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Form **990**

# 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)

OMB No 1545-0047

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific instructions	<b>C Name of organization</b> WASHINGTON BIOTECHNOLOGY & BIOMEDICAL ASSOCIATION		<b>D Employer identification number</b> 91-1453398
		<b>F Name and address of principal officer</b> CHRISTOPHER RIVERA 2324 EASTLAKE AVENUE EAST #500 SEATTLE, WA 98102		<b>E Telephone number</b> (206) 732-6700
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> 1,434,257.		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list (see instructions)</small>
<b>J Website:</b> WWW.WASHBIO.ORG		<b>H(c) Group exemption number</b>		<b>L Year of formation</b> 1990 <b>M State of legal domicile</b> WA
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities PROMOTE CONTINUED INNOVATION AND RESPONSIBLE GROWTH IN THE BIOTECHNOLOGY AND BIOMEDICAL INDUSTRIES IN THE STATE OF WASHINGTON.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	49
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	49
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	18
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, if any	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	759,477.	573,557.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	571,645.	608,576.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 10k, 10l, 10m, 10n, 10o, 10p, 10q, 10r, 10s, 10t, 10u, 10v, 10w, 10x, 10y, 10z)	27,578.	6,132.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,601,927.	1,434,257.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	724,225.	899,059.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	718,601.	799,561.
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,442,826.	1,698,620.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	159,101.	-264,363.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	860,094.	645,199.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	269,173.	318,641.
		590,921.	326,558.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Date

Type or print name and title

Chris Z. Rivera, President

11/15/10

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	11/15/10	<input type="checkbox"/>	13-5565207
801 SECOND AVENUE, SUITE 900 SEATTLE, WA 98104			EIN	206-913-4000
			Phone no	

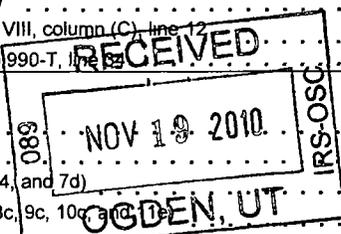
May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form 990 (2009)

25

SCANNED DEC 13 2010



**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

ATTACHMENT 2

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
ANNUAL MEETING AND BREAKFAST MEETINGS FOR PROFESSIONAL DEVELOPMENT AND NETWORKING

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
EDUCATIONAL AND OTHER PROMOTIONAL EVENTS

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
MEMBERSHIP DIRECTORY WITH INDUSTRY PROFILES

4d Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20, with sub-questions 12A, 14a, 14b, and 19. Some cells contain 'X' or are empty.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
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>		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a-12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9a.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11, 11A, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website, Another's website, X Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KATHLEEN POSTON 2324 EASTLAKE AVENUE EAST, SUITE 500 SEATTLE, WA 98102 206-732-6704





**Part VIII Statement of Revenue**

91-1453398

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b	573,557.		
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions) . . . . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		573,557		
<b>Program Service Revenue</b>			<b>Business Code</b>			
	2a	EVENT INCOME	900099	551,194		
	b	GOVERNMENT AFFAIRS INCOME	900099	57,382		
	c					
	d					
	e					
	f	All other program service revenue . . . . .				
g	<b>Total.</b> Add lines 2a-2f . . . . .		608,576			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,132.		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0.		
			(i) Real	(ii) Personal		
	6a	Gross Rents . . . . .				
	b	Less rental expenses . . . . .				
	c	Rental income or (loss) . . . . .				
	d	<b>Net rental income or (loss)</b> . . . . .		0.		
			(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	<b>Net gain or (loss)</b> . . . . .		0		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	<b>Net income or (loss) from fundraising events</b> . . . . .		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b	Less direct expenses . . . . .	b				
c	<b>Net income or (loss) from gaming activities</b> . . . . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b				
c	<b>Net income or (loss) from sales of inventory</b> . . . . .		0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
11a	EDUCATION & OTHER GEN MEMBERSHIP SERVICE	900099	245,992			
b						
c						
d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .		245,992			
12	<b>Total Revenue</b> See instructions . . . . .		1,434,257			

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	209,125.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	524,396.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	10,645.			
9 Other employee benefits . . . . .	96,821.			
10 Payroll taxes . . . . .	58,072.			
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	81,870.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	8,169.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	73,066.			
17 Travel . . . . .	48,338.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	19,195.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	13,000.			
23 Insurance . . . . .	3,687.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BUSINESS DEVELOPMENT -----	431,331.			
b OTHER ADVOCACY FEES -----	44,441.			
c WEBSITE FEES -----	42,803.			
d PROFESSIONAL FEES -----	18,928.			
e TELEPHONE -----	14,733.			
f All other expenses -----				
25 Total functional expenses Add lines 1 through 24f	1,698,620.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	156,770.	<b>1</b>	53,743.
	<b>2</b> Savings and temporary cash investments . . . . .	682,537.	<b>2</b>	583,669.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10 a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 34,147.		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 32,882.	14,265.	<b>10c</b> 1,265.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	6,522.	<b>15</b>	6,522.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	860,094.	<b>16</b>	645,199.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,017.	<b>17</b>	1,392.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	268,156.	<b>25</b>	317,249.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	269,173.	<b>26</b>	318,641.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	590,921.	<b>32</b>	326,558.
<b>33</b> Total net assets or fund balances . . . . .	590,921.	<b>33</b>	326,558.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	860,094.	<b>34</b>	645,199.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</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** (2009)

**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.** ▶ **See separate instructions**

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization WASHINGTON BIOTECHNOLOGY & BIOMEDICAL ASSOCIATION	Employer identification number 91-1453398
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred 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 IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
d	Other exempt purpose expenditures . . . . .														
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Series of horizontal dashed lines for providing supplemental information.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: WASHINGTON BIOTECHNOLOGY & BIOMEDICAL ASSOCIATION; Employer identification number: 91-1453398

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Conservation Easements including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting and amounts.

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

Schedule D (Form 990) 2009

**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 XIV

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 XI V and complete the following table.

	Amount
c Beginning balance . . . . .	<b>1c</b>
d Additions during the year . . . . .	<b>1d</b>
e Distributions during the year . . . . .	<b>1e</b>
f Ending balance . . . . .	<b>1f</b>

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

b If "Yes," explain the arrangement in Part XI V

**Part V Endowment Funds.** Complete if 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 year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Investments - Land, Buildings, and Equipment** See Form 990, Part X, line 10

Description of investment	(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 . . . . .				
e Other . . . . .		34,147.	32,882.	1,265.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				1,265.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
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.	
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 XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
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 XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

**Part XIV 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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**Part XIV** Supplemental Information *(continued)*

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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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization **WASHINGTON BIOTECHNOLOGY & BIOMEDICAL ASSOCIATION**

Employer identification number  
**91-1453398**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>									
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III</p>	<b>5b</b>									
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>									
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III</p>	<b>6b</b>									
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>									
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>									
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

Schedule J (Form 990) 2009



**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

Name of the organization WASHINGTON BIOTECHNOLOGY &  
BIOMEDICAL ASSOCIATION

Employer identification number  
91-1453398

ATTACHMENT 1

PART VI, LINE 11A

THE EXECUTIVE COMMITTEE HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE PRESIDENT. THE ORGANIZATION'S DIRECTOR OF ADMINISTRATION WORKS CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO PREPARE THE RETURN; AND THE FINAL DRAFT OF FORM 990 IS ALSO REVIEWED BY THE CONSULTING CONTROLLER AND DIRECTOR OF ADMINISTRATION PRIOR TO PROVIDING THE DRAFT TO THE PRESIDENT. SUBSEQUENT TO ITS REVIEW, THE PRESIDENT REPORTS BACK TO THE EXECUTIVE COMMITTEE REGARDING ITS OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE TREASURER BEFORE THE RETURN IS FILED.

PART VI, LINE 15(A) & (B).

EXECUTIVE COMPENSATION

1. REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OR COMPENSATION COMMITTEE OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

2. USE OF DATA AS TO COMPARABLE COMPENSATION. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES SALARY SURVEY AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. MINUTES OF THE

Name of the organization WASHINGTON BIOTECHNOLOGY &  
BIOMEDICAL ASSOCIATION

Employer identification number  
91-1453398

ATTACHMENT 1 (CONT'D)

MEETINGS ARE KEPT AND THERE IS CONTEMPORANEOUS DOCUMENTATION AND  
RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING  
THE COMPENSATION ARRANGEMENT.

PART VI, LINE 19

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE  
AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL  
STATEMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROMOTE CONTINUED INNOVATION AND RESPONSIBLE GROWTH IN THE  
BIOTECHNOLOGY AND BIOMEDICAL INDUSTRIES IN THE STATE OF WASHINGTON.  
PROMOTION AND EDUCATION ARE PRIMARILY IN THE FORM OF NEWSLETTERS,  
SPECIAL EVENTS, AND LOBBYING.

## 2009 WBBA Board of Directors

11/11/2009

### Executive Committee

**Thomas Clement - Chair**  
Chairman of the Board  
Pathway Medical Technologies,  
Inc.  
10801 120<sup>th</sup> Avenue NE  
Kirkland, WA 98033  
clementt@pathwaymedical.com  
(425) 636-4122

**James Gore - Past Chair**  
Vice President  
Pacific Northwest Diabetes  
Research Institute  
720 Broadway  
Seattle, WA 98122  
jgore@pndri.org  
(206) 726-1227

**Margaret McCormick, PhD -  
Treasurer**  
Targeted Growth  
2815 Eastlake Ave E  
Seattle, WA 98102  
mmccormick@targetedgrowth.com  
(206) 336-5570

**Kevin F. Kelly -Secretary**  
Partner  
Cooley Godward Kronish LLP  
719 2<sup>nd</sup> Ave, Suite 900  
Seattle, WA 98104-1732  
kkelly@cooley.com  
(206) 452-8758

**Bruce L. A. Carter, PhD**  
CEO & Board Chair  
ZymoGenetics, Inc.  
1201 Eastlake Avenue E  
Seattle, WA 98102  
carterb@zgi.com  
(206) 442-6612

**John F. Harris**  
President & CEO  
NeuroVista Corporation  
100 Fourth Ave N, Ste 600  
Seattle, WA 98109  
jharris@neurovista.com  
(206) 267-3700

**Thong Q. Le**  
Managing Director  
WRF Capital  
2815 Eastlake Ave E, Suite 300  
Seattle, WA 98102  
thong@wrfcapital.com  
(206) 336-5529

**A. Bruce Montgomery, MD**  
Senior Vice President  
Gilead Sciences  
2025 First Avenue, Suite 800  
Seattle, WA 98121  
Bruce.montgomery@gilead.com  
(206) 728-5090 x228

**Linden Rhoads**  
Vice Provost  
UW Tech Transfer  
4311 11th Ave NE, Suite 500  
Seattle, WA 98105  
lrhoads@u.washington.edu  
(206) 543-0905

**Gregory Sessler**  
Chief Financial Officer  
Spiration, Inc.  
6675 185th Avenue NE  
Redmond, WA 98052  
gessler@spirationinc.com  
(425) 497-1700 x160

### Regular Board

**Bill Brady**  
Sr. Mgr, State & Local Tax  
KPMG LLP  
801 Second Avenue, Suite 900  
Seattle, WA 98104  
dbradyjr@kpmg.com  
(206) 913-4477

**Rob Derry**  
Investment Advisor, Northwest  
SVB Asset Management  
901 Fifth Ave, Ste. 3900  
Seattle, WA 98033  
rderry@svbank.com  
(206) 342-7600

**Christopher J. Ellas, MD, MPH**  
President  
PATH - Program for Appropriate  
Technology in Health  
1455 NW Leary Way  
Seattle, WA 98107  
cellas@path.org  
(206) 285-3500

**H. Perry Fell, PhD**  
President and CEO  
NanoString Technologies  
201 Elliott Ave W, Suite 300  
Seattle, WA 98119  
perry@nanosttring.com  
(206) 378-6260

**Don Foster**  
VP Inflammation  
Novo Nordisk  
530 Fairview Ave  
Seattle, WA 98109  
dof@novonordisk.com  
(206) 490-5700

**Alan Frazier**  
Founder & Managing Partner  
Frazier Healthcare Ventures  
601 Union St, Suite 3200  
Seattle, WA 98101  
alan@frazierco.com  
(206) 621-7200

**Tom Fritz**  
CEO  
Inland NW Health Services  
601 W First Avenue  
Spokane, WA 99201  
fritz@inhs.org  
(509) 232-8101

**David Galas, PhD**  
VP, CSO Biological & Life Science  
Battelle Seattle Research Ctr  
1100 Dexter Ave N., Suite 400  
Seattle, WA 98109-3598  
dgalas@systemsbiology.org  
(206) 732-1200

**Carol G. Gallagher**  
CEO  
Calistoga Pharmaceuticals, Inc.  
2101 Fourth Avenue  
Suite 1960  
Seattle, WA 98121  
cgallagher@calistogapharma.com  
(206) 728-4701

**John Gardner, PhD**  
VP, Economic Development &  
Extension  
Washington State University  
520 Pike St, Suite 1101  
Seattle, WA 98101-3916  
gardnerj@wsu.edu  
(206) 448-1330

**Brett V. Gaspers**  
Managing Director  
Objective Insights  
16623 - 74th Place W  
Edmonds, WA 98026  
bgaspers@objectiveinsights.com  
(425) 745-9667

**Mitch Gold, MD**  
President and CEO  
Dendreon Corporation  
3005 First Avenue  
Seattle, WA 98121  
mgold@dendreon.com  
(206) 256-4545

**Stephen M. Graham**  
Partner  
Fenwick & West LLP  
1191 2<sup>nd</sup> Ave, Suite 1610  
Seattle, WA 98101  
sgraham@fenwick.com;  
(206) 910-7445

**Douglas R. Hansmann, PhD**  
COO & Co-Founder  
EKOS Corporation  
11911 N Creek Pkwy S  
Bothell, WA 98001  
dhansmann@ekoscorp.com  
(425) 415-3111

**Karen Hedline**  
President/CEO  
Micronics, Inc.  
8563 154<sup>th</sup> Ave NE  
Redmond, WA 98052  
khedline@micronics.net  
(425) 895-9197 x126

**James B. Hendricks, PhD**  
President  
Seattle Children's Research  
Institute  
1900 Ninth Ave  
Seattle, WA 98101-1304  
James.hendricks@seattlechildr  
ens.org  
(206) 987-1212

**Larry Herron**  
Vice President for Development  
Institute for Systems Biology  
1441 North 34th Street  
Seattle, WA 98103  
lherron@systemsbiology.org  
(206) 732-1200

**Lee Huntsman, PhD**  
Executive Director  
Life Sciences Discovery Fund  
2324 Eastlake Ave E, Ste. 501  
Seattle, WA 98102  
huntsman@lsdfa.org  
(206) 732-6789

**Allan Jones, PhD**  
Chief Scientific Officer  
Allen Institute for Brain Science  
551 N. 34th St.  
Seattle, WA 98103  
Allanj@alleninstitute.org  
(206) 548-7020

**Jim Karkanias**  
Sr Dir, Applied Research &  
Tech, Health Solutions Group  
Microsoft  
One Microsoft Way  
Redmond, WA 98052-6399  
Jim.karkanias@microsoft.com  
(425) 722-1449

**Bill Kimmerly, PhD**  
Director, Facilities for Systems  
Biology & Applications  
Pacific Northwest National  
Laboratory  
P.O. Box 999  
Richland, WA 99352  
william.kimmerly@pnl.gov  
(509) 376-5783

**Rick Klausner**  
Partner  
The Column Group  
1249 NW Eiford Drive  
Seattle, WA 98177  
rick@thecolumngroup.net  
(206) 985-6568

**Deborah Knutson -  
President**  
EDC of Snohomish County  
728 - 134th Street SW,  
Suite 219  
Everett, WA 98204  
dknutson@snoedc.org  
(425) 743-4567

**Jim Lisbakken -**  
Partner and Chair of Life  
Sciences Practice Group  
Perkins Coie LLP  
1201 Third Avenue, Suite 4800  
Seattle, WA 98101-3099  
lisbj@perkinscoie.com  
(206) 583-8660

**Gustavo Mahler, PhD**  
President  
CMC Icos Biologics/  
Bayer Healthcare  
22021 20th Avenue SE  
Bothell, WA 98021  
gmahler@cmcblo.com  
(425) 415-2207

**Tim Martin**  
Director, State Government  
Relations  
Amgen  
3140 Maringo Rd SE  
Olympia, WA 98501  
timmarti@amgen.com  
(800) 232-9997 ext 38746

**Eric Meier**  
President & CEO  
Calypso Medical Technologies  
2101 Fourth Avenue, Suite 500  
Seattle, WA 98121  
emeier@calypsomedical.com  
(206) 774-4205

**Ulrich Mueller**  
VP Industry Relations and  
Technology Transfer  
Fred Hutchinson Cancer  
Research Center  
1100 Fairview Ave N, J5-110  
Seattle, WA 98109  
umueller@fhcrc.org  
(206) 667-4303

**Jack Nagan**  
Executive Director,  
Benaroya Research Institute at  
Virginia Mason and  
Vice President, Research  
Virginia Mason Medical Center  
Benaroya Research Institute  
1201 Ninth Avenue, IN-RC  
Seattle, WA 98101-2795  
jnagan@benaroyaresearch.org  
(206) 341-1313

**Jens U. Quistgaard**  
President & CEO  
LipoSonix, Inc.  
P.O. Box 1676  
Bothell, WA 98041  
jqulstgaar@medicis.com  
(425) 368-2010 x 11

**Erick Rabins -**  
Vice President  
Allied Minds, Inc.  
11725 Lakeside Ave NE  
Seattle, WA 98125  
Erickrabins@comcast.net  
erick.rabins@alliedminds.com  
(206) 335-9707

**Clay B. Siegall, PhD**  
President and CEO  
Seattle Genetics, Inc.  
21823 - 30th Drive SE  
Bothell, WA 98021  
csiegall@seagen.com  
(425) 527-4114

**Lisa G. Shaffer, PhD, FACMG**  
President & CEO  
Signature Genomic Laboratories  
2820 North Astor  
Spokane, WA 99207  
(509) 944-4219  
shaffer@signaturegenomics.com

**John Steel -**  
Partner  
DLA Piper US LLP  
701 Fifth Avenue, Suite 7000  
Seattle, WA 98104-7044  
John.steel@dlapiper.com  
(206) 839-4800

**Ken Stuart, PhD**  
Director & President  
SBRI  
307 Westlake Ave N, Ste 500  
Seattle, WA 98109-5219  
Ken.stuart@sbri.org  
(206) 256-7302

**Terrence J. Sweeney -**  
Vice President, Quality &  
Regulatory Affairs  
Philips Ultrasound  
22100 Bothell-Everett Hwy,  
PO Box 3003  
Bothell, WA 98041-3003  
terry.sweeney@philips.com  
(425) 487-7602

**Peter Thompson, MD**  
President, CEO, Director  
Trubion Pharmaceuticals, Inc.  
2401 4th Ave., Suite 1050  
Seattle, WA 98121  
pthompson@trubion.com  
(206) 838-0500

**Carl Weissman**  
President & CEO  
Accelerator Corp  
1616 Eastlake Ave E.  
Seattle, WA 98102  
cweissman@acceleratorcorp.com  
(206) 957-7303

**Susan Wray DDS JD**  
Of Counsel  
Adkins, Plant, Elvins & Black PLLC  
4616 25<sup>th</sup> Avenue NE  
Suite 725  
Seattle, WA 98105  
swray@adkinsandplant.com  
(206) 790-7458

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>WASHINGTON BIOTECHNOLOGY &amp; BIOMEDICAL ASSOCIATION</b>	Employer identification number <b>91-1453398</b>
	Number, street, and room or suite no If a P O box, see instructions <b>2324 EASTLAKE AVENUE EAST</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SEATTLE, WA 98102</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **KATHLEEN POSTON**

Telephone No. ▶ 206 732-6704 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEIN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  Attach a list with the names and EINs of all members the extension will cover.

**INTERNAL REVENUE SERVICE  
W & I- FIELD ASSISTANCE  
SEATTLE, WA 98174**

**MAY 07 2010**

**RECEIVED  
55204**

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2009 or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>3a</b>	\$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** ( on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>WASHINGTON BIOTECHNOLOGY &amp; BIOMEDICAL ASSOCIATION</b>	Employer identification number <b>91-1453398</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>2324 EASTLAKE AVENUE EAST</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SEATTLE, WA 98102</b>	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041- A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **KATHLEEN POSTON**  
Telephone No **206 732-6704** FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15/2010**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System) See instructions	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature **[Signature]** Title **CPA** Date **8/12/10**

KPMG LLP  
801 SECOND AVENUE, SUITE 900  
SEATTLE, WA 98104

Form 8868 (Rev 4 2009)

INTERNAL REVENUE SERVICE  
WASHINGTON STATE OFFICE  
SEATTLE, WA 98101

AUG 12 2010

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