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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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BIOTECHNOLOGY INDUSTRY 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

D Employer identification number
52-1224577

E Telephone number
(202) 962-9200

G Gross receipts $ 95,876,290

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 ▶

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

1 Briefly describe the organization's mission or most significant activities
THE BIOTECHNOLOGY INDUSTRY ORGANIZATION (BIO) MISSION IS TO SUPPORT THE BIOTECHNOLOGY INDUSTRY TO EXPAND THE BOUNDARIES OF SCIENCE TO BENEFIT MANKIND BY PROVIDING BETTER HEALTH CARE, ENHANCED AGRICULTURE AND A CLEANER AND SAFER ENVIRONMENT IT IS BIO'S MISSION TO BE THE CHAMPION OF BIOTECHNOLOGY AND THE ADVOCATE OF OUR MEMBER ORGANIZATIONS BOTH LARGE AND SMALL

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	114
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	114
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	203
6	Total number of volunteers (estimate if necessary)	**6**	221
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	341,966
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-51,235

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	59,883,011	60,759,645
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,400,453	4,800,278
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,959	20,773
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,287,423	65,580,696

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	232,395	664,500
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,075,315	29,774,878
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,619,628	35,737,171
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	64,927,338	66,176,549
19	Revenue less expenses Subtract line 18 from line 12	-2,639,915	-595,853

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	65,054,922	66,638,973
21	Total liabilities (Part X, line 26)	26,151,093	26,153,882
22	Net assets or fund balances Subtract line 21 from line 20	38,903,829	40,485,091

Part II Signature Block

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

Sign Here

****** | 2014-11-13
Signature of officer | Date

JOANNE M DUNCAN CFO & 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
DAVID TRIMNER				P00444822

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 4250 N FAIRFAX DRIVE SUITE 1020
ARLINGTON, VA 22203 | Phone no (571) 227-9500

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

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 INDUSTRY ORGANIZATION (BIO) REPRESENTS MORE THAN 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 $)

ADVOCACYBIO'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 2013 ARE LISTED BELOW - SAFEGUARDED AND ADVANCED INTELLECTUAL PROPERTY PROTECTIONS, DOMESTICALLY AND INTERNATIONALLY - FOSTERED A DIALOGUE ABOUT ETHICS AND PROACTIVELY ADVANCED THE SOCIALLY RESPONSIBLE USE OF BIOTECHNOLOGY - PROMOTED INVESTMENT IN GOVERNMENT AND ACADEMIC RESEARCH - PROMOTED COMPREHENSIVE REFORM OF THE U S TAX CODE TO SPUR INNOVATION AND INVESTMENT IN BIOTECHNOLOGY - EXPANDED OUTREACH TO FOREIGN GOVERNMENTS AND INTERNATIONAL ENTITIES TO EDUCATE ON POLICY ISSUES OF IMPORTANCE TO THE BIOTECHNOLOGY INDUSTRY AND TO IMPROVE THE INVESTMENT AND REGULATORY CLIMATE FOR BIOTECH PRODUCTS THE HEALTH SECTION 2013 ADVOCACY ACCOMPLISHMENTS - INFLUENCED IMPROVEMENTS TO THE U S FOOD AND DRUG ADMINISTRATION'S (FDA'S) PROCESS FOR HUMAN DRUG REVIEW - ENHANCED AND PROTECTED PATIENT ACCESS TO INNOVATIVE THERAPIES - ADVOCATED FOR BIOSIMILARS POLICIES THAT PROTECT PATIENT SAFETY AND PROMOTE BIOMEDICAL INNOVATION - PROMOTED DEVELOPMENT AND USE OF RESEARCH TOOLS, MOLECULAR DIAGNOSTICS AND PERSONALIZED THERAPIES - ADVOCATED FOR POLICIES THAT FOSTER VACCINE INNOVATION AND PROMOTE PANDEMIC AND BIO-DEFENSE PREPAREDNESS - INFLUENCED IMPROVEMENTS TO THE INTERNATIONAL ENVIRONMENT FOR BIOMEDICAL INNOVATION THE EMERGING COMPANIES SECTION 2013 ADVOCACY ACCOMPLISHMENTS - ADVANCED THE INTEREST OF EMERGING COMPANIES IN CAPITAL FORMATION AND FINANCIAL SERVICES POLICY - ADVOCATED FOR TAX POLICIES SUPPORTING INNOVATIVE EMERGING COMPANIES - ADVOCATED FOR THE REMOVAL OF BURDENSOME FINANCIAL REPORTING REGULATIONS ON EMERGING COMPANIES - INFLUENCED BIO'S HEALTH CARE POLICIES TO REFLECT THE CONCERNS OF SMALL BIOTECHNOLOGY COMPANIES THE FOOD & AGRICULTURE SECTION 2013 ADVOCACY ACCOMPLISHMENTS - WORKED WITH THE ADMINISTRATION AND CONGRESS TO ADVANCE IMPROVEMENTS TO THE U S AND GLOBAL REGULATORY SYSTEMS IN AN EFFORT TO PROVIDE PREDICTABILITY IN REGULATORY DECISIONS - COMPLETED WORK ON THE AG ACCORD, A COMPREHENSIVE, VOLUNTARY PRIVATE SECTOR LEGAL FRAMEWORK TO PROVIDE FOR A SEAMLESS TRANSITION TO AN OFF-PATENT MARKETPLACE - WORKED WITH MEMBERS OF THE AGRICULTURAL VALUE CHAIN TO SUPPORT DOMESTIC AND INTERNATIONAL REGULATORY REFORM - FOSTERED A DIALOGUE WITH CONSUMERS AIMED AT ADDRESSING CONCERNS ABOUT AG-BIOTECHNOLOGY - CONDUCTED OUTREACH TO ENVIRONMENTAL, ANTI-HUNGER AND CORPORATE ENTITIES, AS WELL AS INTERNATIONAL OFFICIALS, TO ADVANCE UNDERSTANDING OF AGRICULTURE BIOTECHNOLOGY AND THE CHALLENGES RELATED TO UNPREDICTABLE REGULATORY SYSTEMS - WORKED WITH AGRICULTURAL INDUSTRY ALLIES TO OPPOSE FEDERAL AND STATE-LEVEL INITIATIVES AIMED AT NEGATIVELY IMPACTING AG-BIOTECHNOLOGY THE INDUSTRIAL & ENVIRONMENTAL SECTION 2013 ADVOCACY ACCOMPLISHMENTS - ADVOCATED FOR CONGRESS TO PRESERVE THE RENEWABLE FUELS STANDARD - ADVOCATED FOR FUNDING OF THE NAVY GREEN FLEET INITIATIVE AND DEFENSE BIOFUELS - ADVOCATED FOR THE INTRODUCTION OF SEVERAL FAVORABLE PIECES OF TAX CREDIT LEGISLATION RELATING TO RENEWABLE CHEMICALS, ALGAE, CELLULOSIC AND OTHER ADVANCED BIOFUELS - WORKED TO SECURE A ROBUST ENERGY TITLE IN FARM BILL REAUTHORIZATION PROPOSALS IN CONGRESS AND TO ENSURE IT WAS EXTENDED TO RENEWABLE CHEMICALS - ADVOCATED FOR THE CERTIFICATION PROCESS FOR THE VOLUNTARY LABELING PROGRAM IN THE U S DEPARTMENT OF AGRICULTURE'S BIOPREFERRED PROGRAM

4b (Code) (Expenses $ including grants of $) (Revenue $)

SERVICESBIO'S SERVICES INCLUDE CONFERENCES AND ACTIVITIES THAT BRING TOGETHER INDUSTRY PARTNERS AND INVESTORS FOR EVENTS RANGING FROM THE BIO INTERNATIONAL CONVENTION TO CONFERENCES FOR BUSINESS DEVELOPMENT EXECUTIVES THE BIO INTERNATIONAL CONVENTION ATTRACTS OVER 15,000 OF THE MOST INFLUENTIAL BIOTECH AND PHARMA ATTENDEES FROM 65 COUNTRIES AND 49 U S STATES, INCLUDING 300 MEMBERS OF THE MEDIA, AND OFFERS THREE DAYS OF PROFESSIONAL AND BUSINESS DEVELOPMENT OPPORTUNITIES THE NET INCOME FROM THE CONVENTION SUPPORTS OUR ADVOCACY, PUBLIC OUTREACH, AND OTHER MEMBER SERVICE ACTIVITIES THE KEY ELEMENTS OF THE BIO INTERNATIONAL CONVENTION ARE EDUCATIONAL PROGRAMMING, EXHIBITION, THE BIO BUSINESS FORUM, AND NETWORKING EVENTS THESE ELEMENTS PROVIDE AN OPPORTUNITY FOR BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES, ACADEMIC RESEARCH INSTITUTIONS, AND INVESTORS FROM AROUND THE WORLD TO LEARN ABOUT RECENT SCIENTIFIC AND POLICY DEVELOPMENTS, AND SCHEDULE ONE-ON-ONE MEETINGS TO DISCUSS POTENTIAL BUSINESS OPPORTUNITIES IN 2013, THE BIO BUSINESS FORUM ALONE HELPED HOST A RECORD NUMBER OF 25,537 PARTNERING MEETINGS AMONG MORE THAN 2,000 COMPANIES, ALONG WITH SOME 150 COMPANY PRESENTATIONS BEYOND THE CONVENTION, BIO SUPPORTS THE CAPITAL FORMATION AND BUSINESS DEVELOPMENT NEEDS OF HUNDREDS OF ITS INNOVATIVE MEMBER COMPANIES THROUGH A PORTFOLIO OF OTHER EVENTS THESE PROGRAMS FACILITATE CRITICAL CAPITAL FORMATION AND PARTNERSHIPS, AND PROVIDE ACCESS TO PROFESSIONAL SERVICES THROUGH THE YEAR, BIO HOSTS OR CO-HOSTS A NUMBER OF NATIONAL AND INTERNATIONAL CONFERENCES THAT PROVIDE VENUES FOR MEMBER AND NON-MEMBER COMPANIES TO PRESENT NEW DATA, MEET AND PARTNER WITH FELLOW BIOTECH COMPANIES, AND ATTRACT FUNDING FROM INVESTORS AND OTHER ORGANIZATIONS IN 2013, BIO ALSO HELD TWO SUCCESSFUL CONFERENCES FOCUSED ON THE NEEDS OF THE INDUSTRIAL BIOTECH COMMUNITY - THE BIO WORLD CONGRESS ON INDUSTRIAL BIOTECHNOLOGY AND BIOPROCESSING AND THE BIO PACIFIC RIM SUMMIT ON INDUSTRIAL BIOTECHNOLOGY AND BIOENERGY

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	Yes	
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		No
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		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part 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? *If so, complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	155		
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	203		
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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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	**1a**	114		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	114		
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?	**2**			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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		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?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		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*	**9**			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?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	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?	**16a**		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?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶JOANNE M DUNCAN 1201 MARYLAND AVE SW STE 900
WASHINGTON,DC 20024 (202)962-9200

Part VII 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 . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(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			

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

(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								7,974,166	0	2,217,106

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 ▶ 68

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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 COMPANIES PO BOX 660613 DALLAS TX 75266	CONVENTION & CONFERENCES GENERAL CONTRAC	1,781,549
PROJECTION INC PO BOX 890472 CHARLOTTE NC 28289	VIDEO SERVICES FOR CONVENTION & CONFEREN	878,885
SMG FOOD & BEVERAGE LLC 600 EAST GRAND AVE ROAD CHICAGO IL 60611	FOOD SERVICE FOR INTERNATIONAL CONVENTIO	676,169
ALBRIGHT STONEBRIDGE GROUP LLC 555 13TH STREET NW SUITE 300W WASHINGTON DC 20004	CONSULTANT SERVICES	557,477
FUELS AMERICA 101 CONSTITUTION AVE NW SUITE 525 WASHINGTON DC 20001	CONSULTANT SERVICES	500,357

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 ▶ 78

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	31,912,396	31,626,853	285,543	
	b	MEMBERSHIP DUES 900099	24,129,370	24,129,370		
	c	BUSINESS SOLUTIONS 900099	4,679,709			4,679,709
	d	PUBLICATION ADVERTISING 541800	38,170	170	38,000	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	60,759,645			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,667,575			1,667,575
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 33,428,297				
	b	Less cost or other basis and sales expenses: 30,295,594				
	c	Gain or (loss): 3,132,703				
	d	Net gain or (loss) . . . . . ▶	3,132,703			3,132,703
Other Revenue	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	JOB BOARD REVENUE 900099	18,423		18,423	
	b	MISCELLANEOUS REVENUE 900099	2,350			2,350
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	20,773			
	12	**Total revenue.** See Instructions . . . . . ▶	65,580,696	55,756,393	341,966	9,482,337

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	664,500			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,747,130			
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	17,373,566			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,636,747			
9 Other employee benefits	2,164,700			
10 Payroll taxes	852,735			
11 Fees for services (non-employees)				
a Management				
b Legal	535,226			
c Accounting	59,737			
d Lobbying	1,819,716			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	328,235			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,812,427			
12 Advertising and promotion	174,669			
13 Office expenses	1,787,673			
14 Information technology	829,782			
15 Royalties				
16 Occupancy	4,005,094			
17 Travel	1,326,654			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,680,834			
20 Interest	4,029			
21 Payments to affiliates	1,897,773			
22 Depreciation, depletion, and amortization	895,774			
23 Insurance	112,254			
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 OUTREACH	239,775			
b TAXES PAID	73,568			
c BAD DEBT EXPENSE	54,500			
d COMPANY EVENTS	53,692			
e All other expenses	45,759			
25 **Total functional expenses.** Add lines 1 through 24e	66,176,549			
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		2,528,659	2	1,370,438
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,117,733	4	2,836,623
	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		2,423,170	9	1,511,943
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,170,033			
	b	Less accumulated depreciation	10b 7,663,131	3,294,080	10c	2,506,902
	11	Investments—publicly traded securities		53,510,015	11	58,266,627
	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		181,265	15	146,440
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		65,054,922	16	66,638,973
Liabilities	17	Accounts payable and accrued expenses		9,709,497	17	11,686,388
	18	Grants payable			18	
	19	Deferred revenue		10,570,025	19	8,913,117
	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		5,871,571	25	5,554,377
	26	**Total liabilities.** Add lines 17 through 25		26,151,093	26	26,153,882
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		38,903,829	27	40,485,091
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		38,903,829	33	40,485,091
	34	Total liabilities and net assets/fund balances		65,054,922	34	66,638,973

Part XI Reconcilliation of Net Assets

Check 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	65,580,696
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,176,549
3	Revenue less expenses Subtract line 2 from line 1	3	-595,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,903,829
5	Net unrealized gains (losses) on investments	5	1,956,065
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	221,050
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,485,091

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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			
ATWOODBRIAN MEMBER	2 00	X						0	0	0
BABLERMARTIN MEMBER	2 00	X						0	0	0
BEALLROBERT MEMBER	2 00	X						0	0	0
BEEMANDONALD MEMBER	2 00	X						0	0	0
CROWLEYJOHN MEMBER	2 00	X						0	0	0
DIPPMICHELLE MEMBER	2 00	X						0	0	0
GIOVANNETTIGLEN MEMBER	2 00	X						0	0	0
HA-NGOCTUAN MEMBER	2 00	X						0	0	0
HASNAINFAHEEM MEMBER	2 00	X						0	0	0
HATFIELDJEFFREY MEMBER	2 00	X						0	0	0
HINDMANANDREW MEMBER	2 00	X						0	0	0
KISSROBERT MEMBER	2 00	X						0	0	0
KOSACZBARBARA MEMBER	2 00	X						0	0	0
LEAHYEMER MEMBER	2 00	X						0	0	0
LEFFJONATHAN MEMBER	2 00	X						0	0	0
MATHERSEDWARD MEMBER	2 00	X						0	0	0
MCCAULEYGORDON MEMBER	2 00	X						0	0	0
MENDLEINJOHN MEMBER	2 00	X						0	0	0
ORWINJOHN MEMBER	2 00	X						0	0	0
OSTROVEJEFFREY MEMBER	2 00	X						0	0	0
PELTZSTUART MEMBER	2 00	X						0	0	0
PERKINSADELENE MEMBER	2 00	X						0	0	0
PETERSONKRISTINE MEMBER	2 00	X						0	0	0
PRUZANSKIMARK MEMBER	2 00	X						0	0	0
WALBERTTIMOTHY MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
XANTHOPOULOSKLEANTHIS MEMBER	2 00	X						0	0	0
ZAKESBRADFORD MEMBER	2 00	X						0	0	0
BEERMARC MEMBER	2 00	X						0	0	0
BORISYALEXIS MEMBER	2 00	X						0	0	0
COHENRON MEMBER	2 00	X						0	0	0
DOERFLERDOUGLAS MEMBER	2 00	X						0	0	0
GOWENMAXINE MEMBER	2 00	X						0	0	0
HASTINGSPAUL MEMBER	2 00	X						0	0	0
HERNDONRUSSELL MEMBER	2 00	X						0	0	0
JUNIUSDANIEL MEMBER	2 00	X						0	0	0
KARSENPERRY MEMBER	2 00	X						0	0	0
KINGRACHEL BOARD CHAIR	2 00	X		X				0	0	0
KOENIGSCOTT MEMBER	2 00	X						0	0	0
LESCHLYNICK MEMBER	2 00	X						0	0	0
MARAGANOREJOHN MEMBER	2 00	X						0	0	0
MATHERSTHOMAS MEMBER	2 00	X						0	0	0
MEDFORDRUSSELL MEMBER	2 00	X						0	0	0
MENTOSTEVEN MEMBER	2 00	X						0	0	0
MOCHKENNETH MEMBER	2 00	X						0	0	0
MORRISARLENE MEMBER	2 00	X						0	0	0
NARACHIMICHAEL MEMBER	2 00	X						0	0	0
RODELLTIMOTHY MEMBER	2 00	X						0	0	0
SANDSARTHUR MEMBER	2 00	X						0	0	0
SCHENKEINDAVID MEMBER	2 00	X						0	0	0
SHERWINSTEPHEN MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SLAOUIMONCEF MEMBER	2 00	X						0	0	0
VAN BOKKELENGIL MEMBER	2 00	X						0	0	0
VAN WARTHAROLD MEMBER	2 00	X						0	0	0
FERGUSONBRUCE MEMBER	2 00	X						0	0	0
FLINTJERRY MEMBER	2 00	X						0	0	0
GUTTERSONNEAL MEMBER	2 00	X						0	0	0
KREMERMATHIAS MEMBER	2 00	X						0	0	0
MEDERMATTHIAS MEMBER	2 00 1 00	X						0	0	0
PREUSSDAPHNE MEMBER	2 00	X						0	0	0
READNOURROBIN MEMBER	2 00	X						0	0	0
SHURDUTBRADLEY MEMBER	2 00	X						0	0	0
STEINERGERALD MEMBER	2 00	X						0	0	0
STOTISHRONALD MEMBER	2 00	X						0	0	0
SULLIVANEDDIE MEMBER	2 00	X						0	0	0
TERHORSTFRANK MEMBER	2 00	X						0	0	0
WELLSBARBARA MEMBER	2 00	X						0	0	0
WONGMARK MEMBER	2 00	X						0	0	0
ADAMSADRIAN MEMBER	2 00	X						0	0	0
APELDANIEL MEMBER	2 00	X						0	0	0
ARBUCKLESTUART MEMBER	2 00	X						0	0	0
AZARALEX MEMBER	2 00	X						0	0	0
BIENAIMEJEAN-JACQUES MEMBER	2 00	X						0	0	0
BORMANNBJ MEMBER	2 00	X						0	0	0
CLARKIAN MEMBER	2 00	X						0	0	0
COLESN MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CROOKESTANLEY MEMBER	2 00	X						0	0	0
DOLIVEUXROCH MEMBER	2 00	X						0	0	0
DUNCANGREG MEMBER	2 00	X						0	0	0
DUNSIREDEBORAH MEMBER	2 00	X						0	0	0
FITZSIMMONSWILLIAM MEMBER	2 00	X						0	0	0
GERBERDINGJULIE MEMBER	2 00	X						0	0	0
GERMANOGENO MEMBER	2 00	X						0	0	0
GORMLEYGLENN MEMBER	2 00	X						0	0	0
GREENLEAFPETER MEMBER	2 00	X						0	0	0
HANTSONLUDWIG MEMBER	2 00	X						0	0	0
HOLTZMANSTEVEN MEMBER	2 00	X						0	0	0
HOPPENOTHERVE MEMBER	2 00	X						0	0	0
HOYESJAMES MEMBER	2 00	X						0	0	0
HUDSONPAUL MEMBER	2 00	X						0	0	0
JENKINSANNALISA MEMBER	2 00	X						0	0	0
JOHNSONJOHN MEMBER	2 00	X						0	0	0
KARSENPERRY MEMBER	2 00	X						0	0	0
LEIDENJEFFREY MEMBER	2 00	X						0	0	0
LEONARDJOHN MEMBER	2 00	X						0	0	0
LUNDBERGJAN MEMBER	2 00	X						0	0	0
MANUSOJAMES MEMBER	2 00	X						0	0	0
MCHUGHJULIE MEMBER	2 00	X						0	0	0
MEEKERDAVID MEMBER	2 00	X						0	0	0
MILLIGANJOHN MEMBER	2 00	X						0	0	0
NADERFRANCOIS MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICOLAIDESNICHOLAS MEMBER	2 00	X						0	0	0
ORWINJOHN MEMBER	2 00	X						0	0	0
PETERSONKRISTINE MEMBER	2 00	X						0	0	0
POPSRICHARD MEMBER	2 00	X						0	0	0
PROTOPAPASANNA MEMBER	2 00	X						0	0	0
PYOTTDAVID SECRETARY	2 00	X		X				0	0	0
ROBINHOWARD MEMBER	2 00	X						0	0	0
RYDERSTEVEN MEMBER	2 00	X						0	0	0
SACCHETTIRAYMOND MEMBER	2 00	X						0	0	0
SCHUMACHERLAURA MEMBER	2 00	X						0	0	0
SIEGELJAY MEMBER	2 00	X						0	0	0
SKALETSKYMARK TREASURER	2 00	X		X				0	0	0
TASSEDANIEL MEMBER	2 00	X						0	0	0
TERMEERHENRI MEMBER	2 00	X						0	0	0
VERWIELFRANK MEMBER	2 00	X						0	0	0
WATKINSH THOMAS MEMBER	2 00	X						0	0	0
WAXMANALLEN MEMBER	2 00	X						0	0	0
WILGENBUSKLAUS MEMBER	2 00	X						0	0	0
BERVENDOUG MEMBER	2 00	X						0	0	0
COLLINSJAMES MEMBER	2 00	X						0	0	0
CUMMINGSDANIEL MEMBER	2 00	X						0	0	0
EGGERTCHARLES MEMBER	2 00	X						0	0	0
ELLERBUSCHSUSAN MEMBER	2 00	X						0	0	0
ENORICHARD MEMBER	2 00	X						0	0	0
FEEHERYWILLIAM MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRITZCAROLYN MEMBER	2 00	X						0	0	0
GATTOSTEPHEN MEMBER	2 00	X						0	0	0
GRUBERPATRICK MEMBER	2 00	X						0	0	0
LEVINEJAMES MEMBER	2 00	X						0	0	0
MONROEADAM MEMBER	2 00	X						0	0	0
OZMERALCENAN MEMBER	2 00	X						0	0	0
RATHANNA MEMBER	2 00	X						0	0	0
STANDLEECHRISTOPHER MEMBER	2 00	X						0	0	0
TANDASTEPHAN MEMBER	2 00	X						0	0	0
TAYLORTHOMAS MEMBER	2 00	X						0	0	0
THAKRARATUL MEMBER	2 00	X						0	0	0
TUTTLESTEVEN MEMBER	2 00	X						0	0	0
VERBRUGGENMARC MEMBER	2 00	X						0	0	0
VITTERSSCOTT MEMBER	2 00	X						0	0	0
WELLSBARBARA MEMBER	2 00	X						0	0	0
WOLFSONJONATHAN MEMBER	2 00	X						0	0	0
WYSEROGER MEMBER	2 00	X						0	0	0
ZULLOJILL MEMBER	2 00	X						0	0	0
GREENWOOD JAMES CEO & PRESIDENT	40 00			X				1,686,632	0	1,415,304
DUNCAN JOANNE CFO & SVP, FINANCE & ADMIN	40 00			X				418,595	0	59,680
WHITAKER A SCOTT COO	40 00				X			793,165	0	143,933
DILENGE THOMAS GENERAL COUNSEL & HEAD OF PUBLIC POLICY	40 00				X			548,588	0	58,247
BITTENBENDER FREDERICK EVP, PUBLIC AFFAIRS	40 00				X			480,574	0	68,769
ENRIGHT CATHLEEN EVP, FOOD & AGRICULTURE	40 00				X			315,318	0	53,930
ERICKSON BRENT EVP, INDUSTRIAL & ENVIRONMENTAL	40 00				X			449,666	0	51,464

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			
ESHAM CARTIER EVP, EMERGING COMPANIES	40 00				X			203,693	0	31,580
RADCLIFFE SARA EVP, HEALTH	40 00				X			487,802	0	47,939
FINAN AMY SVP, BUSINESS DEVELOPMENT	40 00				X			383,799	0	48,450
DAMOND JOSEPH SVP, INTERNATIONAL AFFAIRS	40 00					X		426,137	0	58,802
DELMONTE BRENT SVP, FEDERAL GOVERNMENT RELATIONS	40 00					X		503,945	0	47,784
LISAIUS KENNETH SVP, COMMUNICATIONS	40 00					X		330,480	0	52,228
LYCETT ROBERTA SVP, CONVENTIONS & CONFERENCES	40 00					X		365,047	0	53,576
EISENBERG ALAN EXEC VP, EMERGING COMPANIES	40 00					X		580,725	0	25,420

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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If the organization answered "Yes" to 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" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-

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		
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-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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	24,129,370
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	7,970,000
b	Carryover from last year	2b	26,386
c	Total	2c	7,996,386
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	7,963,000
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	33,386
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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INDUSTRY 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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the 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 in 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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' to 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		5,988,846	3,701,037	2,287,809
d Equipment		1,809,191	1,732,202	76,989
e Other		2,371,996	2,229,892	142,104
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,506,902

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATION	70,136
DEFERRED RENT	5,484,241
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,554,377

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	68,486,716
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,956,065		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,288,190		
e	Add lines **2a** through **2d**			2e	3,244,255
3	Subtract line **2e** from line **1**			3	65,242,461
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	338,235		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	338,235
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	65,580,696

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	66,905,454
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	1,067,140		
e	Add lines **2a** through **2d**			2e	1,067,140
3	Subtract line **2e** from line **1**			3	65,838,314
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	338,235		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	338,235
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	66,176,549

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
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AS A SECTION 501(A) ORGANIZATION HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL AND DISTRICT OF COLUMBIA TAXES ON ITS UNRELATED BUSINESS INCOME THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2010 TO 2012 ARE OPEN FOR EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	CBI 39,908 CBI LOBBYING FUND 790,000 FOOD & AG INITIATIVES REVENUE 110,556 FOOD & AG LEGAL FUND 16,219 BIOSIMILARS REVENUE 331,507
PART XII, LINE 2D - OTHER ADJUSTMENTS	BIOSIMILAR EXPENSES 216,474 CBI LOBBYING FUND 834,447 FOOD & AG LEGAL FUND 16,219

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INDUSTRY 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 Activites 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	0	11			2,496,823
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	11			2,496,823

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)								
(2)								
(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 . . . . ▶ _____

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

Additional Data

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

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).

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
EUROPE	0	1	PROGRAM SERVICES	CONFERENCES AND ADVOCACY	313,355
SOUTH ASIA	0	1	PROGRAM SERVICES	CONFERENCES AND ADVOCACY	81,201
EAST ASIA AND THE PACIFIC	0	9	PROGRAM SERVICES	CONFERENCES AND ADVOCACY	1,116,468

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES AND ADVOCACY	882,755
SOUTH AMERICA	0	0	PROGRAM SERVICES	ADVOCACY	57,648
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	ADVOCACY	3,525

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 & NORTH AFRICA	0	0	PROGRAM SERVICES	ADVOCACY	41,871

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INDUSTRY ORGANIZATION

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 34

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 4

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 A STRONGER FDA PO BOX 7508 SILVER SPRING, MD 209077508	20-4669553	501(C)(4)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 ONE BROADWAY 15TH FLOOR CAMBRIDGE,MA 02142	01-0624865	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 1010 WAYNE AVENUE SUITE 770 SILVER SPRING, MD 20910	85-0357897	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BIOFLORIDA INC 525 OKEECHOBEE BLVD STE 1500 WEST PALM BEACH,FL 33401	59-3436638	501(C)(6)	5,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH FAMILIES FOUNDATION 9160 SOUTH 300 WEST 21 SANDY,UT 84070	87-0509416	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GLOBAL HEALTHY LIVING FOUNDATION INC 515 NORTH MIDLAND AVE UPPER NYACK, NY 10960	20-4039120	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 MINORITY QUALITY FORUM INC 1200 NEW HAMPSHIRE AVENUE NW STE 575 WASHINGTON, DC 20036	31-1750942	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 HEALTH COUNCIL 1730 M STREET NW SUITE 500 WASHINGTON, DC 200364561	13-1624107	501(C)(3)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 750 9TH STREET NW SUITE 750 WASHINGTON, DC 20001	26-4614274	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARKINSON'S ACTION NETWORK 1025 VERMONT AVE SUITE 1120 WASHINGTON,DC 20005	94-3172675	501(C)(3)	6,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MELANOMA RESEARCH ALLIANCE FOUNDATION 1101 NEW YORK AVE SUITE 620 WASHINGTON, DC 20006	26-1636099	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LEUKEMIA & LYMPHOMA SOCIETY 5845 RICHMOND HWY SUITE 800 ALEXANDRIA,VA 22303	13-5644916	501(C)(3)	125,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 101 YGNACIO VALLEY ROAD SUITE 110 WALNUT CREEK, CA 94596	13-1788491	501(C)(3)	35,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LUPUS RESEARCH INSTITUTE INC 330 7TH AVE SUITE 1701 NEW YORK, NY 10001	06-1565950	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIETY FOR WOMENS HEALTH P O BOX 791139 BALTIMORE,MD 212791139	52-1694732	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 ORGANIZATION FOR RARE DISORDERS INC 55 KENOSIA AVENUE DANBURY,CT 06810	13-3223946	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MANHATTAN INSTITUTE FOR POLICY RESEARCH INC 52 VANDERBILT AVE NEW YORK, NY 10017	13-2912529	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LUPUS FOUNDATION OF AMERICA INC PO BOX 139 UTICA,NY 13503	16-1083229	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 PATIENT ACCESS 6227 EAGLE RIDGE ROAD BETTENDORF,IA 52722	20-5130312	501(C)(4)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TRANSPLANT FOUNDATION INC 701 SW 27TH AVENUE SUITE 705 MIAMI,FL 33135	59-2767754	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL ALLIANCE FOR CAREGIVING 4720 MONTGOMERY LANE SUITE 205 BETHESDA,MD 20814	52-1931357	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FOUNDATION TO ERADICATE DUCHENNE INC PO BOX 2371 ALEXANDRIA,VA 22301	71-0874241	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 750 17TH ST NW-STE 110 WASHINGTON,DC 20006	54-1379174	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FRIENDS OF CANCER RESEARCH 1800 M STREET NW SUITE 1050 SOUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 MULTIPLE SCIEROSIS SOCIETY 1800 M STREET NW SUITE 7505 WASHINGTON, DC 20036	53-0237585	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RARE PROJECT 28 ARGONAUT SUITE 150 ALISO VUEJO,CA 92656	26-3331487	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ZERO - THE PROJECT TO END PROSTATE CANCER 10 G STREET NE SUITE 601 WASHINGTON, DC 20002	59-3400922	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COLON CANCER ALLIANCE INC 1025 VERMONT AVE SUITE 1066 WASHINGTON,DC 20005	86-0947831	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MILKEN INSTITUTE 1250 FOURTH STREET 2ND FLOOR SAN MONICA,CA 90401	95-4240775	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHAEL J FOX FOUNDAITON FOR PARKINSON RESEARCH 498 SEVEN AVENUE 18TH FLOOR NEW YORK, NY 10018	13-4141945	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN STREET SUITE 204 DAMASCUS,MD 20872	52-2275294	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DR SUITE 100 ARLINGTON,VA 22203	43-1201653	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ACCC 11600 NEBEL ST SUITE 201 ROCKVILLE,MD 208522557	51-0137807	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 SAFE BIOLOGICAL MEDICINES PO BOX 3691 ARLINGTON,VA 22203	27-4413226	501(C)(4)	75,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 400 N CAPITOL ST NW SG100 WASHINGTON,DC 20001	52-1842738	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COMPETITIVE ENTERPRISE INSTITUTE 1899 L ST NW 12TH FLOOR WASHINGTON, DC 20036	52-1351785	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 AVENUE NW WASHINGTON,DC 20036	52-1071570	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 1150 17TH STREET NW WASHINGTON,DC 20036	53-0218495	501(C)(3)	40,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INDUSTRY ORGANIZATION

Employer identification number
52-1224577

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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**	Yes	
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured 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" to 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 in 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 reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	JAMES GREENWOOD - PERSONAL TRANSPORTATION - $21,832 - TRAVEL FOR COMPANIONS - $4,000 THE ABOVE ITEMS WERE INCLUDED IN THE TAXABLE INCOME OF THE INDIVIDUAL
PART I, LINE 4B	JAMES GREENWOOD - 457(F) $1,383,960 SCOTT WHITAKER - 457(F) $85,478

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GREENWOOD JAMES CEO & PRESIDENT	(I) (II)	1,000,800 0	660,000 0	25,832 0	1,383,960 0	31,344 0	3,101,936 0	0 0
DUNCAN JOANNE CFO & SVP, FINANCE & ADMIN	(I) (II)	310,055 0	108,540 0	0 0	32,110 0	27,570 0	478,275 0	0 0
WHITAKER A SCOTT COO	(I) (II)	587,371 0	205,794 0	0 0	117,858 0	26,075 0	937,098 0	0 0
DILENGE THOMAS GENERAL COUNSEL & HEAD OF PUBLIC POL	(I) (II)	406,252 0	142,336 0	0 0	32,110 0	26,137 0	606,835 0	0 0
BITTENBENDER FREDERICK EVP, PUBLIC AFFAIRS	(I) (II)	360,874 0	119,700 0	0 0	32,110 0	36,659 0	549,343 0	0 0
ENRIGHT CATHLEEN EVP, FOOD & AGRICULTURE	(I) (II)	259,905 0	55,413 0	0 0	32,110 0	21,820 0	369,248 0	0 0
ERICKSON BRENT EVP, INDUSTRIAL & ENVIRONMENTAL	(I) (II)	348,401 0	101,265 0	0 0	32,110 0	19,354 0	501,130 0	0 0
ESHAM CARTIER EVP, EMERGING COMPANIES	(I) (II)	179,193 0	24,500 0	0 0	24,345 0	7,235 0	235,273 0	0 0
RADCLIFFE SARA EVP, HEALTH	(I) (II)	361,266 0	126,536 0	0 0	32,110 0	15,829 0	535,741 0	0 0
FINAN AMY SVP, BUSINESS DEVELOPMENT	(I) (II)	291,006 0	92,793 0	0 0	32,110 0	16,340 0	432,249 0	0 0
DAMOND JOSEPH SVP, INTERNATIONAL AFFAIRS	(I) (II)	322,814 0	103,323 0	0 0	32,110 0	26,692 0	484,939 0	0 0
DELMONTE BRENT SVP, FEDERAL GOVERNMENT RELATIONS	(I) (II)	377,451 0	126,494 0	0 0	32,110 0	15,674 0	551,729 0	0 0
LISAIUS KENNETH SVP, COMMUNICATIONS	(I) (II)	270,480 0	60,000 0	0 0	29,561 0	22,667 0	382,708 0	0 0
LYCETT ROBERTA SVP, CONVENTIONS & CONFERENCES	(I) (II)	282,551 0	82,496 0	0 0	32,110 0	21,466 0	418,623 0	0 0
EISENBERG ALAN EXEC VP, EMERGING COMPANIES	(I) (II)	432,246 0	148,479 0	0 0	3,801 0	21,619 0	606,145 0	0 0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INDUSTRY ORGANIZATION

Employer identification number
52-1224577

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 AND RELATED SCHEDULES ARE PREPARED BY THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANTS UNDER THE GUIDANCE OF THE 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, COO, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BIO TAKES SEVERAL STEPS TO ADDRESS COMPLIANCE BY EMPLOYEES AND DIRECTORS WITH ITS CONFLICTS OF INTEREST POLICY BIO TRAINS ALL NEW EMPLOYEES AND DIRECTORS ON VARIOUS ASPECTS OF BIO'S COMPLIANCE PROGRAM, INCLUDING CONFLICTS OF INTEREST, AND BIO'S WRITTEN CONFLICTS OF INTEREST POLICY REQUIRES ALL EMPLOYEES TO DISCLOSE ANY OUTSIDE PERSONAL BUSINESS INTERESTS TO THEIR SUPERVISOR BIO'S GENERAL COUNSEL REGULARLY ADVISES BIO'S EXECUTIVES AND SUPERVISORS ON SUCH MATTERS BIO ALSO CONTRACTS WITH AN INDEPENDENT ORGANIZATION TO PROVIDE EMPLOYEES AND OTHERS WITH THE ABILITY TO FILE ANONYMOUS REPORTS CONCERNING THE VIOLATION OF ANY LAWS OR BIO POLICIES, INCLUDING ALLEGATIONS OF POTENTIAL CONFLICTS OF INTEREST, AND BIO HAS A PROCESS IN PLACE TO FOLLOW UP ON ANY SUCH COMPLAINTS IN A TIMELY AND THOROUGH MANNER FURTHER, BIO UNDERTAKES A QUESTIONNAIRE SENT TO EACH MEMBER OF ITS BOARD OF DIRECTORS SEEKING DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTERESTS THEY MAY HAVE, OR THEIR FAMILY MEMBERS MAY HAVE, ASSOCIATED WITH BUSINESSES OR ORGANIZATIONS THAT DO BUSINESS WITH BIO POTENTIAL CONFLICTS ARE MONITORED AND REVIEWED AT THE MANAGEMENT AND SENIOR MANAGEMENT LEVEL OF THE ORGANIZATION, AND DEPENDING ON THE CONFLICT, DETERMINATIONS MAY BE MADE AT THE BOARD OR SENIOR MANAGEMENT LEVEL A CONFLICT AT THE BOARD LEVEL WILL NORMALLY RESULT IN RECUSAL OF THE INDIVIDUAL FROM PARTICIPATION OR ACTIVITIES WITH RESPECT TO THE RELEVANT SUBJECT MATTER AT THE STAFF LEVEL, THE APPLICABLE BIO SUPERVISOR IS INFORMED OF THE POTENTIAL CONFLICT AND IS REQUIRED TO TAKE ALL APPPROPRIATE 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT AND CEO OF BIO FOR 2013 WAS REVIEWED AND DETERMINED IN A PROCESS THAT WAS LED BY THE CHAIRMAN OF THE BOARD AND INVOLVED THE FULL EXECUTIVE COMMITTEE OF THE BOARD THE BIO EXECUTIVE COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT BIO BOARD MEMBERS, LEADS AND UNDERTAKES THIS ANNUAL PROCESS IF NEEDED IN CARRYING OUT THIS PROCESS, THE MEMBERS OF THE EXECUTIVE COMMITTEE CAN BE ASSISTED AND COUNSELED BY BOTH INDEPENDENT OUTSIDE LEGAL COUNSEL WHO IS AN EXPERT IN THIS AREA OF THE LAW, AND AN INDEPENDENT OUTSIDE CONSULTANT THAT PROVIDES BENCHMARKING SERVICES AND INFORMATION ON EXECUTIVE COMPENSATION ISSUES THE UNDERLYING EXECUTIVE EMPLOYMENT AGREEMENT WAS REVISED AND EXTENDED IN 2011, IN CONSULTATION WITH EXTERNAL INDEPENDENT LEGAL AND COMPENSATION CONSULTANTS AND WITH THE FULL BOARD OF DIRECTORS, AND WITH FINAL APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD BASED ON THE EXECUTIVE COMMITTEE'S EVALUATION OF THE PRESIDENT AND CEO'S PERFORMANCE FOR 2013, THE COMMITTEE DETERMINED THE APPROPRIATE AMOUNT FOR THE DISCRETIONARY COMPONENT OF HIS COMPENSATION FOR THAT YEAR, IN ACCORDANCE WITH PROVISIONS OF THE EXECUTIVE AGREEMENT FORM 990, PART VI, SECTION B, LINE 15B DECISIONS REGARDING THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE NEGOTIATED INDIVIDUALLY AND ARE PERFORMANCE-BASED, IN ACCORDANCE WITH AN ANNUAL WRITTEN EVALUATION PROCESS THAT HAS BEEN ESTABLISHED FOR ALL EMPLOYEES OF THE ORGANIZATION THE CHIEF OPERATING OFFICER LEADS AND UNDERTAKES THIS 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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CBI REVENUE 39,908 CBI LOBBYING FUND REVENUE 790,000 FOOD & AG INITIATIVES REVENUE 110,556 FOOD & AG LEGAL FUND REVENUE 16,219 FOOD & AG INITIATIVES EXPENSES -16,219 CBI LOBBYING FUND EXPENSE -834,447 BIOSIMILARS REVENUE 331,507 BIOSIMILARS EXPENSE -216,474