

May the IRS discuss this return with the preparer shown above? (see instructions)

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE BIOTECHNOLOGY INNOVATION ORGANIZATION (BIO) REPRESENTS APPROXIMATELY 1,000 COMPANIES AND ORGANIZATIONS IN WASHINGTON DC, STATE CAPITALS, AND INTERNATIONAL FORA BIO IS FOUNDED ON THE PRINCIPLE THAT POLICY MUST NURTURE INNOVATION IN THE LIFE SCIENCES TO OVERCOME CHALLENGES IN HEALTH CARE, AGRICULTURE, INDUSTRY, AND THE ENVIRONMENT OUR MEMBERS REPRESENT COMPANIES OFFERING A SPECTRUM OF BIOTECHNOLOGY APPLICATIONS ACROSS MAJOR SECTORS OF THE ECONOMY BIO MEMBERS ALSO INCLUDE UNIVERSITIES, NONPROFITS, PATIENT GROUPS, AND OTHER ORGANIZATIONS THAT PLAY AN IMPORTANT ROLE IN THE FUTURE OF THE LIFE SCIENCES BIO'S ACTIVITIES ARE BROKEN DOWN INTO TWO PROGRAMS - ADVOCACY AND SERVICES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	Yes
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b>	Yes
<b>b</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	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	Yes
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	Yes
<b>b</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	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	Yes
<b>15</b> 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 . . . . .	<b>15</b>	No
<b>16</b> 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 . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> 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>	Yes	
<b>24a</b> 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 line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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>		No
<b>33</b> 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>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 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>		
<b>37</b> 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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	157	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	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	210	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
<b>b</b>	If "Yes," enter the name of the foreign country <b>IN</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ YVETTE WHITE-WIGGINS 1201 MARYLAND AVENUE SW SUITE 990 WASHINGTON, DC 20024 (202) 962-9200

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

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

Form **990** (2016)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 88

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
WHITE64 8603 WESTWOOD CENTER DRIVE 4TH FLO TYSONS, VA 22182	COMMUNICATION SERVICES	3,637,817
FREEMAN EXPOSITIONS PO BOX 660613 DALLAS, TX 75266	CONVENTION & CONFERENCES GENERAL CONTRAC	2,429,567
SMG FOOD & BEVERAGE 300 CONSHOHOCHEN STATE ROAD WEST CONSHOSHOCHEM, PA 19428	CATERING	1,778,324
PROJECTION INC PO BOX 890472 CHARLOTTE, NC 28289	AV	987,425
MCCALL & ASSOC EVENTS MANAGEMENT INC 350 FLORIDA STREET SAN FRANCISCO, CA 94110	EVENT MANAGEMENT	872,995

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 94</p>	
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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶						
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> CONFERENCE/MEETING REVENUE	541800	36,266,250	35,903,378	362,872		
	<b>b</b> MEMBERSHIP DUES	900099	27,980,251	27,980,251			
	<b>c</b> INTERNATIONAL EFFORTS	900099	321,119	321,119			
	<b>d</b> ALLIANCE/OUTREACH SUPPORT	900099	263,041	263,041			
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		64,830,661				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,712,494			1,712,494	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶		8,671,027			8,671,027	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		36,959					
		<b>b</b> Less rental expenses	36,959				
		<b>c</b> Rental income or (loss)	0				
	<b>d</b> Net rental income or (loss) . . . . . ▶						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		52,415					
		<b>b</b> Less cost or other basis and sales expenses	52,213				
		<b>c</b> Gain or (loss)	202				
	<b>d</b> Net gain or (loss) . . . . . ▶		202			202	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶							
Miscellaneous Revenue		Business Code					
<b>11a</b> LEGAL		900099	648,068	648,068			
<b>b</b> EPF MEMBER SUPPORT		900099	500,000	500,000			
<b>c</b> POLICY SUPPORT		900099	244,000	244,000			
<b>d</b> All other revenue . . . . .			308,958	150,000	48,696	110,262	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			1,701,026				
<b>12 Total revenue.</b> See Instructions . . . . . ▶			76,915,410	66,009,857	411,568	10,493,985	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	596,583			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,082,613			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	21,261,323			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,168,393			
<b>9</b> Other employee benefits.	2,813,420			
<b>10</b> Payroll taxes.	1,330,059			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	1,043,520			
<b>c</b> Accounting.	67,104			
<b>d</b> Lobbying.	2,699,234			
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	57,103			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,324,820			
<b>12</b> Advertising and promotion.	320,067			
<b>13</b> Office expenses.	858,339			
<b>14</b> Information technology.	1,434,956			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,119,901			
<b>17</b> Travel.	1,537,522			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	16,599,092			
<b>20</b> Interest.	5,308			
<b>21</b> Payments to affiliates.	3,198,613			
<b>22</b> Depreciation, depletion, and amortization.	691,793			
<b>23</b> Insurance.	135,749			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> DUES & SUBSCRIPTIONS	1,107,420			
<b>b</b> OUTREACH	511,460			
<b>c</b> BIO LEGISLATIVE DAY/FLY	190,343			
<b>d</b> TAXES PAID	161,239			
<b>e</b> All other expenses	58,703			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	79,374,677			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		61,943	<b>1</b>	5,985,669
	<b>2</b>	Savings and temporary cash investments . . . . .		12,937,952	<b>2</b>	2,007,963
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		2,130,779	<b>4</b>	3,306,569
	<b>5</b>	Loans and other 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>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			<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 . . . . .		2,095,808	<b>9</b>	2,073,003
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	10,206,672		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	8,633,777		
				1,810,704	<b>10c</b>	1,572,895
	<b>11</b>	Investments—publicly traded securities . . . . .		54,290,166	<b>11</b>	58,032,455
	<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 . . . . .		125,448	<b>15</b>	343,753	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		73,452,800	<b>16</b>	73,322,307	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		15,615,548	<b>17</b>	17,667,769
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		12,736,910	<b>19</b>	11,510,981
	<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>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		4,886,185	<b>25</b>	4,361,446
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		33,238,643	<b>26</b>	33,540,196
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		40,214,157	<b>27</b>	39,782,111
	<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 (ASC 958), check here <input type="checkbox"/> 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			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		40,214,157	<b>33</b>	39,782,111	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		73,452,800	<b>34</b>	73,322,307	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	76,915,410
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,374,677
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,459,267
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	40,214,157
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,027,221
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	39,782,111

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</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	Yes	
<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?		No
<b>b</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		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1224577  
**Name:** BIOTECHNOLOGY INNOVATION ORGANIZATION

Form 990 (2016)

**Form 990, Part III, Line 4a:**

ADVOCACY BIOTECHNOLOGY INNOVATION ORGANIZATION (BIO)'S ADVOCACY EFFORTS REFLECT THE PRIORITIES IDENTIFIED BY THE BIO BOARD OF DIRECTORS AND THE FOUR SECTION GOVERNING BOARDS THE BOARD OF DIRECTORS FOCUSES ON ISSUES OF IMPORTANCE TO ALL BIO MEMBERS, REGARDLESS OF THEIR SIZE OR TECHNOLOGY THESE CROSS-CUTTING ADVOCACY ACCOMPLISHMENTS IN 2016 ARE LISTED BELOW - SAFEGUARDED AND ADVANCED INTELLECTUAL PROPERTY PROTECTIONS, DOMESTICALLY AND INTERNATIONALLY - FOSTERED A DIALOGUE ABOUT BIOETHICS AND PROACTIVELY ADVANCED THE SOCIALLY RESPONSIBLE USE OF BIOTECHNOLOGY - PROMOTED INVESTMENT IN GOVERNMENT AND ACADEMIC RESEARCH - PROMOTED COMPREHENSIVE REFORM OF THE U S TAX CODE TO SPUR INNOVATION AND INVESTMENT IN BIOTECHNOLOGY - EXPANDED OUTREACH TO FOREIGN GOVERNMENTS AND INTERNATIONAL ENTITIES TO EDUCATE ON POLICY ISSUES OF IMPORTANCE TO THE BIOTECHNOLOGY INDUSTRY AND TO IMPROVE THE INVESTMENT AND REGULATORY CLIMATE FOR BIOTECH PRODUCTS THE HEALTH SECTION 2016 ADVOCACY ACCOMPLISHMENTS - ADVOCATED FOR THE PASSAGE OF THE 21ST CENTURY CURES ACT - SUCCESSFULLY FINISHED NEGOTIATIONS ON REAUTHORIZING THE PRESCRIPTION DRUG USER FEE ACT TO IMPROVE THE U S FOOD AND DRUG ADMINISTRATION'S (FDA'S) PROCESS FOR HUMAN DRUG REVIEW - PROMOTED HEALTHCARE POLICIES THAT RECOGNIZE BOTH THE PROMISE AND VALUE OF INNOVATION - ADVOCATED FOR A SAFE AND PREDICTABLE REGULATORY ENVIRONMENT FOR VALUE-BASED PAYMENT ARRANGEMENTS FOR DRUGS AND BIOLOGICS - ENHANCED AND PROTECTED PATIENT ACCESS TO INNOVATIVE THERAPIES AND PROMOTED THE NEED FOR GREATER NONDISCRIMINATION ENFORCEMENT AGAINST INSURANCE BENEFIT DESIGNS - ADVOCATED FOR BIOSIMILARS POLICIES THAT PROTECT PATIENT SAFETY, PROMOTE BIOMEDICAL INNOVATION, AND ADVANCE THE SCIENCE-BASED REVIEW AND APPROVAL OF BIOSIMILARS AND INTERCHANGEABLE BIOLOGICAL PRODUCTS - PROMOTED THE VALUE OF U S GOVERNMENT INVESTMENTS IN PROGRAMS THAT IMPROVE ACCESS TO IMMUNIZATIONS AND FOSTER VACCINE INNOVATION, STRENGTHENED OUR ABILITY TO RESPOND TO BIOTERROR THREATS OR EMERGING INFECTIOUS DISEASES, AND ENCOURAGED DEVELOPMENT OF NEW PRODUCTS TO FIGHT ANTIMICROBIAL RESISTANCE (AMR) - INFLUENCED IMPROVEMENTS TO THE INTERNATIONAL ENVIRONMENT FOR BIOMEDICAL INNOVATION AND GLOBAL PUBLIC HEALTH PREPAREDNESS THE EMERGING COMPANIES SECTION 2016 ADVOCACY ACCOMPLISHMENTS - ADVANCED THE INTEREST OF EMERGING COMPANIES IN CAPITAL FORMATION AND FINANCIAL SERVICES POLICY - ADVOCATED FOR TAX POLICIES SUPPORTING INNOVATIVE EMERGING COMPANIES AND INVESTMENT IN GROUNDBREAKING R&D, ENHANCED THE VOICE OF PRE-REVENUE, R&D-INTENSIVE BUSINESSES IN THE TAX REFORM DEBATE - ADVOCATED FOR THE REMOVAL OF BURDENSOME FINANCIAL REPORTING REGULATIONS ON EMERGING COMPANIES - SUPPORTED THE SEC SMALL BUSINESS ADVOCATE ACT TO ENHANCE THE ROLE OF SMALL BUSINESSES IN THE SEC'S DECISION-MAKING PROCESS, WHICH WAS SIGNED INTO LAW BY PRESIDENT OBAMA IN DECEMBER 2016 THE FOOD & AGRICULTURE SECTION 2016 ADVOCACY ACCOMPLISHMENTS - SUCCESSFULLY ADVOCATED FOR PASSAGE OF THE NATIONAL BIOENGINEERED FOOD DISCLOSURE LAW - WORKED WITH THE ADMINISTRATION AND CONGRESS TO ADVANCE IMPROVEMENTS TO THE U S AND GLOBAL REGULATORY SYSTEMS FOR AG-BIOTECH PRODUCTS - WORKED WITH MEMBERS OF THE AGRICULTURAL VALUE CHAIN TO ADDRESS TRADE ISSUES IN AGRICULTURAL EXPORT MARKETS SUCH AS CHINA AND EUROPE - WORKED WITH AGRICULTURAL INDUSTRY ALLIES TO OPPOSE FEDERAL AND STATE-LEVEL INITIATIVES AIMED AT MANDATING GMO FOOD LABELING - ADVOCATED IN LEGISLATURES AND COURTS TO PRESERVE THE RIGHTS OF FARMERS TO PLANT GENETICALLY ENGINEERED CROPS THE INDUSTRIAL & ENVIRONMENTAL SECTION 2016 ADVOCACY ACCOMPLISHMENTS - PRODUCED A RENEWABLE CHEMICALS REPORT TO CAPTURE THE BROAD SCOPE OF TECHNOLOGIES, PARTNERSHIPS, AND RAPID GROWTH OF THE RENEWABLE CHEMICALS SECTOR - ADVOCATED FOR EPA TO TREAT ALL SUSTAINABLY SOURCED BIOMASS AS ELIGIBLE MEASURES FOR EMISSIONS REDUCTION CREDIT (ERC) GENERATION - ADVOCATED REGARDING THE PASSAGE AND IMPLEMENTATION OF THE TOXIC SUBSTANCES CONTROL ACT (TSCA) AS AMENDED BY CONGRESS, AS WELL AS ISSUES RELATING TO THE NATIONAL BIOENGINEERED FOOD DISCLOSURE ACT - ENGAGED WITH THE ADMINISTRATION'S REVIEW OF THE COORDINATED FRAMEWORK FOR BIOTECHNOLOGY, INCLUDING WITH RESPECT TO THE REGULATION OF GENETICALLY ENGINEERED (GE) ALGAE - SUCCESSFULLY SECURED POSITIVE CHANGES TO EPA'S FINAL RENEWABLE FUEL STANDARDS (RFS) RULE FOR 2017 - URGED CONGRESS TO EXTEND A SUITE OF CRITICAL ADVANCED BIOFUELS TAX INCENTIVES BEYOND 2016

## **Form 990, Part III, Line 4b:**

SERVICES BIO'S SERVICES INCLUDE CONFERENCES AND ACTIVITIES THAT BRING TOGETHER INDUSTRY PARTNERS AND INVESTORS FOR EVENTS RANGING FROM THE BIO INTERNATIONAL CONVENTION TO CONFERENCES FOR BUSINESS DEVELOPMENT EXECUTIVES THE BIO INTERNATIONAL CONVENTION ATTRACTS APPROXIMATELY 16,000 OF THE MOST INFLUENTIAL BIOTECH AND PHARMA ATTENDEES FROM 76 COUNTRIES AND 48 U S STATES, AS WELL AS THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE US VIRGIN ISLANDS, INCLUDING 300 MEMBERS OF THE MEDIA, AND OFFERS THREE DAYS OF PROFESSIONAL AND BUSINESS DEVELOPMENT OPPORTUNITIES THE NET INCOME FROM THE CONVENTION SUPPORTS OUR ADVOCACY, PUBLIC OUTREACH, AND OTHER MEMBER SERVICE ACTIVITIES THE KEY ELEMENTS OF THE BIO INTERNATIONAL CONVENTION ARE EDUCATIONAL PROGRAMMING, EXHIBITION, THE BIO BUSINESS FORUM, AND NETWORKING EVENTS THESE ELEMENTS PROVIDE AN OPPORTUNITY FOR BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES, ACADEMIC RESEARCH INSTITUTIONS, AND INVESTORS FROM AROUND THE WORLD TO LEARN ABOUT RECENT SCIENTIFIC AND POLICY DEVELOPMENTS, AND SCHEDULE ONE-ON-ONE MEETINGS TO DISCUSS POTENTIAL BUSINESS OPPORTUNITIES IN 2016, THE BIO BUSINESS FORUM ALONE HELPED HOST A RECORD NUMBER OF OVER 35,700 PARTNERING MEETINGS AMONG MORE THAN 3,400 COMPANIES, ALONG WITH 192 COMPANY PRESENTATIONS, OVER 800 SPEAKERS, 1,800 EXHIBITIONS WITH 50 INTERNATIONAL, REGIONAL AND STATE PAVILIONS AND SEVEN PRODUCT FOCUS ZONES BEYOND THE CONVENTION, BIO HOSTS OR CO-HOSTS A NUMBER OF NATIONAL AND INTERNATIONAL CONFERENCES THAT PROVIDE VENUES FOR MEMBER AND NON-MEMBER COMPANIES TO PRESENT NEW DATA, MEET AND PARTNER WITH FELLOW BIOTECH COMPANIES, AND ATTRACT FUNDING FROM INVESTORS AND OTHER ORGANIZATIONS

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON COHEN MD CHAIRMAN	2 00	X		X				0	0	0
DAVID P MEEKER MD SECRETARY	2 00	X		X				0	0	0
BRADFORD A ZAKES TREASURER	2 00	X		X				0	0	0
DANIEL JUNIUS TREASURER (PARTIAL YEAR)	2 00	X		X				0	0	0
DEBORAH DUNSIRE MD SECRETARY (PARTIAL YEAR)	2 00	X		X				0	0	0
ADAM MONROE BOARD MEMBER	2 00	X						0	0	0
ADELENE PERKINS BOARD MEMBER	2 00	X						0	0	0
ALAN SHAW BOARD MEMBER	2 00	X						0	0	0
ALBERT BOURLA BOARD MEMBER	2 00	X						0	0	0
ALEX AZAR BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
ALLEN WAXMAN ..... BOARD MEMBER	2 00 .....	X							0	0	0	
ANNA RATH ..... BOARD MEMBER	2 00 .....	X							0	0	0	
BRIAN BARKER ..... BOARD MEMBER	2 00 .....	X							0	0	0	
C DAVID NICHOLSON ..... BOARD MEMBER	2 00 .....	X							0	0	0	
CARLOS PAYA ..... BOARD MEMBER	2 00 .....	X							0	0	0	
CHRISTIAN NOLET ..... BOARD MEMBER	2 00 .....	X							0	0	0	
CHRISTOPHER BOERNER ..... BOARD MEMBER	2 00 .....	X							0	0	0	
CLIVE MEANWELL ..... BOARD MEMBER	2 00 .....	X							0	0	0	
DAN MEAGHER ..... BOARD MEMBER	2 00 .....	X							0	0	0	
DAPHNE PREUSS ..... BOARD MEMBER	2 00 .....	X							0	0	0	



<b>Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors</b>					
(C)	(D)	(E)	(F)	(G)	(H)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID MAIN ..... BOARD MEMBER	2 00 .....	X						0	0	0
DAVID STACK ..... BOARD MEMBER	2 00 .....	X						0	0	0
DOUG BERVEN ..... BOARD MEMBER	2 00 .....	X						0	0	0
DOUGLAS DOERFLER ..... BOARD MEMBER	2 00 .....	X						0	0	0
EDDIE SULLIVAN ..... BOARD MEMBER	2 00 .....	X						0	0	0
ELI BEN-SHOSHAN ..... BOARD MEMBER	2 00 .....	X						0	0	0
ELIZABETH LEWIS ..... BOARD MEMBER	2 00 .....	X						0	0	0
EMIL KAKKIS ..... BOARD MEMBER	2 00 .....	X						0	0	0
FRANK TERHORST ..... BOARD MEMBER	2 00 .....	X						0	0	0
GARY PHILLIPS ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
GARY ZIEZIULA ..... BOARD MEMBER	2 00 .....	X							0	0	0	
GIL VAN BOKKELEN PHD ..... BOARD MEMBER	2 00 .....	X							0	0	0	
GLENN GORMLEY ..... BOARD MEMBER	2 00 .....	X							0	0	0	
HAROLD E VAN WART PHD ..... BOARD MEMBER	2 00 .....	X							0	0	0	
HENRI A TERMEER ..... BOARD MEMBER	2 00 .....	X							0	0	0	
HERVE HOPPENOT ..... BOARD MEMBER	2 00 .....	X							0	0	0	
HOWARD ROBIN ..... BOARD MEMBER	2 00 .....	X							0	0	0	
HUGH C WELSH JD ..... BOARD MEMBER	2 00 .....	X							0	0	0	
IAN CLARK ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JACK BERNENS ..... BOARD MEMBER	2 00 .....	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES HEALY ..... BOARD MEMBER	2 00 .....	X						0	0	0
JAMES LEVINE ..... BOARD MEMBER	2 00 .....	X						0	0	0
JAMES SAPIRSTEIN ..... BOARD MEMBER	2 00 .....	X						0	0	0
JAMES SULLIVAN ..... BOARD MEMBER	2 00 .....	X						0	0	0
JAY SIEGEL ..... BOARD MEMBER	2 00 .....	X						0	0	0
JEAN-CHRISTOPHE TELLIER ..... BOARD MEMBER	2 00 .....	X						0	0	0
JEAN-CHRISTOPHE WESTPHAL ..... BOARD MEMBER	2 00 .....	X						0	0	0
JEAN-FRANCOIS FORMELA ..... BOARD MEMBER	2 00 .....	X						0	0	0
JEAN-JACQUES BIENAIME ..... BOARD MEMBER	2 00 .....	X						0	0	0
JEFFREY CLELAND ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JENNIFER HOLMGREN ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JEREMY LEVIN ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JERRY FLINT ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JIM MEYERS ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JOEL MARCUS ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JOHN CROWLEY ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JOHN GLASSPOOL ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JOHN MARAGANORE ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JOHN MELO ..... BOARD MEMBER	2 00 .....	X							0	0	0	
JOHN MENDLEIN ..... BOARD MEMBER	2 00 .....	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ORWIN ..... BOARD MEMBER	2 00 .....	X						0	0	0
JOHN SWART ..... BOARD MEMBER	2 00 .....	X						0	0	0
JONATHAN LEFF ..... BOARD MEMBER	2 00 .....	X						0	0	0
JONATHAN WOLFSON ..... BOARD MEMBER	2 00 .....	X						0	0	0
JOSEPH LAROSA ..... BOARD MEMBER	2 00 .....	X						0	0	0
JOSEPH SHAULSON ..... BOARD MEMBER	2 00 .....	X						0	0	0
JULIE GERBERDING ..... BOARD MEMBER	2 00 .....	X						0	0	0
KATHLEEN TREGONING ..... BOARD MEMBER	2 00 .....	X						0	0	0
KATRINE BOSLEY ..... BOARD MEMBER	2 00 .....	X						0	0	0
KIRAN MAZUMDAR-SHAW ..... BOARD MEMBER	2 00 .....	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
MICHAEL NARACHI ..... BOARD MEMBER	2 00 .....	X							0	0	0	
MICHAEL RAAB ..... BOARD MEMBER	2 00 .....	X							0	0	0	
MICHELLE DIPP ..... BOARD MEMBER	2 00 .....	X							0	0	0	
MONCEF SLAOUI ..... BOARD MEMBER	2 00 .....	X							0	0	0	
NANCY SIMONIAN ..... BOARD MEMBER	2 00 .....	X							0	0	0	
NEIL GOLDSMITH ..... BOARD MEMBER	2 00 .....	X							0	0	0	
NEIL K WARMA ..... BOARD MEMBER	2 00 .....	X							0	0	0	
NICK LESCHLY ..... BOARD MEMBER	2 00 .....	X							0	0	0	
PAUL EISENBERG ..... BOARD MEMBER	2 00 .....	X							0	0	0	
PAUL HASTINGS ..... BOARD MEMBER	2 00 .....	X							0	0	0	





Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD STOTISH ..... BOARD MEMBER	2 00 .....	X						0	0	0
RUSSELL HERNDON ..... BOARD MEMBER	2 00 .....	X						0	0	0
SANDY MACRAE ..... BOARD MEMBER	2 00 .....	X						0	0	0
SABINE LUIK ..... BOARD MEMBER	2 00 .....	X						0	0	0
SCOTT HOLMSTROM ..... BOARD MEMBER	2 00 .....	X						0	0	0
SCOTT KOENIG ..... BOARD MEMBER	2 00 .....	X						0	0	0
STEVEN MENTO ..... BOARD MEMBER	2 00 .....	X						0	0	0
STEVEN PAUL ..... BOARD MEMBER	2 00 .....	X						0	0	0
STUART A ARBUCKLE ..... BOARD MEMBER	2 00 .....	X						0	0	0
THOMAS MATHERS ..... BOARD MEMBER	2 00 .....	X						0	0	0



<b>Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors</b>					
(C)	(D)	(E)	(F)	(G)	(H)
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126
127	128	129	130	131	132
133	134	135	136	137	138
139	140	141	142	143	144
145	146	147	148	149	150
151	152	153	154	155	156
157	158	159	160	161	162
163	164	165	166	167	168
169	170	171	172	173	174
175	176	177	178	179	180
181	182	183	184	185	186
187	188	189	190	191	192
193	194	195	196	197	198
199	200	201	202	203	204
205	206	207	208	209	210
211	212	213	214	215	216
217	218	219	220	221	222
223	224	225	226	227	228
229	230	231	232	233	234
235	236	237	238	239	240
241	242	243	244	245	246
247	248	249	250	251	252
253	254	255	256	257	258
259	260	261	262	263	264
265	266	267	268	269	270
271	272	273	274	275	276
277	278	279	280	281	282
283	284	285	286	287	288
289	290	291	292	293	294
295	296	297	298	299	300
301	302	303	304	305	306
307	308	309	310	311	312
313	314	315	316	317	318
319	320	321	322	323	324
325	326	327	328	329	330
331	332	333	334	335	336
337	338	339	340	341	342
343	344	345	346	347	348
349	350	351	352	353	354
355	356	357	358	359	360
361	362	363	364	365	366
367	368	369	370	371	372
373	374	375	376	377	378
379	380	381	382	383	384
385	386	387	388	389	390
391	392	393	394	395	396
397	398	399	400	401	402

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CENAN OZMERAL ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
CHRISTI L SHAW ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
CHRISTOPHER STANDLEE ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
DANIEL APEL ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
DANIEL CUMMINGS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
DANIEL TASSE ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
DAVID HALLAL ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
DAVID PYOTT ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
DAVID SCHENKEIN MD ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
EDWARD WILLIAMS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
FAHEEM HASNAIN ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
FLEMING ORNSKOV ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
GENO GERMANO ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
H THOMAS WATKINS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
HABIB DABLE ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
HANS SCHIKAN ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
JEFFREY HANKE ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
JEFFREY HATFIELD ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
JEFFREY WREN ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	
JOHN MILLIGAN ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X							0	0	0	

[illegible]

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEF APPEL ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
KLEANTHIS XANTHOPOULOS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
KRISTINE PETERSON ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
MARC BEER ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
MARC VERBRUGGEN PHD ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
MATTHIAS MEDER ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
MICHAEL SEVERINO MD ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
PARIS PANAYIOTOPOULOS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
PATRICK GRUBER ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
PAUL HUDSON ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PONSI TRIVISVAVET ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
RAYMOND SACCHETTI ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
ROBERT KISS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
ROBIN READNOUR ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
ROGER WYSE ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
STANLEY T CROOKE ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
STEPHAN B TANDA ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
STEVEN H HOLTZMAN ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
WILLIAM FEEHERY ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0
WILLIAM LIS ..... BOARD MEMBER (PARTIAL YEAR)	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JAMES GREENWOOD ..... PRESIDENT & CHIEF EXECUTIVE OFFICER	40 00 .....			X					2,167,665	0	679,191	
YVETTE WHITE-WIGGINS ..... SVP & CHIEF FINANCIAL OFFICER	40 00 .....			X					285,042	0	61,304	
A SCOTT WHITAKER ..... COO (PARTIAL YEAR)	40 00 .....			X					378,365	0	6,100	
THOMAS DILENGE ..... PRESIDENT, ADVOCACY, LAW & PUBLIC POLICY DIV	40 00 .....				X				604,209	0	64,621	
JOANNE DUNCAN ..... PRESIDENT, MEMBERSHIP & BUS OPER DIVISION	40 00 .....				X				548,530	0	60,802	
AMY FINAN ..... SVP, BUSINESS DEV (PARTIAL YEAR)	40 00 .....				X				221,285	0	5,499	
KATHLEEN HOLCOMBE ..... SVP, SCIENCE POLICY	40 00 .....					X			425,151	0	34,286	
DANIEL DURHAM ..... EVP, HEALTH POLICY	40 00 .....					X			457,292	0	48,380	
BRENT ERICKSON ..... EVP, INDUSTRIAL & ENVIRONMENT	40 00 .....					X			508,453	0	50,536	
JOSEPH DAMOND ..... SVP, INTERNATIONAL AFFAIRS	40 00 .....					X			469,065	0	65,176	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH ESHAM ..... EVP, ECS & VP, SCIENCE & REGULATORY	40 00 .....					X		410,493	0	46,146



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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

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 (Proxy Tax) (see separate instructions), then

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

Name of the organization BIOTECHNOLOGY INNOVATION ORGANIZATION	Employer identification number 52-1224577
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-
2				
3				
4				
5				
6				

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**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

**1a** 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

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?

☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	No
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	Yes

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

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	27,980,251
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	9,095,951
<b>b</b>	Carryover from last year	<b>2b</b>	-428,871
<b>c</b>	Total	<b>2c</b>	8,667,080
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	9,233,483
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	-566,403

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493314015687	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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. Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization BIOTECHNOLOGY INNOVATION ORGANIZATION				Employer identification number 52-1224577	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,183,915	5,124,316	1,059,599
d Equipment		788,262	736,242	52,020
e Other		3,234,495	2,773,219	461,276
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,572,895

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATION	54,437
DEFERRED RENT	4,307,009
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	4,361,446

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	82,510,645
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	2,027,221
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,588,158
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,615,379
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	76,895,266
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	57,103
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-36,959
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	20,144
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	76,915,410

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	82,942,691
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,625,117
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,625,117
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	79,317,574
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	57,103
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	57,103
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	79,374,677

**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
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-1224577  
**Name:** BIOTECHNOLOGY INNOVATION ORGANIZATION

**Supplemental Information**

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FOOD & AG SGR FUND 2,815,701 FOOD & AG LEGAL FUND 81,494 BIOSIMILARS REVENUE 405,963 FGR SPECIAL INITIATIVES REVENUE 285,000

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -36,959

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FOOD & AG LEGAL FUND EXPENSES 81,494 BIOSIMILAR EXPENSES 405,963 RENTAL EXPENSES 36,959 FGR SPECIAL INITIATIVE EXPENSES 285,000 FOOD & AG SGR FUND 2,815,701

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
BIOTECHNOLOGY INNOVATION ORGANIZATION

**Employer identification number**

52-1224577

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	10			829,617
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	10			829,617

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION HAS SUPPORTING DOCUMENTATION FOR THE AMOUNT THAT IS INVOICED FROM THE COMPANIES



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1224577

**Name:** BIOTECHNOLOGY INNOVATION ORGANIZATION

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	4	PROGRAM SERVICES	CONFERENCES, ADVOCACY AND EDUCATION	350,737
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	2	PROGRAM SERVICES	CONFERENCES, ADVOCACY AND EDUCATION	238,389
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ADVOCACY	2,500

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	ADVOCACY	47,137
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	2	PROGRAM SERVICES	CONFERENCES, ADVOCACY AND EDUCATION	188,301
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	2	PROGRAM SERVICES	EDUCATION AND ADVOCACY	2,553

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Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
BIOTECHNOLOGY INNOVATION ORGANIZATION

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.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public  
Inspection

Employer identification number  
52-1224577

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 36

3 Enter total number of other organizations listed in the line 1 table . . . . . 1

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	BIO RELIES ON THE REQUIRED QUALIFICATIONS OF THE GRANT RECIPIENTS TO PROVIDE ASSURANCE OF PROPER USAGE IN SOME CASES, BIO PERSONNEL ATTEND EVENTS AND RECEIVE ACKNOWLEDGEMENTS RELATED TO THE FUNDS GRANTED

Additional Data

Software ID:  
Software Version:  
EIN: 52-1224577  
Name: BIOTECHNOLOGY INNOVATION ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS INSTITUTE PO BOX 34043 BETHESDA, MD 208270043	03-0458239	501(C)(3)	7,000				GENERAL SUPPORT
ALLIANCE FOR AGING RESEARCH 507 CAPITOL COURT NE SUITE 200 WASHINGTON, DC 20002	52-1316086	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR LUPUS RESEARCH PO BOX 465 ENCAMPMENT, WY 82325	83-0264665	501(C)(3)	5,000				SPONSORSHIP
ALS ASSOCIATION 1275 K STREET NW SUITE 1050 WASHINGTON, DC 20005	13-3271855	501(C)(3)	7,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY ACTION NETWORK 55 KENOSIA AVENUE DANBURY, CT 06810	13-3223946	501(C)(3)	5,000				GENERAL SUPPORT
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	53-0218495	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FARM BUREAU 750 17TH STREET NW SUITE 110 WASHINGTON, DC 20006	54-1379174	501(C)(3)	7,500				SPONSORSHIP
AMERICAN HEART ASSOCIATION 515 NORTH MIDLAND AVENUE UPPER NYACK, NY 10960	20-4039120	501(C)(3)	50,000				SPONSORSHIP



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C-CHANGE 9160 SOUTH 300 WEST 21 SANDY, UT 84070	87-0509416	501(C)(3)	15,000				GENERAL SUPPORT
CAREGIVER ACTION NETWORK 200 MARYLAND AVENUE NE WASHINGTON, DC 20002	52-0796820	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR A RESPONSIBLE BOLDER PO BOX 2371 ALEXANDRIA, VA 22301	71-0874241	501(C)(3)	15,000				SPONSORSHIP
EPILEPSY FOUNDATION 901 E STREET NW SUITE 405 WASHINGTON, DC 20004	31-1581756	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERYLIFE FOUNDATION FOR RARE DISEASES 2000 N BEAUREGARD STREET 6TH FLOOR ALEXANDRIA, VA 22311	13-1614906	501(C)(3)	10,000				SPONSORSHIP
FRIENDS OF CANCER RESEARCH 330 7TH AVENUE SUITE 1701 NEW YORK, NY 10001	06-1565950	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALIEN FOUNDATION 99 JOHN STREET SUITE 2502 NEW YORK, NY 10038	26-4549935	501(C)(3)	20,000				SPONSORSHIP
GLOBAL GENES PO BOX 791139 BALTIMORE, MD 212791139	52-1694732	501(C)(3)	20,833				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWTH ENERGY PO BOX 30273 OMAHA, NE 68103	26-3542537	501(C)(6)	20,000				CONTRIBUTION
JDRF INTERNATIONAL 1200 NEW HAMPSHIRE AVENUE NW SUITE 575 WASHINGTON, DC 20036	31-1750942	501(C)(3)	8,750				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERS OF AMERICAN AGRICULTURE 4720 MONTGOMERY LANE SUITE 205 BETHESDA, MD 20814	52-1931357	501(C)(3)	5,000				SPONSORSHIP
MELANO RESEARCH ALLIANCE FOUNDATION 1101 NEW YORK AVENUE SUITE 620 WASHINGTON, DC 20005	26-1636099	501(C)(3)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHAEL J FOX FOUNDATION 52 VANDERBILT AVENUE NEW YORK, NY 10017	13-2912529	501(C)(3)	5,000				GENERAL SUPPORT
NAT'L ORG FOR RARE DISORDERS 1025 VERMONT AVENUE SUITE 1120 WASHINGTON, DC 20005	94-3172675	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ALLIANCE OF STATE AND TERRITORIAL 5845 RICHMOND HIGHWAY SUITE 800 ALEXANDRIA, VA 22303	13-5644916	501(C)(3)	10,000				GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS 750 FIRST STREET NW 7TH FLOOR WASHINGTON, DC 20002	11-3485631	501(C)(3)	5,000				GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FARMERS UNION 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2644377	501(C)(3)	10,000				SPONSORSHIP
NATIONAL HEALTH COUNCIL 1730 M STREET NW SUITE 500 WASHINGTON, DC 200364561	13-1624107	501(C)(3)	25,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OILSEED PROCESSORS 5005 LBJ TEXAS FREEWAY SUITE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	7,500				SPONSORSHIP
PARENT PROJECT MUSCULAR DYSTROPHY 101 YGNACIO VALLEY ROAD SUITE 110 WALNUT CREEK, CA 94596	13-1788491	501(C)(3)	20,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSON'S ACTION NETWORK 1025 VERMONT AVENUE SUITE 1120 WASHINGTON, DC 20005	94-3172675	501(C)(3)	7,000				SPONSORSHIP
PREVENT CANCER FOUNDATION 1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAGAN-UDALL FOUNDATION FOR FDA 1025 CONNECTICUT AVENUE NW SUITE 1000 WASHINGTON, DC 20036	26-3727917	501(C)(3)	5,000				SPONSORSHIP
RETIRESAFE 1101 NEW YORK AVENUE SUITE 620 WASHINGTON, DC 20006	26-1636099	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY FOR WOMENS HEALTH 1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	15,000				SPONSORSHIP
THE CONGRESSIONAL HUNGER CENTER 701 SW 27TH AVENUE SUITE 705 MIAMI, FL 33135	59-2767754	501(C)(3)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MILKEN INSTITUTE 750 9TH STREET NW SUITE 750 WASHINGTON, DC 20001	26-4614274	501(C)(3)	25,000				GENERAL SUPPORT
US CHAMBER OF COMMERCE 1101 K STREET SUITE 610 WASHINGTON, DC 20005	53-0045720	501(C)(3)	166,000				MEMBERSHIP AND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH FAMILIES FOUNDATION 678 EAST VINE STREET MURRAY, UT 84107	87-0509416	501(C)(3)	5,000				SPONSORSHIP

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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number  
52-1224577

Part I

Questions Regarding Compensation

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



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	JAMES GREENWOOD - NOT INCLUDED IN TAXABLE COMPENSATION TO THE INDIVIDUAL - FIRST CLASS OR CHARTER TRAVEL - \$20,334 - INCLUDED IN TAXABLE COMPENSATION TO THE INDIVIDUAL - TRAVEL FOR COMPANIONS - \$7,020
PART I, LINE 1B	THE CHIEF EXECUTIVE OFFICER HAS A PREPAID SPENDING ACCOUNT AT A LOCAL RESTAURANT, USED EXCLUSIVELY FOR BUSINESS PURPOSES
PART I, LINE 4B	JAMES GREENWOOD - 457(F) \$573,411

Additional Data

Software ID:  
Software Version:  
EIN: 52-1224577  
Name: BIOTECHNOLOGY INNOVATION ORGANIZATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES GREENWOOD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	1,345,294	778,371	44,000	608,411	70,780	2,846,856	0
	(ii)	0	0	0	0	- 0	- 0	0
1YVETTE WHITE-WIGGINS SVP & CHIEF FINANCIAL OFFICER	(i)	255,042	30,000	0	32,319	28,985	346,346	0
	(ii)	0	0	0	0	- 0	- 0	0
2A SCOTT WHITAKER COO (PARTIAL YEAR)	(i)	130,153	214,570	33,642	0	6,100	384,465	0
	(ii)	0	0	0	0	- 0	- 0	0
3THOMAS DILENCE PRESIDENT, ADVOCACY, LAW & PUBLIC PO	(i)	455,803	148,406	0	35,000	29,621	668,830	0
	(ii)	0	0	0	0	- 0	- 0	0
4JOANNE DUNCAN PRESIDENT, MEMBERSHIP & BUS OPER DIV	(i)	431,966	116,564	0	35,000	25,802	609,332	0
	(ii)	0	0	0	0	- 0	- 0	0
5AMY FINAN SVP, BUSINESS DEV (PARTIAL YEAR)	(i)	95,475	111,316	14,494	2,492	3,007	226,784	0
	(ii)	0	0	0	0	- 0	- 0	0
6KATHLEEN HOLCOMBE SVP, SCIENCE POLICY	(i)	320,779	104,372	0	32,426	1,860	459,437	0
	(ii)	0	0	0	0	- 0	- 0	0
7DANIEL DURHAM EVP, HEALTH POLICY	(i)	407,292	50,000	0	28,225	20,155	505,672	0
	(ii)	0	0	0	0	- 0	- 0	0
8BRENT ERICKSON EVP, INDUSTRIAL & ENVIRONMENT	(i)	381,753	126,700	0	35,000	15,536	558,989	0
	(ii)	0	0	0	0	- 0	- 0	0
9JOSEPH DAMOND SVP, INTERNATIONAL AFFAIRS	(i)	351,542	117,523	0	35,000	30,176	534,241	0
	(ii)	0	0	0	0	- 0	- 0	0
10ELIZABETH ESHAM EVP, ECS & VP, SCIENCE & REGULATORY	(i)	315,000	95,493	0	35,000	11,146	456,639	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public  
Inspection

Name of the organization  
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number  
52-1224577

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							► \$					

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAURA GREENWOOD	DAUGHTER OF CEO	59,060	PAID EMPLOYEE OF ORGANIZATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

BIOTECHNOLOGY INNOVATION ORGANIZATION

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

52-1224577

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS SHALL DESIGNATE, BY RESOLUTION AND WITH A QUORUM PRESENT, NOT MORE THAN NINETEEN (19) DIRECTORS OF THE BOARD TO ACT AS AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE SEVEN (7) ELECTED OFFICERS OF THE ORGANIZATION (AS DEFINED IN ARTICLE VIII), THE IMMEDIATE PAST CHAIR OF THE ORGANIZATION, THE VICE CHAIRS OF EACH SECTION'S GOVERNING BOARD, AND THE BALANCE BEING AT-LARGE DIRECTORS FROM THE FULL BOARD IF THE IMMEDIATE PAST CHAIR IS NO LONGER ELIGIBLE TO SERVE ON THE FULL BOARD, AN ADDITIONAL AT-LARGE DIRECTOR FROM THE FULL BOARD SHALL BE SELECTED FOR THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL HAVE, AND BE AUTHORIZED TO EXERCISE, ALL POWERS OF THE FULL BOARD, EXCEPT (A) THE POWER TO ELECT OR REMOVE ELECTED OFFICERS OR DIRECTORS, TO CHANGE THE SIZE OF THE BOARD, TO CHANGE ELIGIBILITY, QUALIFICATIONS OR RIGHTS OF MEMBERSHIP, TO APPROVE THE FINANCIAL BUDGET FOR THE ORGANIZATION, OR TO MAKE DETERMINATIONS AS TO DIRECTOR AND OFFICER COMPENSATION, WHERE APPLICABLE, AND (B) THE POWER TO AMEND THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE ORGANIZATION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BIOTECHNOLOGY INDUSTRY ORGANIZATION OFFICIALLY CHANGED ITS NAME TO THE BIOTECHNOLOGY INNOVATION ORGANIZATION ON JANUARY 5, 2016 AS A RESULT, THE BYLAWS FOR THE FULL BIO BOARD OF DIRECTORS AND THE FOUR BIO SECTIONS MUST BE AMENDED TO REFLECT THAT CHANGE THE BYLAWS AMENDMENTS WERE PRESENTED AND FORMALLY APPROVED BY THE BIO GOVERNANCE & COMPLIANCE COMMITTEE AT ITS MEETING ON MAY 9, 2016 REVISION OF BYLAWS WAS ISSUED ON JUNE 6, 2016

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>THE MEMBERS OF THE ORGANIZATION SHALL BE DIVIDED INTO FOUR CLASSES, CORE MEMBERS, ASSOCIATE MEMBERS, AFFILIATE MEMBERS, AND CENTER MEMBERS, DEFINED AS FOLLOWS (A) CORE MEMBERS ANY CORPORATION, PARTNERSHIP, ASSOCIATION, OR OTHER ENTITY ORGANIZED FOR PROFIT, A SUBSTANTIAL PERCENTAGE OF WHOSE BUSINESS ACTIVITIES INVOLVE BIOTECHNOLOGY, GENOMICS, BIOINFORMATICS OR RELATED NEW TECHNOLOGIES, IS ELIGIBLE FOR MEMBERSHIP CORE MEMBERS ARE THOSE ENTITIES THAT UTILIZE BIOTECHNOLOGY, GENOMICS, BIOINFORMATICS OR OTHER RELATED NEW TECHNOLOGIES IN RESEARCH, DEVELOPMENT, TESTING, MANUFACTURING, OR SALES OF PRODUCT OR INFORMATION, AS WELL AS OTHER FIRMS THE BOARD SO CHARACTERIZES AND PLACES IN THIS CATEGORY CORE MEMBERS SHALL BE GROUPED IN THE FOLLOWING SUBCATEGORIES (I) EMERGING COMPANIES, WHICH ARE FIRMS THAT EMPLOY LESS THAN 350 PERSONS AND THAT DO NOT HAVE A THERAPEUTIC OR DIAGNOSTIC PRODUCT APPROVED FOR SALE IN THE U S MARKET, (II) ESTABLISHED FIRMS, WHICH ARE THOSE FIRMS THAT EMPLOY 350 OR MORE PERSONS OR THAT HAVE A THERAPEUTIC OR DIAGNOSTIC PRODUCT APPROVED FOR SALE IN THE U S MARKET, AND (III) LARGE FIRMS, WHICH ARE ESTABLISHED FIRMS THAT HAVE ANNUAL WORLDWIDE SALES OF BIOTECHNOLOGY PRODUCTS IN EXCESS OF \$1.5 BILLION, AND (IV) NON-DOMESTIC COMPANIES, WHICH ARE CORE MEMBERS WITHOUT SIGNIFICANT OPERATIONS IN THE UNITED STATES OR SIGNIFICANT COLLABORATIONS WITH A U S ENTITY (B) ASSOCIATE MEMBERS ANY CORPORATION, PARTNERSHIP, ASSOCIATION, OR OTHER ENTITY ORGANIZED FOR PROFIT, A SUBSTANTIAL PORTION OF WHOSE ACTIVITIES INVOLVE PROVIDING SERVICES OR PRODUCTS OF BENEFIT TO COMPANIES WHOSE PRINCIPAL BUSINESS IS BIOTECHNOLOGY, IS ELIGIBLE FOR ASSOCIATE MEMBERSHIP ASSOCIATE MEMBERS ARE THOSE COMMERCIAL ENTITIES WHICH DO NOT NECESSARILY UTILIZE BIOTECHNOLOGY, E G TECHNICAL SUPPORT, EQUIPMENT, CONSTRUCTION, ACCOUNTING, AND LAW FIRMS THAT SERVICE THE BIOTECHNOLOGY INDUSTRY, AS WELL AS OTHER FIRMS THAT THE BOARD CHARACTERIZES AND PLACES IN THIS CATEGORY (C) AFFILIATE MEMBERS ANY GOVERNMENTAL OR NONPROFIT ENTITY OR COUNTRY, STATE OR REGIONAL INDUSTRY, TRADE OR PROFESSIONAL ASSOCIATION WITH AN INTEREST IN, OR A MANDATE TO PROMOTE THE DEVELOPMENT OF, BIOTECHNOLOGY IS ELIGIBLE FOR AFFILIATE MEMBERSHIP THERE SHALL BE NO SIZE TESTS APPLIED TO AFFILIATE MEMBER APPLICANTS (D) CENTER MEMBERS ANY INSTITUTION, NOT GENERALLY ELIGIBLE FOR CORE MEMBERSHIP THAT IS SPONSORED BY A STATE, REGION, OR ACADEMIC INSTITUTION AND WORKS IN SUPPORT OF COMMERCIAL BIOTECHNOLOGY MAY BE ELIGIBLE FOR CONSIDERATION AS A CENTER MEMBER</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AT ALL MEMBERSHIP MEETINGS OF THE ORGANIZATION, EACH CURRENT MEMBER SHALL HAVE ONE (1) VOTE AND MAY TAKE PART IN THE VOTING IN PERSON OR BY PROXY FOR EACH SECTION IN WHICH THE MEMBER PARTICIPATES, EACH MEMBER SHALL HAVE THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS FOR THE SECTION GOVERNING BOARD, BUT SHALL HAVE NO OTHER VOTING RIGHTS EXCEPT ON MATTERS BROUGHT TO THE MEMBERSHIP BY ANY SUCH GOVERNING BOARD OR THE ORGANIZATION'S BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND RELATED SCHEDULES ARE PREPARED BY THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANTS UNDER THE GUIDANCE OF THE CHIEF FINANCIAL OFFICER (CFO) THE CFO AND THE CONTROLLER THOROUGHLY REVIEW ALL CALCULATIONS AND SCHEDULES TO CONFIRM THEY REFLECT THE ACTUAL FINANCIAL RESULTS OF THE ORGANIZATION THE COMPLETE FORM 990 IS THEN REVIEWED INTERNALLY BY THE CEO, DIVISION PRESIDENTS, CFO, AND CONTROLLER IN CONSULTATION WITH LEGAL COUNSEL AND, AS APPROPRIATE, FURTHER CONSULTATION WITH THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANTS FINALLY, THE FORM 990 IS PROVIDED TO THE CHAIRMAN OF THE BOARD AND BIO EXECUTIVE COMMITTEE MEMBERS FOR THEIR REVIEW, QUESTIONS AND/OR COMMENTS ALL REVIEWS ARE COMPLETED BEFORE THE FORM IS FILED WITH THE IRS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BIOTECHNOLOGY INNOVATION ORGANIZATION (BIO) TAKES SEVERAL STEPS TO ADDRESS COMPLIANCE BY EMPLOYEES AND DIRECTORS WITH ITS CONFLICTS OF INTEREST POLICY. BIO TRAINS ALL NEW EMPLOYEES AND DIRECTORS ON VARIOUS ASPECTS OF BIO'S COMPLIANCE PROGRAM, INCLUDING CONFLICTS OF INTEREST, AND BIO'S WRITTEN CONFLICTS OF INTEREST POLICY REQUIRES ALL EMPLOYEES TO DISCLOSE ANY OUTSIDE PERSONAL BUSINESS INTERESTS TO THEIR SUPERVISOR. BIO'S GENERAL COUNSEL REGULARLY ADVISES BIO'S EXECUTIVES AND SUPERVISORS ON SUCH MATTERS. BIO ALSO CONTRACTS WITH AN INDEPENDENT ORGANIZATION TO PROVIDE EMPLOYEES AND OTHERS WITH THE ABILITY TO FILE ANONYMOUS REPORTS CONCERNING THE VIOLATION OF ANY LAWS OR BIO POLICIES, INCLUDING ALLEGATIONS OF POTENTIAL CONFLICTS OF INTEREST, AND BIO HAS A PROCESS IN PLACE TO FOLLOW UP ON ANY SUCH COMPLAINTS IN A TIMELY AND THOROUGH MANNER. FURTHER, BIO UNDERTAKES A QUESTIONNAIRE SENT TO EACH MEMBER OF ITS BOARD OF DIRECTORS SEEKING DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTERESTS THEY MAY HAVE, OR THEIR FAMILY MEMBERS MAY HAVE, ASSOCIATED WITH BUSINESSES OR ORGANIZATIONS THAT DO BUSINESS WITH BIO. POTENTIAL CONFLICTS ARE MONITORED AND REVIEWED AT THE MANAGEMENT AND SENIOR MANAGEMENT LEVEL OF THE ORGANIZATION, AND DEPENDING ON THE CONFLICT, DETERMINATIONS MAY BE MADE AT THE BOARD OR SENIOR MANAGEMENT LEVEL. A CONFLICT AT THE BOARD LEVEL WILL NORMALLY RESULT IN RECUSAL OF THE INDIVIDUAL FROM PARTICIPATION OR ACTIVITIES WITH RESPECT TO THE RELEVANT SUBJECT MATTER. AT THE STAFF LEVEL, THE APPLICABLE BIO SUPERVISOR IS INFORMED OF THE POTENTIAL CONFLICT AND IS REQUIRED TO TAKE ALL APPROPRIATE STEPS TO ENSURE THAT THE INDIVIDUAL DOES NOT PARTICIPATE IN, OR RECEIVE CONFIDENTIAL INFORMATION RELATING TO, ANY BIO ACTIVITY RELATED TO THE SUBJECT MATTER OF THE CONFLICT, UP TO AND INCLUDING, WHERE APPROPRIATE, TERMINATION OF SUCH EMPLOYEE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>FOR 2016, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) OF BIO WAS COMPENSATED PER THE TERMS OF A MULTI-YEAR CONTRACT THAT WAS DETERMINED WITH INDEPENDENT REVIEW, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION AS INDICATED IN PRIOR FORM 990 SUBMISSIONS. IN ADDITION, BASED ON THE EXECUTIVE COMMITTEE'S EVALUATION OF THE PRESIDENT AND CEO'S PERFORMANCE FOR 2016, THE COMMITTEE DETERMINED THE APPROPRIATE AMOUNT FOR THE DISCRETIONARY COMPONENT OF HIS COMPENSATION FOR THAT YEAR, IN ACCORDANCE WITH PROVISION OF THE EXECUTIVE AGREEMENT. DECISIONS REGARDING THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE NEGOTIATED INDIVIDUALLY AND ARE PERFORMANCE-BASED, IN ACCORDANCE WITH AN ANNUAL WRITTEN EVALUATION PROCESS THAT HAS BEEN ESTABLISHED FOR ALL EMPLOYEES OF THE ORGANIZATION. THE CHIEF OPERATING OFFICER AND THE ACTING CHIEF OPERATING OFFICER LED THE PROCESS, IN COORDINATION WITH THE PRESIDENT &amp; CEO. AN INDEPENDENT CONSULTANT PROVIDES COMPARATIVE BENCHMARKING SERVICES FOR SENIOR MANAGEMENT POSITIONS, AND OTHER INFORMATION ON COMPENSATION ISSUES, TRENDS, POLICIES, AND BEST PRACTICES FOR USE BY THE ORGANIZATION. THE ORGANIZATION ALSO HAS AN ESTABLISHED COMPENSATION POLICY FOR ALL OF ITS EMPLOYEES, WHICH SETS FORTH THE GENERAL PARAMETERS GOVERNING BIO'S COMPENSATION PRACTICES.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	EC EMERGING PRIORITIES 8,709,179 CONSULTANTS AND OTHER PROFESSIONAL FEES 2,371,728 WORKPLAN OBJECTIVES 358,994 ECONOMIC STUDIES 252,345 RECRUITMENT 179,801 TEMPORARY HELP 141,470 PROGRAM INITIATIVES 84,770 BUSINESS STRATEGIES 78,312 EDUCATION 62,036 INTERNS 34,755 BIO-PAC ADMINISTRATIVE 28,948 I&E INITIATIVES 13,592 I&E FOCUS GROUPS 5,000 CEO DELEGATION EXPENSE 3,890