

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319197589

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BIOTECHNOLOGY INNOVATION ORGANIZATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1201 MARYLAND AVENUE SW NO 900

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20024

F Name and address of principal officer

JAMES C GREENWOOD

1201 MARYLAND AVENUE SW NO 900

WASHINGTON, DC 20024

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

52-1224577

E Telephone number

(202) 962-9200

G Gross receipts \$ 87,471,231

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BIO ORG

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

L Year of formation 1993

M State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SUPPORT THE BIOTECHNOLOGY INDUSTRY TO EXPAND THE BOUNDARIES OF SCIENCE TO BENEFIT MANKIND

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

0

66,032,153

2,716,705

9,803,104

78,551,962

785,500

0

34,575,243

0

42,956,281

78,317,024

234,938

Beginning of Current Year

81,025,145

34,368,598

46,656,547

Current Year

0

72,848,062

2,538,802

11,923,567

87,310,431

2,626,800

0

36,867,200

0

47,030,501

86,524,501

785,930

End of Year

78,940,053

36,968,656

41,971,397

Part II Signature Block

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

Signature of officer

2019-11-15

Date

YVETTE WHITE-WIGGINS CFO AND SVP, FINANCE & ADMIN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00843460

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 901 N GLEBE ROAD SUITE 200

Phone no (571) 227-9500

ARLINGTON, VA 22203

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5, 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>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 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>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 177	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	218			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
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	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ►IN See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

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

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

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-A 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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,967,993	0	660,668

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 ► 99

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN EXPOSITIONS PO BOX 660613 DALLAS, TX 75266	CONVENTION & CONFERENCES CONTRACTOR	2,774,625
LEVY RESTAURANTS FOOD SERVICE 415 SUMMER STREET BOSTON, MA 02210	CATERING	1,250,718
PROJECTION INC PO BOX 890472 CHARLOTTE, NC 28289	AUDIO/VISUAL SERVICES	966,373
MASSACHUSETTS CONVENTION CENTER 415 SUMMER STREET BOSTON, MA 02210	CONVENTION CENTER RENTAL	766,252
SUBJECT MATTER 1201 NEW YORK AVENUE NW WASHINGTON, DC 20005	CONSULTING SERVICES	751,644

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 101

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue			Business Code			
	2a CONFERENCE/MEETING REVENUE	541800	41,064,421	40,862,634	201,787	
	b MEMBERSHIP DUES	900099	29,904,703	29,904,703		
	c EPF MEMBER SUPPORT	900099	832,500	832,500		
	d INTERNATIONAL EFFORTS	900099	506,000	506,000		
	e LEGAL & POLICY SUPPORT	900099	405,438	405,438		
	f All other program service revenue		135,000	135,000		
	g Total. Add lines 2a-2f		72,848,062			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,539,768			2,539,768
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		11,760,723		471,221	11,289,502
			(i) Real	(ii) Personal		
	6a Gross rents	43,572				
	b Less rental expenses	43,572				
	c Rental income or (loss)	0				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	116,262				
	b Less cost or other basis and sales expenses	117,228				
	c Gain or (loss)	-966				
	d Net gain or (loss)		-966			-966
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a			
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19		a			
	b Less direct expenses	b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a CBI	900099	106,428	106,428			
b BIONEWS ADS INCOME	541800	20,000		20,000		
c						
d All other revenue			36,416		36,416	
e Total. Add lines 11a-11d			162,844			
12 Total revenue. See Instructions			87,310,431	72,752,703	693,008	13,864,720

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,589,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	37,800			
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,781,554			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	25,076,505			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,143,270			
9 Other employee benefits.	3,307,030			
10 Payroll taxes.	1,558,841			
11 Fees for services (non-employees):				
a Management.				
b Legal.	200,471			
c Accounting.	69,762			
d Lobbying.	3,730,312			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	53,443			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,391,095			
12 Advertising and promotion.	384,564			
13 Office expenses.	761,242			
14 Information technology.	1,505,528			
15 Royalties.				
16 Occupancy.	4,074,370			
17 Travel.	1,978,810			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	17,046,500			
20 Interest.	7,936			
21 Payments to affiliates.	4,764,357			
22 Depreciation, depletion, and amortization.	493,483			
23 Insurance.	126,371			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DUES & SUBSCRIPTIONS	1,312,273			
b OUTREACH	498,580			
c TAXES PAID	374,369			
d BIO LEGISLATIVE DAY/FLY	211,040			
e All other expenses	45,995			
25 Total functional expenses. Add lines 1 through 24e.	86,524,501			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		6,917,248	1	6,430,187	
	2	Savings and temporary cash investments		3,265,043	2	3,364,536	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		3,137,266	4	4,302,636	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		2,686,112	9	2,635,707	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	7,486,361			
	b	Less: accumulated depreciation	10b	6,397,443	942,377	10c	1,088,918
	11	Investments—publicly traded securities		64,077,099	11	61,118,069	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		81,025,145	16	78,940,053		
Liabilities	17	Accounts payable and accrued expenses		17,217,909	17	18,759,698	
	18	Grants payable			18		
	19	Deferred revenue		13,458,572	19	15,113,063	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,692,117	25	3,095,895	
	26	Total liabilities. Add lines 17 through 25		34,368,598	26	36,968,656	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		46,656,547	27	41,971,397	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		46,656,547	33	41,971,397		
34	Total liabilities and net assets/fund balances		81,025,145	34	78,940,053		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,310,431
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,524,501
3	Revenue less expenses Subtract line 2 from line 1	3	785,930
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,656,547
5	Net unrealized gains (losses) on investments	5	-6,130,430
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	659,350
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,971,397

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1224577

Name: BIOTECHNOLOGY INNOVATION ORGANIZATION

Form 990 (2018)

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 2017 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 - 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 2018 ADVOCACY ACCOMPLISHMENTS - 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 2018 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 THE FOOD & AGRICULTURE SECTION 2018 ADVOCACY ACCOMPLISHMENTS - 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 - ADVOCATED IN LEGISLATURES AND COURTS TO PRESERVE THE RIGHTS OF FARMERS TO PLANT GENETICALLY ENGINEERED CROPS THE INDUSTRIAL & ENVIRONMENTAL SECTION 2018 ADVOCACY ACCOMPLISHMENTS - SUPPORTED A RENEWABLE CHEMICALS REPORT - ADVOCATED FOR EPA TO TREAT ALL SUSTAINABLY SOURCED BIOMASS AS ELIGIBLE MEASURES FOR EMISSIONS REDUCTION CREDIT (ERC) GENERATION - ADVOCATED REGARDING THE 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 - URGED CONGRESS TO EXTEND A SUITE OF CRITICAL ADVANCED BIOFUELS TAX INCENTIVES BEYOND 2017

Form 990, Part III, Line 4b:

SERVICES BIO'S SERVICES INCLUDE CONFERENCES AND ACTIVITIES THAT BRING TOGETHER INDUSTRY STAKEHOLDERS 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 THE BIO BUSINESS FORUM AT THE CONVENTION HOSTS TENS OF THOUSANDS OF PARTNERING MEETINGS AMONG A FEW THOUSAND COMPANIES, ALONG WITH A COUPLE HUNDRED COMPANY PRESENTATIONS THE CONVENTION HOSTS HUNDREDS OF SPEAKERS, AND OVER A THOUSAND EXHIBITIONS WITH INTERNATIONAL, REGIONAL AND STATE PAVILIONS (AND A NUMBER OF 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 WITH FELLOW BIOTECH COMPANIES, AND ATTRACT FUNDING FROM INVESTORS AND OTHER ORGANIZATIONS

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			
JOHN MARAGANORE CHAIR	2 00	X		X				0	0	0
RON COHEN IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
BRADFORD ZAKES TREASURER	2 00	X		X				0	0	0
JULIE GERBERDING SECRETARY	2 00	X		X				0	0	0
ABBIE CELNIKER DIRECTOR	2 00	X						0	0	0
ADAM MONROE DIRECTOR	2 00	X						0	0	0
ADELENE PERKINS DIRECTOR	2 00	X						0	0	0
ALAN SHAW DIRECTOR	2 00	X						0	0	0
ALBERT BOURLA DIRECTOR	2 00	X						0	0	0
AMIR NASHAT DIRECTOR	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			
ANNA PROTOPAPAS DIRECTOR	2 00	X						0	0	0
ANNA RATH DIRECTOR	2 00	X						0	0	0
ANNE PHILLIPS DIRECTOR	2 00	X						0	0	0
BARRY FLANNELLY DIRECTOR	2 00	X						0	0	0
BASSIL DAHIYAT DIRECTOR	2 00	X						0	0	0
BENJAMIN KNUDSEN DIRECTOR	2 00	X						0	0	0
BILL ANDERSON DIRECTOR	2 00	X						0	0	0
BILL CAMPBELL DIRECTOR	2 00	X						0	0	0
BILL SIBOLD DIRECTOR	2 00	X						0	0	0
BOB MORE DIRECTOR	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			
BOB WALSH DIRECTOR	2 00	X						0	0	0
BRIAN PEREIRA DIRECTOR	2 00	X						0	0	0
BRIAN THOME DIRECTOR	2 00	X						0	0	0
CARLOS PAYA DIRECTOR	2 00	X						0	0	0
CARSTEN BRUNN DIRECTOR	2 00	X						0	0	0
CEDRIC FRANCOIS DIRECTOR	2 00	X						0	0	0
CHARL VAN ZYL DIRECTOR	2 00	X						0	0	0
CHRIS STANDLEE DIRECTOR	2 00	X						0	0	0
CHRISTI SHAW DIRECTOR	2 00	X						0	0	0
CHRISTOPHE SCHILLING DIRECTOR	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			
CHRISTOPHER HEALEY DIRECTOR	2 00	X						0	0	0
CLIVE MEANWELL DIRECTOR	2 00	X						0	0	0
DAN MEAGHER DIRECTOR	2 00	X						0	0	0
DAPHNE PREUSS DIRECTOR	2 00	X						0	0	0
DAVID KETTNER DIRECTOR	2 00	X						0	0	0
DAVID MAIN DIRECTOR	2 00	X						0	0	0
DAVID NICHOLSON DIRECTOR	2 00	X						0	0	0
DAVID STACK DIRECTOR	2 00	X						0	0	0
DEBORAH DUNSIRE DIRECTOR	2 00	X						0	0	0
DOUG BERVEN DIRECTOR	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			
DOUGLAS DOERFLER DIRECTOR	2 00	X						0	0	0
EDDIE SULLIVAN DIRECTOR	2 00	X						0	0	0
ELIZABETH LEWIS DIRECTOR	2 00	X						0	0	0
ERIKA SMITH DIRECTOR	2 00	X						0	0	0
FABRICE CHOURAQUI DIRECTOR	2 00	X						0	0	0
FRANK TERHORST DIRECTOR	2 00	X						0	0	0
GARY ZIEZIULA DIRECTOR	2 00	X						0	0	0
GEORGE SCANGOS DIRECTOR	2 00	X						0	0	0
GIL VAN BOKKELEN DIRECTOR	2 00	X						0	0	0
GREGG ALTON DIRECTOR	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			
H THOMAS WATKINS DIRECTOR	2 00	X						0	0	0
HELEN TORLEY DIRECTOR	2 00	X						0	0	0
HERVE HOPPENOT DIRECTOR	2 00	X						0	0	0
HOWARD ROBIN DIRECTOR	2 00	X						0	0	0
HUGH WELSH DIRECTOR	2 00	X						0	0	0
JAMES SAPIRSTEIN DIRECTOR	2 00	X						0	0	0
JAMES SULLIVAN DIRECTOR	2 00	X						0	0	0
JEAN-CHRISTOPHE TELLIER DIRECTOR	2 00	X						0	0	0
JEAN-JACQUES BIENAIME DIRECTOR	2 00	X						0	0	0
JEFF KINDLER DIRECTOR	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			
JEFFREY CLELAND DIRECTOR	2 00	X						0	0	0
JEFFREY MARRAZZO DIRECTOR	2 00	X						0	0	0
JENNIFER HOLMGREN DIRECTOR	2 00	X						0	0	0
JENNIFER TAUBERT DIRECTOR	2 00	X						0	0	0
JEREMY LEVIN DIRECTOR	2 00	X						0	0	0
JERRY FLINT DIRECTOR	2 00	X						0	0	0
JILL ZULLO DIRECTOR	2 00	X						0	0	0
JIM MEYERS DIRECTOR	2 00	X						0	0	0
JOEL MARCUS DIRECTOR	2 00	X						0	0	0
JOHN CROWLEY DIRECTOR	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			
JOHN LEPORE DIRECTOR	2 00	X						0	0	0
JOHN MELO DIRECTOR	2 00	X						0	0	0
JOHN SWART DIRECTOR	2 00	X						0	0	0
JOHN YOUNG DIRECTOR	2 00	X						0	0	0
JOSEPH LAROSA DIRECTOR	2 00	X						0	0	0
JOSHUA OFMAN DIRECTOR	2 00	X						0	0	0
JULIA OWENS DIRECTOR	2 00	X						0	0	0
JUSTIN GOVER DIRECTOR	2 00	X						0	0	0
KARSTEN TEMME DIRECTOR	2 00	X						0	0	0
KATRINE BOSLEY DIRECTOR	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			
KENNETH MOCH DIRECTOR	2 00	X						0	0	0
KEVIN GORMAN DIRECTOR	2 00	X						0	0	0
KIRAN MAZUMDAR-SHAW DIRECTOR	2 00	X						0	0	0
LAURA BEREZIN DIRECTOR	2 00	X						0	0	0
LONNIE MOULDER DIRECTOR	2 00	X						0	0	0
MARK DROZDOWSKI DIRECTOR	2 00	X						0	0	0
MARK ENYEDY DIRECTOR	2 00	X						0	0	0
MARK JONES DIRECTOR	2 00	X						0	0	0
MARK PRUZANSKI DIRECTOR	2 00	X						0	0	0
MARK SKALETISKY DIRECTOR	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			
MARK TRUDEAU DIRECTOR	2 00	X						0	0	0
MARTIN BABLER DIRECTOR	2 00	X						0	0	0
MAXINE GOWEN DIRECTOR	2 00	X						0	0	0
MICHAEL MORRISSEY DIRECTOR	2 00	X						0	0	0
MICHAEL NARACHI DIRECTOR	2 00	X						0	0	0
MICHAEL RAAB DIRECTOR	2 00	X						0	0	0
MICHAEL RYAN DIRECTOR	2 00	X						0	0	0
NANCY SIMONIAN DIRECTOR	2 00	X						0	0	0
NICK LESCHLY DIRECTOR	2 00	X						0	0	0
OLIVER WALKER DIRECTOR	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			
PAIGE MAHANEY DIRECTOR	2 00	X						0	0	0
PAT GRUBER DIRECTOR	2 00	X						0	0	0
PAUL BACKMAN DIRECTOR	2 00	X						0	0	0
PAUL HASTINGS DIRECTOR	2 00	X						0	0	0
PAUL MCKENZIE DIRECTOR	2 00	X						0	0	0
PERRY STERNBERG DIRECTOR	2 00	X						0	0	0
PETER GREENLEAF DIRECTOR	2 00	X						0	0	0
PHILIP MILLER DIRECTOR	2 00	X						0	0	0
RACHEL KING DIRECTOR	2 00	X						0	0	0
RICHARD POPS DIRECTOR	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			
RICK WINNINGHAM DIRECTOR	2 00	X						0	0	0
ROBERT WILLS DIRECTOR	2 00	X						0	0	0
ROGER WYSE DIRECTOR	2 00	X						0	0	0
RONALD STOTISH DIRECTOR	2 00	X						0	0	0
RUSSELL HERNDON DIRECTOR	2 00	X						0	0	0
SABINE LUIK DIRECTOR	2 00	X						0	0	0
SANDY MACRAE DIRECTOR	2 00	X						0	0	0
SARAH HULL DIRECTOR	2 00	X						0	0	0
SCOTT GARLAND DIRECTOR	2 00	X						0	0	0
SCOTT HOLMSTROM DIRECTOR	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			
SCOTT KOENIG DIRECTOR	2 00	X						0	0	0
SCOTT SMITH DIRECTOR	2 00	X						0	0	0
SHAJI PROCIDA DIRECTOR	2 00	X						0	0	0
SHARON MATES DIRECTOR	2 00	X						0	0	0
SIMON WADDINGTON DIRECTOR	2 00	X						0	0	0
STEVEN MENTO DIRECTOR	2 00	X						0	0	0
STEVEN PAUL DIRECTOR	2 00	X						0	0	0
STUART ARBUCKLE DIRECTOR	2 00	X						0	0	0
SUE WASHER DIRECTOR	2 00	X						0	0	0
TAMMY LEE DIRECTOR	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			
TED LOVE DIRECTOR	2 00	X						0	0	0
TERRIE CURRAN DIRECTOR	2 00	X						0	0	0
THOMAS WIGGANS DIRECTOR	2 00	X						0	0	0
TIMOTHY WALBERT DIRECTOR	2 00	X						0	0	0
TJERK DE RUITER DIRECTOR	2 00	X						0	0	0
VINCENT SEWALT DIRECTOR	2 00	X						0	0	0
WILLIAM FITZSIMMONS DIRECTOR	2 00	X						0	0	0
WILLIAM NEWELL DIRECTOR	2 00	X						0	0	0
JAMES GREENWOOD PRESIDENT & CHIEF EXECUTIVE OFFICER	40 00			X				2,578,863	0	150,227
YVETTE WHITE-WIGGINS SVP & CHIEF FINANCIAL OFFICER	40 00			X				425,637	0	71,878

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			
THOMAS DILENCE PRESIDENT, ADVOCACY/LAW/PUBLIC POLIC	40 00				X			707,288	0	72,513
JOANNE DUNCAN PRESIDENT, MEMBERSHIP & BUS OPER DIV	40 00				X			707,288	0	67,859
DANIEL DURHAM EVP, HEALTH POLICY	40 00					X		602,454	0	70,268
BRENT ERICKSON EVP, INDUSTRIAL & ENVIRONMENT	40 00					X		517,982	0	56,118
JOSEPH DAMOND SVP, INTERNATIONAL AFFAIRS	40 00					X		486,197	0	73,068
JEANNE HAGGERTY EVP, GOVERNMENT AFFAIRS & EXTERNAL RELATIONS	40 00					X		481,261	0	46,953
ELIZABETH ESHAM EVP, ECS & VP, SCIENCE & REGULATORY	40 00					X		461,023	0	51,784

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-
1				
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1	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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

1	Dues, assessments and similar amounts from members	1	29,904,703
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	9,870,000
b	Carryover from last year	2b	261,880
c	Total	2c	10,131,880
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	9,868,552
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	263,328
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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

► \$

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	6,252,875	5,778,492	474,383
d	Equipment	276,745	149,307	127,438
e	Other	956,741	469,644	487,097
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			1,088,918

Schedule D (Form 990) 2018

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATION	130,657
DEFERRED RENT	2,965,238
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,095,895

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.

1	Total revenue, gains, and other support per audited financial statements	1	84,120,824
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-6,130,430
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,950,694
e	Add lines 2a through 2d	2e	-3,179,736
3	Subtract line 2e from line 1	3	87,300,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,443
b	Other (Describe in Part XIII)	4b	-43,572
c	Add lines 4a and 4b	4c	9,871
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	87,310,431

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.

1	Total expenses and losses per audited financial statements	1	88,805,974
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,374,916
e	Add lines 2a through 2d	2e	2,374,916
3	Subtract line 2e from line 1	3	86,431,058
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,443
b	Other (Describe in Part XIII)	4b	40,000
c	Add lines 4a and 4b	4c	93,443
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	86,524,501

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	BIOSIMILARS REVENUE 119,103 FGR SPECIAL INITIATIVES REVENUE 392,198 CBI LOBBYING FUND 2,439,393

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -43,572

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FOOD & AG LEGAL FUND EXPENSES BIOSIMILAR EXPENSES 119,103 FGR SPECIAL INITIATIVE EXPENSES 401,848 FOOD & AG SGR FUND 1,810,393 RENTAL EXPENSES 43,572

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DEFERRED SPONSORSHIP EXPENSE 40,000

**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.

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

OMB No 1545-0047

2018

**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)					
3a Sub-total	1	9			2,019,964
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	1	9			2,019,964

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	SPONSORSHIP	25,000				
(2)			SOUTH AMERICA	DONATION	12,800				
(3)									
(4)									

- 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 **2**
- 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, don't file with Form 990)* ☐ 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, don't file with Form 990)* ☐ 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).

990 Schedule F, Supplemental Information

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	3	PROGRAM SERVICES	CONFERENCES, ADVOCACY	569,391
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	2	PROGRAM SERVICES	CONFERENCES, ADVOCACY AND EDUCATION	250,915

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
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	1	PROGRAM SERVICES	ADVOCACY	7,169
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	2	PROGRAM SERVICES	CONFERENCES, ADVOCACY	1,041,159

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
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	1	PROGRAM SERVICES	ADVOCACY	107,554
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	0	PROGRAM SERVICES	ADVOCACY	9,959

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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ADVOCACY	33,817

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

OMB No 1545-0047

2018

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 43

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
ADAP ADVOCACY ASSOCIATION 131 E DAVIE STREET SUITE 201 RALEIGH, NC 27601	26-0482120	501(C)(3)	6,000				SCHOLARSHIP
AKIN GUMP STRAUSS HAUER & FELD LLP 1700 PACIFIC AVENUE SUITE 4100 DALLAS, TX 752014624	75-1338644	N/A	15,000				CONTRIBUTION

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 AGING RESEARCH 1700 K STREET NW SUITE 740 WASHINGTON, DC 20006	54-1379174	501(C)(3)	15,000				SPONSORSHIP
ALLIANCE TO PROTECT MEDICAL INNOVATION 1220 L ST NW SUITE 100 488 WASHINGTON, DC 20005	83-1354631	N/A	100,000				CONTRIBUTION

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 AUTOIMMUNE RELATED DISEASES ASSOCIATION 22100 GRATIOT AVE EASTPOINTE, MI 480212227	38-3027574	501(C)(3)	10,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY ACTION NETWORK INC 555 11TH STREET NW SUITE 300 WASHINGTON, DC 20004	52-2340031	501(C)(4)	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
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	53-0218495	501(C)(3)	15,000				GENERAL SUPPORT
ARIZONA BIOINDUSTRY ASSOCIATION INC 107 S SOUTHGATE DRIVE CHANDLER, AZ 85226	86-0938465	501(C)(6)	15,000				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
BIO NEBRASKA LIFE SCIENCES ASSOCIATION PO BOX 24802 OMAHA, NE 68124	20-2214508	N/A	12,000				SPONSORSHIP
BIO NJ 1255 WHITEHORSE-MERCERVILLE RD BUILDING B - SUITE 514 TRENTON, NJ 08619	22-3284393	N/A	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
BIO NJ 1255 WHITEHORSE- MERCERVILLE RD BUILDING B - SUITE 514 TRENTON, NJ 08619	22-3284393	N/A	60,000				SPONSORSHIP
BIOFLORIDA INC 6742 FOREST HILL BLVD SUITE 256 WEST PALM BEACH, FL 33413	59-3436638	501(C)(6)	5,500				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
BIOOHIO 1275 KINNEAR RD COLUMBUS, OH 43212	34-1577705	501(C)(3)	12,000				SPONSORSHIP
BIOUTAH PO BOX 58531 SALT LAKE CITY, UT 841580531	90-0899204	501(C)(6)	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
CANCER SUPPORT COMMUNITY 734 15TH STREET NW SUITE 300 WASHINGTON, DC 20005	95-4163931	501(C)(3)	20,000				GENERAL SUPPORT
CENTER FOR MEDICINE IN THE PUBLIC INTEREST 757 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017	20-4321812	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
CHAMBER OF COMMERCE OF THE USA 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	180,000				GENERAL SUPPORT
COLORADO BIOSCIENCE ASSOCIATION 600 GRANT STREET SUITE 306 DENVER, CO 80203	84-1363258	501(C)(6)	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
CROPLIFE AMERICA 1156 15TH ATREET NW SUITE 400 WASHINGTON, DC 20005	53-0190293	501(C)(6)	10,000				SPONSORSHIP
CULTIVATING CHANGE FOUNDATION 965 GEARY ST 2 SAN FRANCISCO, CA 94109	81-0991258	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
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVENUE SUITE 1100 BETHESDA, MD 20814	13-1930701	501(C)(3)	6,500				SPONSORSHIP
DEMOCRATIC GOVERNORS ASSOCIATION 1225 EYE ST NW SUITE 1100 WASHINGTON, DC 20005	52-1304889	N/A	25,000				CONTRIBUTION

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 1012 14TH ST NW SUITE 500 WASHINGTON, DC 20005	26-4614274	501(C)(3)	10,000				SPONSORSHIP
FARMERS ALLIANCE FOR INTEGRATED RESOURCES 1260 COUNTY ROAD 20 1/2 LONGMONT, CO 80504	45-4591729	501(C)(5)	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
FUELSAMERICA 607 FORT WILLIAMS PKWY ALEXANDRIA, VA 22304	46-0991009	501(C)(4)	250,000				GENERAL SUPPORT
GENETIC ALLIANCE 4301 CONNECTICUT AVENUE NW SUITE 404 WASHINGTON, DC 200082304	52-1571905	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
GEORGE MASON UNIVERSITY FOUNDATION INC 4400 UNIVERSITY DRIVE MSN 1A3 FAIRFAX, VA 22201	54-1603842	501(C)(3)	25,000				DONATION
GLOBAL GENES 28 ARGONAUT SUITE 150 ALISO VIEJO, CA 92656	26-3331487	501(C)(3)	15,000				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
HAWAII CROP IMPROVEMENT ASSOCIATION PO BOX 126 AIEA, HI 96701	99-0258882	501(C)(6)	574,000				GENERAL SUPPORT
HAWAII FARM BUREAU FEDERATION PO BOX 253 KUNIA, HI 96759	99-0073460	501(C)(5)	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
HAWAII LODGING & TOURISM ASSOCIATION 2270 KALAKAUA AVE SUITE 1702 HONOLULU, HI 96815	99-0078248	501(C)(6)	20,000				GENERAL SUPPORT
HEALTHYWOMEN 1 HARDING RD SUITE 101 PO BOX 430 RED BANK, NJ 07701	52-1624846	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
HUDSON INSTITUTE INC 1201 PENNSYLVANIA AVE NW SUITE 400 WASHINGTON, DC 20004	13-1945157	501(C)(3)	85,000				GENERAL SUPPORT
INSTITUTE FOR PATIENT ACCESS PO BOX 670 BETTENDORF, IA 52722	45-3456087	501(C)(3)	30,000				DONATION

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
IOWA BIOTECHNOLOGY ASSOCIATION 900 E DES MOINES ST DES MOINES, IA 50309	31-9885797	501(C)(6)	10,000				GENERAL SUPPORT
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	23-1907729	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
KEYSTONE POLICY CENTER 1628 SAINTS JOHN ROAD KEYSTONE, CO 80435	84-0688506	501(C)(3)	20,000				SPONSORSHIP
LIFE SCIENCE TENNESSEE 217 5TH AVE NORTH SUITE 200 NASHVILLE, TN 37219	62-1776913	501(C)(6)	28,500				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
LIFE SCIENCES PENNSYLVANIA 650 EAST SWEDES FORD RD SUITE 190 WAYNE, PA 19087	25-1621500	501(C)(6)	10,000				SPONSORSHIP
MARYLAND TECHNOLOGY COUNCIL INC 9841 WASHINGTONIAN BLVD SUITE 200 GAITHERSBURG, MD 20878	20-4950778	501(C)(6)	20,000				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
MARYLAND TECHNOLOGY COUNCIL INC 9841 WASHINGTONIAN BLVD SUITE 200 GAITHERSBURG, MD 20878	20-4950778	501(C)(6)	7,500				SPONSORSHIP
MEDMATES INC 184 BURNSIDE AVENUE WOONSOCKET, RI 02895	46-2858053	501(C)(6)	6,000				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 COALITION FOR CANCER SURVIVORSHIP 8455 COLESVILLE ROAD SUITE 930 SILVER SPRING, MD 20910	85-0357897	501(C)(3)	20,000				SPONSORSHIP
NATIONAL FARMERS UNION 20 F STREET NW SUITE300 WASHINGTON, DC 20001	84-0200555	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
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE SUITE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	15,000				GENERAL SUPPORT
NEHI INC 133 FEDERAL STREET 9TH FLOOR BOSTON, MA 02110	01-0624865	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
NEHI INC 133 FEDERAL STREET 9TH FLOOR BOSTON, MA 02110	01-0624865	501(C)(3)	25,000				GENERAL SUPPORT
NO LABELS 1130 CONNECTICUT AVE NW SUITE 325 WASHINGTON, DC 20036	27-1432208	501(C)(4)	15,000				CONTRIBUTION

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
OREGON BIOSCIENCE ASSOCIATION 2828 SW CORBETT AVE SUITE 115 PORTLAND, OR 97201	93-1009329	501(C)(5)	10,000				SPONSORSHIP
PARTNERSHIP FOR AMERICA'S HEALTH CARE FUTURE INC PO BOX 65492 WASHINGTON, DC 200355492	83-0939222	N/A	300,000				DONATION

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
PERSONALIZED MEDICINE COALITION 1710 RHODE ISLAND AVE NW WASHINGTON, DC 20036	54-2134884	501(C)(3)	10,000				SPONSORSHIP
PHRMA 950 F STREET NW SUITE 300 WASHINGTON, DC 20004	53-0241211	501(C)(6)	40,000				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
PREVENT CANCER FOUNDATION 1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	7,000				SPONSORSHIP
REPUBLICAN GOVERNORS ASSOCIATION 1747 PENNSYLVANIA AVE NW SUITE 250 WASHINGTON, DC 20006	11-3655877	N/A	100,000				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
SOCIETY FOR WOMEN'S HEALTH RESEARCH 1025 CONNECTICUT AVE NW SUITE 601 WASHINGTON, DC 20036	52-1694732	501(C)(3)	15,000				SPONSORSHIP
TEXAS HEALTHCARE AND BIOSCIENCE INSTITUTE 815 BRAZOS ST SUITE 310 AUSTIN, TX 78701	76-0501034	501(C)(6)	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
THE CONGRESSIONAL HUNGER CENTER WEWORK APOLLO BUILDING 810 7TH ST NE SUITE 02-146 WASHINGTON, DC 20002	52-1842738	501(C)(3)	5,000				SPONSORSHIP
THE GALIEN FOUNDATION INC 99 JOHN STREET SUITE 2502 NEW YORK, NY 10038	26-4549935	501(C)(3)	15,000				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 LEUKEMIA & LYMPHOMA SOCIETY NATIONAL CAPITAL AREA CHAPTER 3601 EISENHOWER AVENUE SUITE 450 ALEXANDRIA, VA 22304	13-5644916	501(C)(3)	10,000				SPONSORSHIP
THE UNITED STATES ASSOCIATION OF FORMER MEMBERS OF CONGRESS 1401 K STREET NW SUITE 503 WASHINGTON, DC 20005	54-0883744	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
THORN RUN PARTNERS LLC 100 M STREET SE SUITE 750 WASHINGTON, DC 20003	27-1541515	N/A	140,000				GENERAL SUPPORT
WASHINGTON INTERNATIONAL TRADE FOUNDATION 1300 PENNSYLVANIA AVE NW SUITE 400 WASHINGTON, DC 20004	52-1907420	501(C)(3)	9,000				CONTRIBUTION

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
WASHINGTON LEGAL FOUNDATION 2009 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1071570	501(C)(3)	10,000				GENERAL SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization BIOTECHNOLOGY INNOVATION ORGANIZATION	Employer identification number 52-1224577
--	---	--

Part I Questions Regarding Compensation		Yes	No
1a 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	No
2 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?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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:			
a The organization?		5a	
b Any related organization?		5b	
If "Yes," on line 5a or 5b, describe in Part III.			
6 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:			
a The organization?		6a	
b Any related organization?		6b	
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	
8 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.		8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

For each individual whose compensation must be reported 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				
1 JAMES GREENWOOD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	1,563,303 -----	1,015,560 -----	0 -----	36,500 -----	113,727 -----	2,729,090 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 YVETTE WHITE-WIGGINS SVP & CHIEF FINANCIAL OFFICER	(i)	323,667 -----	101,970 -----	0 -----	36,500 -----	35,378 -----	497,515 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 THOMAS DILENGE PRESIDENT, ADVOCACY/LAW/PUBLIC POLIC	(i)	484,674 -----	222,614 -----	0 -----	36,500 -----	36,013 -----	779,801 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 JOANNE DUNCAN PRESIDENT, MEMBERSHIP & BUS OPER DIV	(i)	484,674 -----	222,614 -----	0 -----	36,500 -----	31,359 -----	775,147 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 DANIEL DURHAM EVP, HEALTH POLICY	(i)	459,654 -----	142,800 -----	0 -----	36,500 -----	33,768 -----	672,722 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 BRENT ERICKSON EVP, INDUSTRIAL & ENVIRONMENT	(i)	398,000 -----	101,970 -----	18,012 -----	36,500 -----	19,618 -----	574,100 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 JOSEPH DAMOND SVP, INTERNATIONAL AFFAIRS	(i)	373,858 -----	112,339 -----	0 -----	36,500 -----	36,568 -----	559,265 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
8 JEANNE HAGGERTY EVP, GOVERNMENT AFFAIRS & EXTERNAL RE	(i)	350,000 -----	113,344 -----	17,917 -----	33,794 -----	13,159 -----	528,214 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
9 ELIZABETH ESHAM EVP, ECS & VP, SCIENCE & REGULATORY	(i)	350,000 -----	111,023 -----	0 -----	36,500 -----	15,284 -----	512,807 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

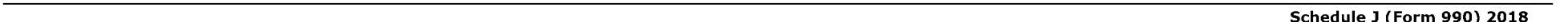
Part III **Supplemental Information**

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	INCLUDED IN TAXABLE COMPENSATION TO THE INDIVIDUAL -TRAVEL FOR COMPANIONS - \$8,016

Return Reference	Explanation
PART I, LINE 1B	THE CHIEF EXECUTIVE OFFICER HAS A PREPAID SPENDING ACCOUNT AT A LOCAL RESTAURANT, USED EXCLUSIVELY FOR BUSINESS PURPOSES

Return Reference	Explanation
PART I, LINE 4B	JAMES GREENWOOD - 457(F) \$741,468



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				
JAMES GREENWOOD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	1,563,303	1,015,560	0	36,500	113,727	2,729,090	0
	(ii)	0	0	0	0	0	0	0
YVETTE WHITE-WIGGINS SVP & CHIEF FINANCIAL OFFICER	(i)	323,667	101,970	0	36,500	35,378	497,515	0
	(ii)	0	0	0	0	0	0	0
THOMAS DILENCE PRESIDENT, ADVOCACY/LAW/PUBLIC POLIC	(i)	484,674	222,614	0	36,500	36,013	779,801	0
	(ii)	0	0	0	0	0	0	0
JOANNE DUNCAN PRESIDENT, MEMBERSHIP & BUS OPER DIV	(i)	484,674	222,614	0	36,500	31,359	775,147	0
	(ii)	0	0	0	0	0	0	0
DANIEL DURHAM EVP, HEALTH POLICY	(i)	459,654	142,800	0	36,500	33,768	672,722	0
	(ii)	0	0	0	0	0	0	0
BRENT ERICKSON EVP, INDUSTRIAL & ENVIRONMENT	(i)	398,000	101,970	18,012	36,500	19,618	574,100	0
	(ii)	0	0	0	0	0	0	0
JOSEPH DAMOND SVP, INTERNATIONAL AFFAIRS	(i)	373,858	112,339	0	36,500	36,568	559,265	0
	(ii)	0	0	0	0	0	0	0
JEANNE HAGGERTY EVP, GOVERNMENT AFFAIRS & EXTERNAL RE	(i)	350,000	113,344	17,917	33,794	13,159	528,214	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH ESHAM EVP, ECS & VP, SCIENCE & REGULATORY	(i)	350,000	111,023	0	36,500	15,284	512,807	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	76,724	PAID EMPLOYEE OF ORGANIZATION		No
(2) LILY DOEFLER	DAUGHTER OF A BOARD MEMBER	50,981	PAID EMPLOYEE OF ORGANIZATION		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

BIOTECHNOLOGY INNOVATION ORGANIZATION

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, 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, 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 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 DIRECTOR ON 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 2018, 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 2018, THE COMMITTEE DETERMINED THE APPROPRIATE AMOUNT FOR THE DISCRETIONARY COMPONENT OF HIS COMPENSATION FOR THAT YEAR, IN ACCORDANCE WITH THE RELEVANT 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 PRESIDENTS OF THE TWO DIVISIONS AT BIO LED THE PROCESS, IN COORDINATION WITH THE PRESIDENT & 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 6,859,539 WORKPLAN OBJECTIVES 79,775 I&E INITIATIVES 35,242 INTE RNS 45,728 TEMPORARY HELP 159,530 CEO DELEGATION EXPENSE 17,187 ECONOMIC STUDIES 360,17 4 CONSULTANTS AND OTHER PROFESSIONAL FEES 1,493,584 BIO-PAC ADMINISTRATIVE 27,437 BUSIN ESS DEVELOPMENT EXEC PRESENTATION 43,875 PROGRAM INITIATIVES 66,388 RECRUITMENT 125,069 BUSINESS STRATEGIES 9,613 EDUCATION 67,954

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DEFERRED SPONSORSHIP EXPENSE 40,000 NET EXCLUSIVE BUSINESS SOLUTION 619,350

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number
52-1224577

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EXCELLENCE THROUGH STEWARDSHIP 1201 MARYLAND AVE SW SUITE 900 WASHINGTON, DC 20024 26-3021330	TO PROMOTE THE RESPONSIBLE USE OF AGRICULTURAL BIOTECHNOLOGY	DC	501(C)(4)				No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation