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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BIOTECHNOLOGY INNOVATION ORGANIZATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1201 MARYLAND AVENUE SW NO 900

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON DC 20024

D Employer identification number
52-1224577

E Telephone number
(202) 962-9200

ALEX AZAR BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
ALLEN WAXMAN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CHRISTIAN NOLET BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CHRISTOPH WESTPHAL BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CHRISTOPHER BOERNER BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CRAIG LANDAU BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on

"political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic	**21**	Yes	

[redacted]

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part 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**	158		
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				

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		

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

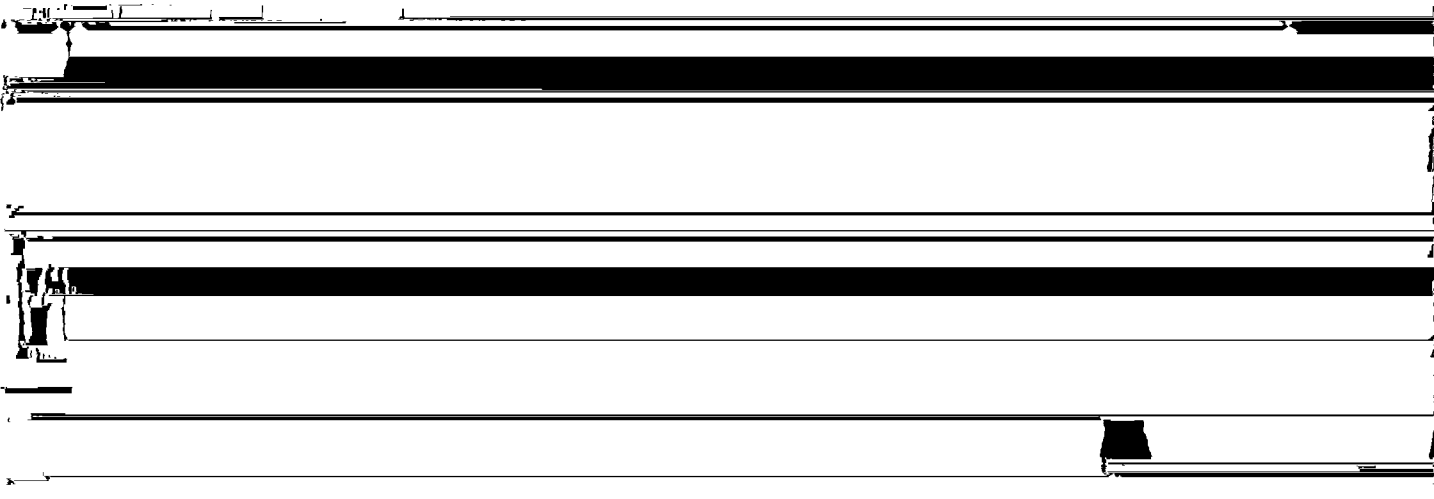
[redacted]

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,630,957	0	1,354,738

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 ▶ 95

		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			



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	36,155,018	35,861,488	293,530	
	b ~~MEMBERSHIP DUES~~	900099	28,470,916	28,470,916		
	c ~~EPF MEMBER SUPPORT~~	900099	900,000	900,000		
	d ~~INTERNATIONAL EFFORTS~~	900099	336,500	336,500		
	e ~~LEGAL & POLICY SUPPORT~~	900099	169,719	169,719		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		66,032,153			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,771,610			1,771,610
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		9,616,356		384,654	9,231,702
		(i) Real	(ii) Personal			
	6a Gross rents	40,244				
	b Less rental expenses	40,244				
	c Rental income or (loss)	0				
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	6,102,554				
	b Less cost or other basis and sales expenses	5,157,459				
	c Gain or (loss)	945,095				
	d Net gain or (loss) . . . . . ▶		945,095			945,095
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CBI	900099	119,706	119,706		
	b BIONEWS ADS INCOME	541800	32,072		32,072	
	c JOB BOARD	900004	3,171		3,171	
	d All other revenue		31,799			31,799
	e **Total.** Add lines 11a–11d . . . . . ▶		186,748			
	12 Total revenue. See Instructions					

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	785,500			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,287,032			
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	21,478,885			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,218,651			
9 Other employee benefits	3,088,672			
10 Payroll taxes	1,502,003			
11 Fees for services (non-employees)				
a Management				
b Legal	355,633			
c Accounting	70,894			
d Lobbying	3,176,909			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	55,567			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,535,085			
12 Advertising and promotion	365,565			
13 Office expenses	692,979			
14 Information technology	1,436,486			
15 Royalties . .				
16 Occupancy	4,111,480			
17 Travel	1,621,449			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	16,110,899			
20 Interest	2,371			
21 Payments to affiliates	3,703,359			
22 Depreciation, depletion, and amortization . .	630,358			
23 Insurance . . .	120,496			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	1,334,958			
b OUTREACH	347,499			
c TAXES PAID	83,896			
d BAD DEBT EXPENSE	10,000			
e All other expenses	190,398			
25 **Total functional expenses.** Add lines 1 through 24e	78,317,024			
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)				

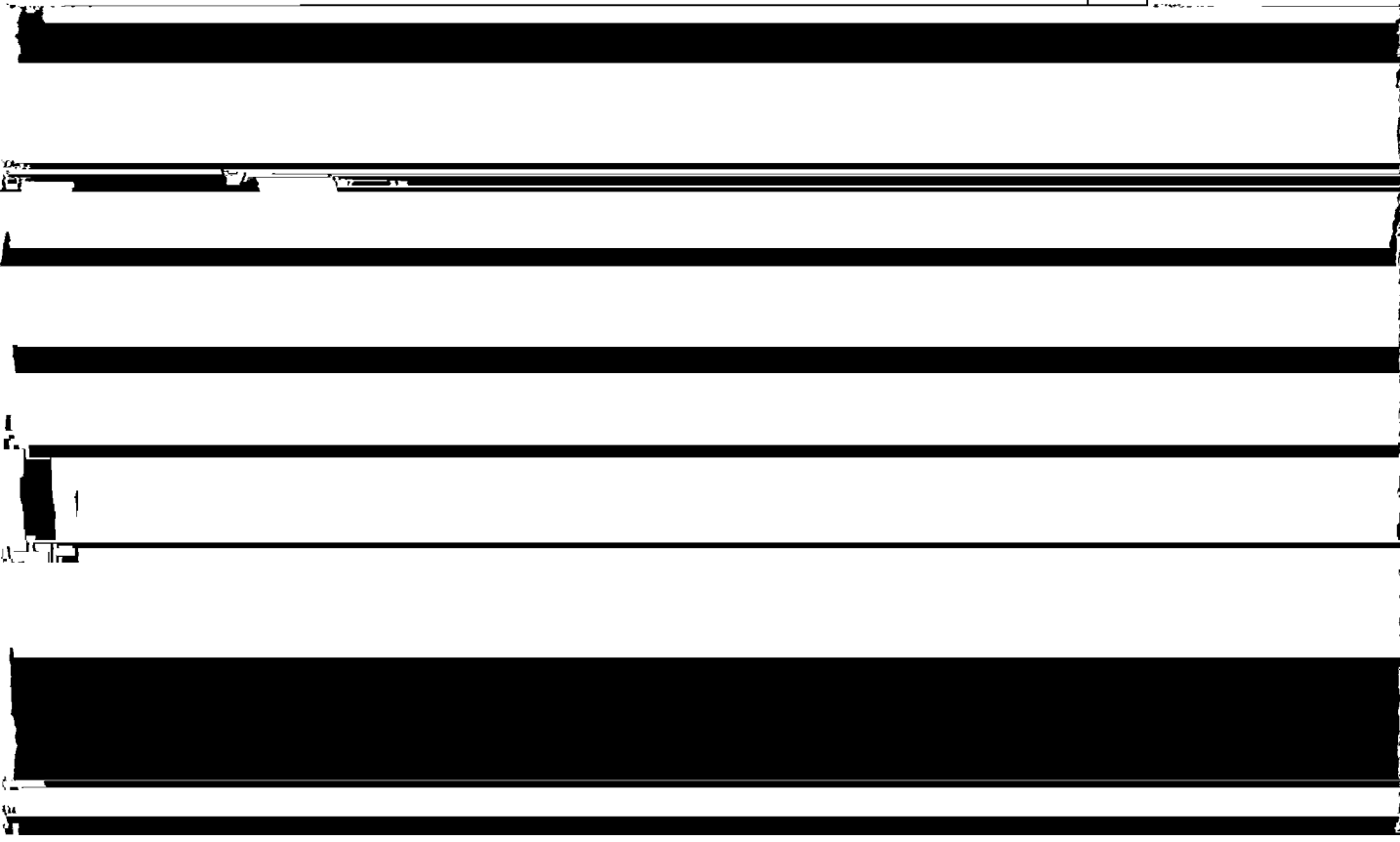
Part X Balance Sheet

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

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	78,551,962
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,317,024
3	Revenue less expenses Subtract line 2 from line 1	3	234,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,782,111
5	Net unrealized gains (losses) on investments	5	6,639,498
6	Donated services and use of facilities	6	



Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

ADVOCACY BIOTECHNOLOGY INNOVATION ORGANIZATION (BIO)'S ADVOCACY EFFORTS REFLECT THE PRIORITIES IDENTIFIED BY THE BIO BOARD OF DIRECTORS AND THE FOUR SECTION GOVERNING BOARDS THE BOARD OF DIRECTORS FOCUSES ON ISSUES OF IMPORTANCE TO ALL BIO MEMBERS, REGARDLESS OF THEIR SIZE OR

Form 990, Part III, Line 4b:

SERVICES BIO'S SERVICES INCLUDE CONFERENCES AND ACTIVITIES THAT BRING TOGETHER INDUSTRY STAKEHOLDERS AND INVESTORS FOR EVENTS RANGING FROM THE BIO INTERNATIONAL CONVENTION TO CONFERENCES FOR BUSINESS DEVELOPMENT EXECUTIVES THE BIO INTERNATIONAL CONVENTION ATTRACTS APPROXIMATELY 16,000 OF THE MOST INFLUENTIAL BIOTECH AND PHARMA ATTENDEES FROM 76 COUNTRIES AND 48 U S STATES, AS WELL AS THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE US VIRGIN ISLANDS, INCLUDING 300 MEMBERS OF THE MEDIA, AND OFFERS THREE DAYS OF PROFESSIONAL AND BUSINESS DEVELOPMENT OPPORTUNITIES THE NET INCOME FROM THE CONVENTION SUPPORTS OUR ADVOCACY, PUBLIC OUTREACH, AND OTHER MEMBER SERVICE ACTIVITIES THE KEY ELEMENTS OF THE BIO INTERNATIONAL CONVENTION ARE EDUCATIONAL PROGRAMMING, EXHIBITION, THE BIO BUSINESS FORUM, AND NETWORKING EVENTS. THESE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MARAGANORE CHAIR	2 00	X		X				0	0	0
RON COHEN MD	2 00									

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMIR NASHAT BOARD MEMBER	2 00	X						0	0	0
ANNA RATH BOARD MEMBER	2 00	X						0	0	0
ANNE PHILLIPS BOARD MEMBER	2 00	X						0	0	0
BASSIL I DAHIYAT	2 00									

[redacted]

[redacted]

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			
DEBORAH DUNSIRE BOARD MEMBER	2 00	X						0	0	0
DOUG BERVEN BOARD MEMBER	2 00	X						0	0	0
DOUGLAS DOERFLER BOARD MEMBER	2 00	X						0	0	0
EDDIE SULLIVAN BOARD MEMBER	2 00	X						0	0	0
ELIZABETH LEWIS BOARD MEMBER	2 00	X						0	0	0
FRANK TERHORST BOARD MEMBER	2 00	X						0	0	0
GARY ZIEZIULA BOARD MEMBER	2 00	X						0	0	0
GIL VAN BOKKELEN PHD BOARD MEMBER	2 00	X						0	0	0
GOERGE A SCANGOS BOARD MEMBER	2 00	X						0	0	0
H THOMAS WATKINS BOARD MEMBER	2 00	X						0	0	0

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY MARRAZZO BOARD MEMBER	2 00	X						0	0	0
JENNIFER HOLMGREN BOARD MEMBER	2 00	X						0	0	0
JENNIFER TAUBERT BOARD MEMBER	2 00	X						0	0	0
JEREMY LEVIN BOARD MEMBER	2 00	X						0	0	0
JERRY FLINT BOARD MEMBER	2 00	X						0	0	0
JIM MEYERS BOARD MEMBER	2 00	X						0	0	0
JOEL MARCUS BOARD MEMBER	2 00	X						0	0	0
JOHN CROWLEY BOARD MEMBER	2 00	X						0	0	0
JOHN LEPORE BOARD MEMBER	2 00	X						0	0	0
JOHN MELO BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SWART BOARD MEMBER	2 00	X						0	0	0
JOSEPH LAROSA BOARD MEMBER	2 00	X						0	0	0
JOSHUA OFMAN BOARD MEMBER	2 00	X						0	0	0
KATRINE BOSLEY BOARD MEMBER	2 00	X						0	0	0
KENNETH MOCH BOARD MEMBER	2 00	X						0	0	0
KIRAN MAZUMDAR-SHAW BOARD MEMBER	2 00	X						0	0	0
LAURA BEREZIN BOARD MEMBER	2 00	X						0	0	0
LONNIE MOULDER BOARD MEMBER	2 00	X						0	0	0
MARK DROZDOWSKI BOARD MEMBER	2 00	X						0	0	0
MARK ENYEDY BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK JONES BOARD MEMBER	2 00	X						0	0	0
MARK PRUZANSKI BOARD MEMBER	2 00	X						0	0	0
MARK SKALETSKY BOARD MEMBER	2 00	X						0	0	0
MARK TRUDEAU BOARD MEMBER	2 00	X						0	0	0
MARTIN BABLER BOARD MEMBER	2 00	X						0	0	0
MAXINE GOWEN BOARD MEMBER	2 00	X						0	0	0
MICHAEL MORRISSEY BOARD MEMBER	2 00	X						0	0	0
MICHAEL NARACHI BOARD MEMBER	2 00	X						0	0	0
MICHAEL RAAB BOARD MEMBER	2 00	X						0	0	0
MICHAEL RYAN BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY SIMONIAN BOARD MEMBER	2 00	X						0	0	0
NICK LESCHLY BOARD MEMBER	2 00	X						0	0	0
PAUL BACKMAN BOARD MEMBER	2 00	X						0	0	0
PAUL HASTINGS BOARD MEMBER	2 00	X						0	0	0
PAUL MCKENZIE BOARD MEMBER	2 00	X						0	0	0
PERRY STERNBERG BOARD MEMBER	2 00	X						0	0	0
PETER GREENLEAF BOARD MEMBER	2 00	X						0	0	0
PHILIP MILLER BOARD MEMBER	2 00	X						0	0	0
RACHEL KING BOARD MEMBER	2 00	X						0	0	0
RICHARD POPS BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICK WINNINGHAM BOARD MEMBER	2 00	X						0	0	0
ROBERT WILLS BOARD MEMBER	2 00	X						0	0	0
ROGER WYSE BOARD MEMBER	2 00	X						0	0	0
RONALD STOTISH BOARD MEMBER	2 00	X						0	0	0
RUSSELL HERNDON BOARD MEMBER	2 00	X						0	0	0
SABINE LUIK BOARD MEMBER	2 00	X						0	0	0
SANDY MACRAE BOARD MEMBER	2 00	X						0	0	0
SCOTT GARLAND BOARD MEMBER	2 00	X						0	0	0
SCOTT HOLMSTROM BOARD MEMBER	2 00	X						0	0	0
SCOTT KOENIG BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT SMITH BOARD MEMBER	2 00	X						0	0	0
[illegible]	2 00									

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			
TJERK DE RUITER BOARD MEMBER	2 00	X						0	0	0
VINCENT SEWALT BOARD MEMBER	2 00	X						0	0	0
WILLIAM FITZSIMMONS BOARD MEMBER	2 00	X						0	0	0
WILLIAM NEWELL BOARD MEMBER	2 00	X						0	0	0
ALEX AZAR BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
ALLEN WAXMAN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CHRISTIAN NOLET BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CHRISTOPH WESTPHAL BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CHRISTOPHER BOERNER BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
CRAIG LANDAU BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELI BEN-SHOSHAN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
EMIL KAKKIS BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
GARY PHILLIPS BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
GLENN GORMLEY BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
HAROLD E VAN WART PHD BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
HENRI A TERMEER BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JAMES HEALY BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JAMES LEVINE BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JAY SIEGEL BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JEAN-FRANCOIS FORMELA BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MENDLEIN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JOHN ORWIN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JONATHAN LEFF BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JONATHAN WOLFSON BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JOSEPH SHAULSON BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
KATHLEEN TREGONING BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
MARK ALLES BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
MARK TIMNEY BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
MARKUS POMPEJUS BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
MICHAEL KNUTZEN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE DIPP BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
MONCEF SLAOUI BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
NEIL GOLDSMITH BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
NEIL K WARMA BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
PAUL EISENBERG BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
PERRY KARSEN BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
ROBERT REPELLA BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
THOMAS MATHERS BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
WILLIAM HINSHAW BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
JAMES C GREENWOOD PRESIDENT & CHIEF EXECUTIVE OFFICER	40 00			X				4,382,224	0	888,749

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			
YVETTE WHITE-WIGGINS SVP & CHIEF FINANCIAL OFFICER	40 00			X				404,050	0	70,851
THOMAS DILENGE PRESIDENT, ADVOCACY/LAW/PUBLIC POLICY DIV	40 00				X			701,370	0	71,486
JOANNE DUNCAN PRESIDENT, MEMBERSHIP & BUS OPER DIV	40 00				X			701,370	0	66,932
BRENT ERICKSON EVP, INDUSTRIAL & ENVIRONMENT	40 00					X		518,015	0	55,320
DANIEL DURHAM EVP, HEALTH POLICY	40 00					X		579,487	0	69,241
ELIZABETH ESHAM EVP, ECS & VP, SCIENCE & REGULATORY	40 00					X		429,503	0	50,968
JOSEPH DAMOND SVP, INTERNATIONAL AFFAIRS	40 00					X		480,493	0	72,041
KATHLEEN HOLCOMBE SVP, SCIENCE POLICY (PARTIAL YEAR)	40 00					X		434,445	0	9,150

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

OMB No 1545-0047

2017

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1a During the year, did the filing organization attempt to influence foreign, national, state or local legislation			

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SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

2017

[redacted]

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements . . . 1 [redacted]

[redacted]

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FOOD & AG SGR FUND 2,540,774 FOOD & AG LEGAL FUND 11,992 BIOSIMILARS REVENUE 439,343 FGR SPECIAL INITIATIVES REVENUE 60,000

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -40,244

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FOOD & AG LEGAL FUND EXPENSES 11,992 BIOSIMILAR EXPENSES 439,343 FGR SPECIAL INITIATIVE EXPENSES 60,000 FOOD & AG SGR FUND 2,540,774 RENTAL EXPENSES 40,244

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number
52-1224577

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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

3 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	5			1,602,953
b	Total from continuation sheets to Part I					0

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.

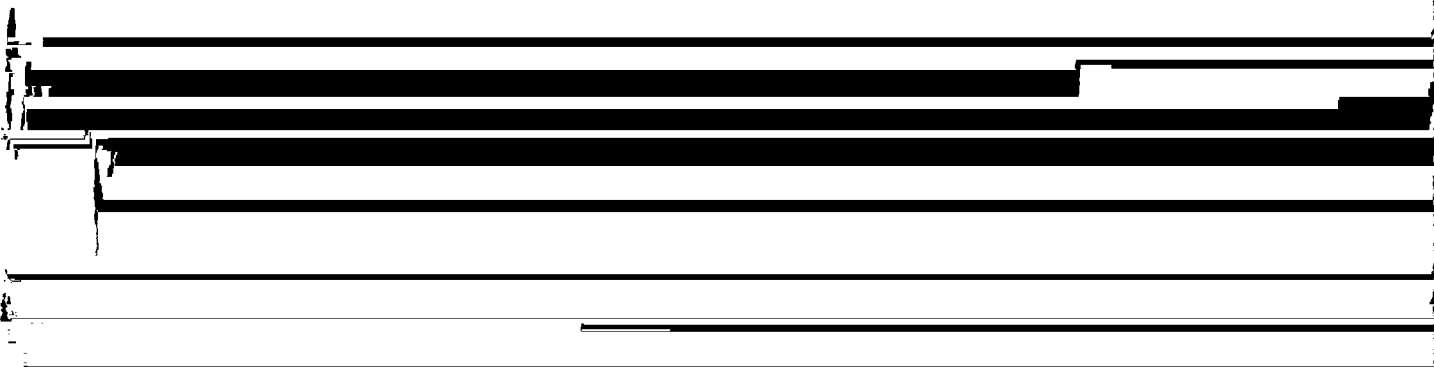
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign*



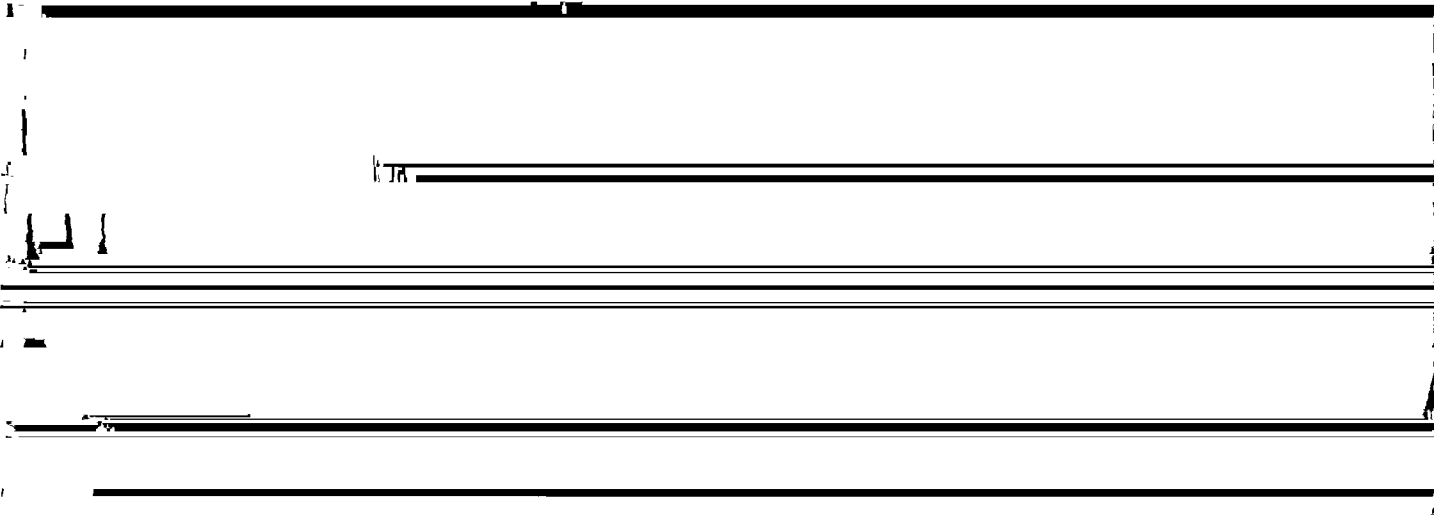
Part V Supplemental Information

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

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

Additional Data

Software ID:



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	ADVOCACY	13,391
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	CONFERENCES, ADVOCACY	828,561

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

(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.	(e) If activity listed in (d) is a program service	(f) Total expenditures for region

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number
52-1224577

Part I **General Information on Grants and Assistance**

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR AGING RESEARCH 1700 K STREET NW SUITE 740 WASHINGTON, DC 20006	54-1379174	501(C)(3)	15,000				SPONSORSHIP
AMERICAN CANCER SOCIETY ACTION NETWORK INC 555 11TH STREET SUITE 300 WASHINGTON, DC 20004	52-2340031	501(C)(4)	40,000				SPONSORSHIP

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIO OHIO 1275 KINNGAR ROAD COLUMBUS, OH 43212	34-1577705	501(C)(6)	6,000				SPONSORSHIP
BIOCENTURY PUBLICATIONS 1235 RADIO ROAD SUITE 100 REDWOOD CITY, CA 94065	94-3164558	N/A	15,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHAMBER OF COMMERCE OF THE USA 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	60,000				GENERAL SUPPORT
COLORADO BIOSCIENCE ASSOCIATION 600 GRANT STREET NO 306 DENVER, CO 80203	84-1363258	501(C)(6)	7,500				SPONSORSHIP

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

[redacted]

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	15,000				CONTRIBUTION
FUELSAMERICA 607 FORT WILLIAMS PARKWAY ALEXANDRIA, VA 22304	46-0991009	501(C)(4)	250,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALIEN FOUNDATION 99 JOHN STREET SUITE 2502	26-4549935	501(C)(3)	15,000				SPONSORSHIP

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLOBAL GENES 28 ARGONAUT SUITE 150 ALISO VIEJO, CA 92656	26-3331487	501(C)(3)	10,000				SPONSORSHIP
HUDSON INSTITUTE 1201 PENNSYLVANIA AVENUE NW SUITE 400 WASHINGTON, DC 20004	13-1945157	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MD TECHNOLOGY COUNCIL 9841 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878	20-4950778	501(C)(6)	7,500				SPONSORSHIP
MEDMATES INC 24 CORLISS STREET 42240 PROVIDENCE, RI 02904	46-2858053	501(C)(6)	6,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COALITION FOR	85-0357807	501(C)(3)	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEHI ONE BROADWAY 15TH FLOOR BOSTON, MA 02142	01-0624865	501(C)(3)	15,000				SPONSORSHIP
NO LABELS 1130 CONNECTICUT AVE NW SUITE 325 WASHINGTON, DC 20036	27-1432208	501(C)(4)	25,000				CONTRIBUTION

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH INC 401 HACKENSACK AVENUE 9TH FLOOR HACKENSACK, NJ 07601	31-1405490	501(C)(3)	12,000				SPONSORSHIP
PHARMACEUTICAL RESEARCH AND MANUFACTURES OF AMERICA 950 F STREET NW SUITE 300 WASHINGTON, DC 20004	53-0241211	501(C)(6)	5,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT CANCER FOUNDATION 1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	14,000				SPONSORSHIP
RESEARCHAMERICA 241 18TH STREET SOUTH SUITE 501 ARLINGTON, VA 22202	52-1609875	501(C)(3)	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIETY FOR WOMEN'S HEALTH RESEARCH 1025 CONNECTICUT AVENUE NW SUITE 601 WASHINGTON, DC 20036	52-1694732	501(C)(3)	10,000				SPONSORSHIP
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK ROAD SUITE 4000 BLACKSBURG, VA 24061	54-0721690	501(C)(3)	6,500				SPONSORSHIP

[redacted]

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INNOVATION 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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		

- ☑ First-class or charter travel
- ☑ Travel for companions
- ☐ Tax idemnification and gross-up payments
- ☑ Discretionary spending account
- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☑ Health or social club dues or initiation fees
- ☐ Personal services (e.g., maid, chauffeur, chef)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	JAMES GREENWOOD - NOT INCLUDED IN TAXABLE COMPENSATION TO THE INDIVIDUAL - FIRST CLASS OR CHARTER TRAVEL - $4,026 - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - $5,000 - INCLUDED IN TAXABLE COMPENSATION TO THE INDIVIDUAL - TRAVEL FOR COMPANIONS - $1,149
PART I, LINE 1B	THE CHIEF EXECUTIVE OFFICER HAS A PREPAID SPENDING ACCOUNT AT A LOCAL RESTAURANT, USED EXCLUSIVELY FOR BUSINESS PURPOSES
PART I, LINE 4B	JAMES GREENWOOD - 457(F) $1,940,470

Additional Data

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

[redacted]

GLOBAL PUBLIC HEALTH PREPAREDNESS THE EMERGING COMPANIES SECTION 2017 ADVOCACY ACCOMPLISHMENTS - ADVANCED THE INTEREST OF EMERGING COMPANIES IN CAPITAL FORMATION AND FINANCIAL SERVICES POLICY - ADVOCATED FOR TAX POLICIES SUPPORTING INNOVATIVE EMERGING COMPANIES AND [redacted]

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number
52-1224577

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?	(h) Approved by board or committee?	(i) Written agreement?

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAURA GREENWOOD	DAUGHTER OF CEO	71,553	PAID EMPLOYEE OF ORGANIZATION		No
(2) LILY DOEFLER	DAUGHTER OF A BOARD MEMBER	33,944	PAID EMPLOYEE OF ORGANIZATION		No

[redacted]

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BIOTECHNOLOGY INNOVATION ORGANIZATION

Employer identification number
52-1224577

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS SHALL DESIGNATE BY RESOLUTION AND WITH A QUORUM PRESENT, NOT MORE THAN NINETEEN (19) DIRECTORS OF THE BOARD TO ACT AS AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE SEVEN (7) ELECTED OFFICERS OF THE ORGANIZATION, THE IMMEDIATE PAST CHAIR OF THE ORGANIZATION, THE VICE CHAIRS OF EACH SECTION'S GOVERNING BOARD, AND THE BALANCE BEING AT-LARGE DIRECTORS FROM THE FULL BOARD IF THE IMMEDIATE PAST CHAIR IS NO LONGER ELIGIBLE TO SERVE ON THE FULL BOARD, AN ADDITIONAL AT-LARGE DIRECTOR FROM THE FULL BOARD SHALL BE SELECTED FOR THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE [redacted]

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE ORGANIZATION SHALL BE DIVIDED INTO FOUR CLASSES, CORE MEMBERS, ASSOCIAT E MEMBERS, AFFILIATE MEMBERS, AND CENTER MEMBERS, DEFINED AS FOLLOWS (A) CORE MEMBERS AN Y CORPORATION, PARTNERSHIP, ASSOCIATION, OR OTHER ENTITY ORGANIZED FOR PROFIT, A SUBSTANTI AL PERCENTAGE OF WHOSE BUSINESS ACTIVITIES INVOLVE BIOTECHNOLOGY, GENOMICS, BIOINFORMATICS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, [redacted]	AT ALL MEMBERSHIP MEETINGS OF THE ORGANIZATION, EACH CURRENT MEMBER SHALL HAVE ONE (1) VOT [redacted]

990 Schedule O, Supplemental Information

Return Reference	Explanation
[redacted]	[redacted]

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BIOTECHNOLOGY INNOVATION ORGANIZATION (BIO) TAKES SEVERAL STEPS TO ADDRESS COMPLIANCE BY E MPLOYEES 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 INTE REST, AND BIO'S WRITTEN CONFLICTS OF INTEREST POLICY REQUIRES ALL EMPLOYEES TO DISCLOSE AN Y 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 INDE PENDENT ORGANIZATION TO PROVIDE EMPLOYEES AND OTHERS WITH THE ABILITY TO FILE ANONYMOUS RE PORTS CONCERNING THE VIOLATION OF ANY LAWS OR BIO POLICIES, INCLUDING ALLEGATIONS OF POTEN TIAL CONFLICTS OF INTEREST, AND BIO HAS A PROCESS IN PLACE TO FOLLOW UP ON ANY SUCH COMPLA INTS IN A TIMELY AND THOROUGH MANNER FURTHER, BIO UNDERTAKES A QUESTIONNAIRE SENT TO EACH DIRECTOR ON ITS BOARD OF DIRECTORS SEEKING DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTER ESTS THEY MAY HAVE OR THEIR FAMILY MEMBERS MAY HAVE ASSOCIATED WITH BUSINESSES OR ORGANI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR 2017, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) OF BIO WAS COMPENSATED PER THE T ERMS OF A MULTI-YEAR CONTRACT THAT WAS DETERMINED WITH INDEPENDENT REVIEW, COMPARABILITY D ATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION AS INDICATED IN P RIOR FORM 990 SUBMISSIONS IN ADDITION, BASED ON THE EXECUTIVE COMMITTEE'S EVALUATION OF T HE PRESIDENT AND CEO'S PERFORMANCE FOR 2017, THE COMMITTEE DETERMINED THE APPROPRIATE AMOU NT FOR THE DISCRETIONARY COMPONENT OF HIS COMPENSATION FOR THAT YEAR, IN ACCORDANCE WITH T [redacted]

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	EC EMERGING PRIORITIES 5,737,318 CONSULTANTS AND OTHER PROFESSIONAL FEES 1,997,572 ECONO MIC STUDIES 325,137 WORKPLAN OBJECTIVES 136,051 TEMPORARY HELP 133,692 EDUCATION 76,086 PROGRAM INITIATIVES 32,972 INTERNS 32,468 BIO-PAC ADMINISTRATIVE 30,783 RECRUITMENT 2 1,676 BUSINESS STRATEGIES 10,331 CEO DELEGATION EXPENSE 649 I&E INITIATIVES 350