS EXEMPT FROM FEDERAL TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES.

Schedule D (Form 990) 2019

Additional Data Return to Form

Software ID: Software Version:

TIN: 26-4188804

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

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

2019

(Form 990)

Open to Public

OMB No. 1545-0047

The property in the control of the c	Department of the Treasury Internal Revenue Service		► Go to	Attach to Form www.irs.gov/Form990 for	990. the latest information	on.		Inspection
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2 Procedure in Part II the cognitization's procedures for monitoring the use of growth funds in the United States. Part II Grant and Other Auditions to Dominated Cognitization and Demonstrict Cognitization and Demon		naintain records to ed to award the gra	substantiate the amount	of the grants or assistance, t	he grantees' eligibility		e, and	✓ Yes □ No
The recover mark than \$5,000. Per it can be diplosted if additional space is needed. (a) Share and additional of the company						reanization answered "Vec"	on Form 000 Part	
organization or premisers (1) (if applicable) grant septimized (2) The CLONAL PAMER (2) 1500400 S01(C)(r) (r) (r) (r) (r) (r) (r) (r) (r) (r)	that received mo	re than \$5,000. Pa	rt II can be duplicated if	additional space is needed.				
CEPERAL MISSION CERTAIN PROPERTY CERTAIN PROP	organization	(b) EIN	(c) IRC section (if applicable)		cash	(book, FMV, appraisal,		
(2) NASDA ARLINGTON, VA 22203 SET TO THE ASSOCIATION ARLINGTON, V	NETWORK 309 COURT AVENUE		58 501(C)	5,000				GENERAL MISSION AND ACTIVITIES OF THE GLOBAL FARMER NETWORK: SERVING AS A MESSAGE DELIVERY SYSTEM VOICED BY CREDIBLE AND ARTICULATE FARMERS FROM AROUND THE WORLD IN SUPPORT OF FREE TRADE AND ACCESS TO TECHNOLOGY IN AGRICULTURE INCLUDING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4350 FAIRFAX DR STE 910	52-084510	55 501(C)	5,000				SUPPORT OF THE NASDA ANNUAL MEETING: THE NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE (NASDA) GROWS AND ENHANCES AGRICULTURE BY FORGING PARTNERSHIPS AND CREATING CONSENSUS TO ACHIEVE SOUND POLICY OUTCOMES BETWEEN STATE DEPARTMENTS OF AGRICULTURE, THE FEDERAL GOVERNMENT, AND STAKEHOLDERS. NASDA IS A NONPARTISAN, NONPROFIT ASSOCIATION WHICH REPRESENTS THE ELECTED AND APPOINTED COMMISSIONERS, SECRETARIES, AND DIRECTORS OF THE DEPARTMENTS OF AGRICULTURE IN ALL FIFTY STATES AND FOUR U.S.
Page 2 Schedule I (Form 990) 2019 Page 2 Schedule I (Form 990) 2019 Page 1 Schedule I (Form 990) 2019 Page 2 Page 2 Page 2 Page 2 Page 2 Schedule I (Form 990) 2019 Page 2 Page 2 Page 3 Page 4 Schedule I (Form 990) 2019 Page 4 Page 5 Page 6 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 noncash assistance (f) Description of noncash assistance (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of recipients (c) Amount of noncash assistance (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (g) (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other)							🟲	
Page 2 Schedule I (Form 990) 2019 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (1) (2) (3) (4)								
Cachedule I (Form 990) 2019 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (FMV, appraisal, other) (2) (3) (4)				_	230 110. 30033			
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (FMV, appraisal, other) (2) (3) (4)			Pi	age 2 —————				
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(1) (2) (3) (4)			(b) Number of					cription of noncash assistance
(3) (4)	(1)		,				<u> </u>	
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Part IV Supplement	ntal Informatio	n. Provide the information	ation required in Part I, lir	ne 2; Part III, colum	in (b); and any other ad	ditional informat	ion.
Return Reference Explanation Schodule I (Form 900) 201	Return Reference	Explanation	on					Schedule I (Form 990) 2019

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(For	m 990 or 990-EZ)			zation answered "Yes"				4	2019	
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	nent of the Treasury Revenue Service			rm990 for the latest info	ormation.				Inspection	
Name of	the organization IL FOR BIOTECHNOLOGY INFO	ORMATION					Employer	identificatio	on number	
Part	I Liquidation, Termin	nation, or D	issolution. C	omplete this part if the	organization answere	d "Yes" on Form 990.	Part IV, line 31, or Form		line 36.	
	Part I can be duplicat	ted if addition	nal space is ne	eded.	1		· · ·			
1	(a) Description of as distributed or transa expenses paid	action	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of	recipient	(g) IRC section of recipient(s) tax-exempt) or the of entity	(if
CASH	1		12-31-2019	1,263,315			CROPLIFE INTERNATIONAL 326 AVENUE LOUISE BOX 3 BRUSSELS		FOREIGN TRADE ASSOCIATION	
a E b E c E d F e I	Did or will any officer, director, Become a director or trustee of Become an employee of, or ind Become a direct or indirect own Receive, or become entitled to, if the organization answered "\ Verwork Reduction Act Notice, see	f a successor of ependent continer of a succes compensation (es" to any of t	r transferee orga ractor for, a succ sor or transfered or other similar he questions on	anization?	ization?	•	in Part III. ▶		2a	No No No No No
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Part	, , ,		issolution (co	ontinued)					Page	2
ı	Note. If the organization distri	buted all of its	assets during th	ne tax year, then Form 990), Part X, column (B), line	16 (Total assets), and I	ine 26 (Total liabilities), sho	uld equal -0) Yes	No
b I 5 [6a [b I c I	is the organization required to if "Yes," did the organization pi Did the organization discharge Did the organization have any la if "Yes" on line 6a, did the organ aws? if "Yes" on line 6b, describe in	rovide such not or pay all of its tax-exempt boo anization discha Part III how th	tice? . Initial initi	cordance with state laws? during the year? all of its tax-exempt bond defeased or otherwise settl	liabilities during the tax of these liabilities. If "No	year in accordance with " on line 6b, explain in F	the Internal Revenue Code a	• and state		No No
Part				sfer of More Than 25 , Part IV, line 32, or Fo			ete this part ed if additional space is n	needed.		
1	(a) Description of as distributed or transa expenses paid	sset(s) action	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of		(g) IRC section of recipient(s) tax-exempt) or the of entity	(if type
a E b E c E d F e I	Did or will any officer, director, Become a director or trustee of Become an employee of, or ind Become a direct or indirect owr Receive, or become entitled to, If the organization answered "N	f a successor of ependent continer of a succes compensation fes" to any of t	r transferee orga ractor for, a succ sor or transferee or other similar he questions on	anization?	he organization's liquidatide the name of the personal	on involved and explain	in Part III. 🕨		2a	No No No No
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					—— Page 3 ————					
	lle N (Form 990 or 990-EZ) (20 E III Supplemental In								Page	3
rail			ed by Part I, lii	nes 2e and 6c, and Par	t II, line 2e. Also com	olete this part to prov	ride any additional inform	nation.		
	Return Reference				E	xplanation				
	, LINE 2E:			CHAEL STEBBINS MENT: COMMUNICATIONS	MANAGER-MANAGES VA	RIOUS ELEMENTS OF TH	IE CROPLIFE INTERNATIONA	I COMMUN	ICATIONS STRATE	GY
PAKI I,	, LINE 2E:			CING PLATFORMS, SOCIAL			TS AS NEEDED.		90 or 990-EZ) (2	
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TIN: 26-4188804 OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019

Open to Public Inspection

Name of the organization COUNCIL FOR BIOTECHNOLOGY INFORMATION

Employer identification number

COUNCIL FOR BIO	FECHNOLOGY INFORMATION	26-4188804					
Return Reference	Explanation						
FORM 990, PART VI, SECTION A, LINE 3	EXECUTIVE COMMITTEE; OVERSEE EXECUTION OF PROGRAMS IN THE UNITED STATES, CANADA, AND MEXICO;						
FORM 990, PART VI, SECTION A, LINE 6	SENIOR MEMBERSHIP IS OPEN TO SIX FOUNDING MEMBERS AND OTHER CORPORATE ENTITIES THAT MEET SUCH QUALIFICATIONS AS MAY BE ESTABLISHED BY THE EXECUTIVE COMMITTEE. GENERAL MEMBERSHIP IS OPEN TO ANY CORPORATE ENTITY THAT DESIRES TO FURTHER THE PURPOSES OF THE CORPORATION AND MEETS OTHER QUALIFICATIONS AS MAY BE ESTABLISHED BY THE EXECUTIVE COMMITTEE.						
FORM 990, PART VI, SECTION A, LINE 7A	EACH OF THE SENIOR MEMBERS APPOINTS A PERSON TO SERVE ON THE EXECUEXERCISE ALL POWERS OF THE CORPORATION.	ITIVE COMMITTEE, WHICH MAY					
FORM 990, PART VI, SECTION B, LINE 11B	CBI STAFF PROVIDES THE CBI EXECUTIVE COMMITTEE THE OPPORTUNITY TO REEMAIL AND TELECONFERENCE, ON THE FORM PRIOR TO FILING. AFTER FILING, A PROVIDED TO THE EXECUTIVE COMMITTEE MEMBERS.						
FORM 990, PART VI, SECTION B, LINE 12C	CBI HAS A CONFLICT OF INTEREST POLICY AND A PROCESS FOR ENSURING THAT STATEMENT OF DISCLOSURE IS CIRCULATED TO THE EXECUTIVE COMMITTEE MISCOMMITTEE WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXIST CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF CBI. AN OF POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE OR OTHERWISD DETERMINATION. IF THE EXECUTIVE COMMITTEE DETERMINES THAT AN ACTUAL INTEREST DOES EXIST, THE EXECUTIVE COMMITTEE ALSO SHALL DETERMINE AN REMEDY MAY INCLUDE, FOR EXAMPLE, THE RECUSAL OF THE CONFLICTED OFFI PARTICIPATING IN CERTAIN MATTERS PENDING BEFORE THE EXECUTIVE COMMITMERNAL GOVERNANCE POLICIES STATE THAT ON AN ANNUAL BASIS, EACH MENCOMMITTEE SHALL BE PROVIDED WITH A COPY OF THIS POLICY, AND SHALL CONACKNOWLEDGEMENT AND DISCLOSURE FORM.	EMBERS ANNUALLY. THE EXECUTIVE ITS, AND WHETHER OR NOT SUCH FICER OR DIRECTOR WHOSE IE PARTICIPATE IN SUCH OR POTENTIAL CONFLICT OF A POPROPRIATE REMEDY. SUCH CER OR DIRECTOR FROM ITEE OR OTHER CBI BODY. CBI'S MBER OF THE CBI EXECUTIVE					
FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION ACTIVITIES FOR CBI'S EXECUTIVE DIRECTOR ARE DETERMING EXECUTIVE COMMITTEE. THE CHAIR OF THE COMMITTEE COMMUNICATES COMPEXECUTIVE COMMITTEE FOR APPROVAL. ALL APPROVED COMPENSATION INFOR PRESIDENT OF HR FOR IMPLEMENTATION.	PENSATION INFORMATION TO THE CBI					
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY NOT MADE AVAILABLE TO THE PUBLIC. CBI COMPLIES WITH THE PUBLIC INSPECT REVENUE CODE SECTION 6104 BY MAKING ITS FORM 1024, APPLICATION FOR RESECTION 501(A), DETERMINATION LETTER FROM THE IRS, AND THE FORMS 990 FCOMPLETED TAX PERIODS. HOWEVER, AS SECTION 6104 DOES NOT REQUIRE OF SECTION 501(C)(6) TO DISCLOSE ITS GOVERNING DOCUMENTS, CONFLICT OF INSTATEMENTS, CBI HAS CHOSEN NOT TO MAKE SUCH INFORMATION AVAILABLE FOR THE PUBLIC OF THE PUB	TION REQUIREMENTS OF INTERNAL COGNITION OF EXEMPTION UNDER OR ITS THREE MOST RECENTLY RGANIZATIONS EXEMPT UNDER TEREST POLICIES, OR FINANCIAL					
FORM 990, PART IX, LINE 11G	CONSULTING FEES INCURRED FOR GMO ANSWERS CONSULTANT 589,413. CONSCOLA PROJECT 500.	ULTING FEES INCURRED FOR COCO					
FORM 990, PART XI, LINE 9:	TRANSFER DUE TO MERGER -1,263,315.						

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

Additional Data

Return to Form

Software ID: Software Version: