

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	BIOONE		52-2187678	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
21 DUPONT CIRCLE, NW 800		(202) 296-2296		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
WASHINGTON, DC 20036-1118		15,831,921.		
F Name and address of principal officer: KENT HOLSINGER		H(a) Is this a group return		
SAME AS C ABOVE		for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
J Website: WWW.BIOONE.ORG		If "No," attach a list. (see instructions)		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number ▶		
L Year of formation: 1999		M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) 13
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5
	6	Total number of volunteers (estimate if necessary) 14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,000. 6,000.	
	9 Program service revenue (Part VIII, line 2g) 10,170,672. 9,444,287.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 242,154. 70,528.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 165,000. 170,601.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,580,826. 9,691,416.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 7,764.	
	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) 633,632. 781,459.	
	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) 8,405,690. 8,553,867.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,039,322. 9,343,090.	
19 Revenue less expenses. Subtract line 18 from line 12 1,541,504. 348,326.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 10,749,698. 10,502,876.	
	21 Total liabilities (Part X, line 26) 8,802,473. 9,174,558.	
	22 Net assets or fund balances. Subtract line 21 from line 20 1,947,225. 1,328,318.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date			
	SUSAN SKOMAL, PRESIDENT/CEO					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶ 52-1392008			
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930		Phone no. (301) 951-9090			

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 [X]

1 Briefly describe the organization's mission: BIOONE IS THE PRODUCT OF INNOVATIVE COLLABORATION BETWEEN SCIENTIFIC SOCIETIES, LIBRARIES, ACADEME, AND THE PRIVATE SECTOR, WHICH SEEK A SUSTAINABLE, MISSION-DRIVEN ALTERNATIVE TO COMMERCIAL PUBLISHING. BIOONE BRINGS TO THE WEB A UNIQUELY VALUABLE AGGREGATION OF THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 5,058,096. including grants of \$) (Revenue \$ 6,894,721.) BIOONE.1 - FIRST COLLECTION OF JOURNALS LICENSED TO INDIVIDUAL EDUCATIONAL AND RESEARCH INSTITUTIONS AS A DISCRETE PACKAGE BEGINNING IN 2001. LICENSING TO ACADEMIC INSTITUTIONS IS NORMALLY HANDLED THROUGH LIBRARY CONSORTIA ACTING AS SALES INTERMEDIARIES. LIBRARY CONSORTIA THUS FACILITATE AND EXPEDITE THE PROCESS OF INVOICING, WHICH BENEFITS BIOONE'S DIRECT CONSUMERS. IN 2013, THE BIOONE.1 COLLECTION CONTAINED 94 TITLES.

4b (Code:) (Expenses \$ 1,980,663. including grants of \$) (Revenue \$ 2,546,666.) BIOONE.2 - SECOND COLLECTION OF JOURNALS LICENSED TO INDIVIDUAL EDUCATIONAL AND RESEARCH INSTITUTIONS AS A DISCRETE PACKAGE BEGINNING IN 2007. LICENSING TO ACADEMIC AND INSTITUTIONS IS NORMALLY HANDLED THROUGH LIBRARY CONSORTIA ACTING AS SALES INTERMEDIARIES. LIBRARY CONSORTIA THUS FACILITATE AND EXPEDITE THE PROCESS OF INVOICING, WHICH BENEFITS BIOONE'S DIRECT CONSUMERS. IN 2013, THE BIOONE.2 COLLECTION CONTAINED 69 TITLES.

4c (Code:) (Expenses \$ 1,136,732. including grants of \$) (Revenue \$ 2,900.) IN 2012, FOLLOWING ITS STRATEGIC PLAN'S INITIATIVE 2, THE BIOONE BOARD OF DIRECTORS VOTED TO FULLY INVEST IN THE DEVELOPMENT OF THE PEER-REVIEWED JOURNAL, ELEMENTA: SCIENCE OF THE ANTHROPOCENE. WORK BEGAN DURING 2012 IN COLLABORATION WITH FIVE UNIVERSITIES. THROUGHOUT 2013, A TEAM OF FULL-TIME STAFF (TWO OF WHOM ARE LOCATED AND PAID BY BIOONE THROUGH THE DARTMOUTH COLLEGE LIBRARY), PLUS CONSULTANTS AND A VARIETY OF SERVICE PROVIDERS, BUILT AND KNIT THE NECESSARY COMPONENTS TOGETHER IN TIME TO LAUNCH THE SCIENTIFIC CONTENT ON DECEMBER 4, 2013. ELEMENTA IS A NEW OPEN-ACCESS SCIENTIFIC JOURNAL, AVAILABLE FREELY AND IMMEDIATELY TO THE WORLD. ITS MISSION IS TO PUBLISH ORIGINAL RESEARCH REPORTING ON NEW KNOWLEDGE OF THE EARTH'S PHYSICAL, CHEMICAL, AND BIOLOGICAL SYSTEMS; INTERACTIONS BETWEEN HUMAN AND NATURAL SYSTEMS; AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 78,480. including grants of \$ 7,764.) (Revenue \$)

4e Total program service expenses 8,253,971.

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and various input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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: SUSAN SKOMAL - (202) 296-1605
21 DUPONT CIRCLE, NW, SUITE 800, WASHINGTON, DC 20036

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, and 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 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			
(1) KENT HOLSINGER BOARD DIR. & CHAIR	2.00	X		X				0.	0.	0.
(2) CATHERINE MURRAY-RUST BOARD DIR. & TREAS.	2.00	X		X				0.	0.	0.
(3) ALAN KAHAN BOARD DIR. & SEC.	2.00	X		X				0.	0.	0.
(4) JONI BLAKE BOARD DIRECTOR	1.00	X						0.	0.	0.
(5) DAVID CARLSON BOARD DIRECTOR	1.00	X						0.	0.	0.
(6) RAYM CROW (SEE SCH. L) BOARD DIRECTOR	1.00	X						0.	0.	0.
(7) SUSAN E. FORD BOARD DIRECTOR	1.00	X						0.	0.	0.
(8) JEFFREY L. HOWELL BOARD DIRECTOR	1.00	X						0.	0.	0.
(9) LEONARD KRISHTALKA BOARD DIRECTOR	1.00	X						0.	0.	0.
(10) JAMES V. MAHER BOARD DIRECTOR	1.00	X						0.	0.	0.
(11) RICHARD T. O'GRADY BOARD DIR. & EXEC.COMM.	1.00	X						0.	0.	0.
(12) ARTHUR REILLY BOARD DIRECTOR	1.00	X						0.	0.	0.
(13) JOE TRAVIS BOARD DIRECTOR	1.00	X						0.	0.	0.
(14) JAMES F. WILLIAMS, II BOARD DIRECTOR	1.00	X						0.	0.	0.
(15) SUSAN B. SKOMAL PRESIDENT/CEO	50.00			X				180,000.	0.	37,029.
(16) MARK R. KURTZ SENIOR DIR. OF STRATEGIC DEVELOPMENT	50.00				X			135,000.	0.	27,031.
(17) LAUREN KANE SENIOR DIR. OF PUBLISHING/ADMIN.	50.00				X			114,000.	0.	23,840.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	6,000.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			6,000.			
	Program Service Revenue	2 a PUBLICATIONS	Business Code	900099	9,383,991.	9,383,991.	
b ANCILLARY REVENUE			900099	60,296.	60,296.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				9,444,287.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			132,834.		132,834.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)				<62,306.>	<62,306.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a REFUND ON CONTRACT		900099	165,000.			165,000.	
b FOREIGN CURRENCY GAIN		900099	5,601.			5,601.	
c							
d All other revenue							
e Total. Add lines 11a-11d			170,601.				
12 Total revenue. See instructions.			9,691,416.	9,444,287.	0.	241,129.	

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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	5,380.	5,380.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,384.	2,384.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	217,029.	41,124.	175,905.	
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	407,191.	99,240.	307,951.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,776.	14,886.	38,890.	
9 Other employee benefits	63,016.		63,016.	
10 Payroll taxes	40,447.		40,447.	
11 Fees for services (non-employees):				
a Management				
b Legal	31,634.	17,303.	14,331.	
c Accounting	102,290.	10,114.	92,176.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,000.		10,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	732,511.	679,969.	52,542.	
12 Advertising and promotion	208,494.	186,423.	22,071.	
13 Office expenses	62,548.	2,377.	60,171.	
14 Information technology	754,126.	752,836.	1,290.	
15 Royalties	3,114,403.	3,114,403.		
16 Occupancy	21,028.		21,028.	
17 Travel	86,791.	45,567.	41,224.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,139.	12,139.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	22,362.		22,362.	
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 DISCOUNTS / COMMISSION	3,264,139.	3,264,139.		
b ADMINISTRATIVE EXPENSES	99,135.		99,135.	
c DUES / SUBS. / PUBS.	8,969.	2,534.	6,435.	
d STAFF DEVELOPMENT	8,554.	779.	7,775.	
e All other expenses	14,744.	2,374.	12,370.	
25 Total functional expenses. Add lines 1 through 24e	9,343,090.	8,253,971.	1,089,119.	0.
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	1,164,955.	2	4,488,318.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,816,978.	4	2,918,337.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	79,305.	9	47,175.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	6,663,574.	11	3,004,440.
	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	24,886.	15	44,606.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,749,698.	16	10,502,876.	
Liabilities	17 Accounts payable and accrued expenses	438,667.	17	446,843.
	18 Grants payable		18	
	19 Deferred revenue	4,588,254.	19	4,720,772.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,775,552.	25	4,006,943.
	26 Total liabilities. Add lines 17 through 25	8,802,473.	26	9,174,558.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,947,225.	27	1,328,318.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,947,225.	33	1,328,318.	
34 Total liabilities and net assets/fund balances	10,749,698.	34	10,502,876.	

Part XI Reconciliation 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	9,691,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,343,090.
3	Revenue less expenses. Subtract line 2 from line 1	3	348,326.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,947,225.
5	Net unrealized gains (losses) on investments	5	<74,693.>
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	<892,540.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,328,318.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization <p align="center">BIOONE</p>	Employer identification number <p align="center">52-2187678</p>
-----------------------------------------------------------------	---------------------------------------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		4,000.	3,000.	3,000.	6,000.	16,000.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,078,146.	7,963,372.	8,195,335.	10,170,672.	9,444,287.	41,851,812.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6,078,146.	7,967,372.	8,198,335.	10,173,672.	9,450,287.	41,867,812.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						41,867,812.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	6,078,146.	7,967,372.	8,198,335.	10,173,672.	9,450,287.	41,867,812.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,540.	44,348.	72,195.	93,866.	132,834.	390,783.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	47,540.	44,348.	72,195.	93,866.	132,834.	390,783.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,819.	194,781.	165,000.	165,000.	170,601.	711,201.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,141,505.	8,206,501.	8,435,530.	10,432,538.	9,753,722.	42,969,796.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.44 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.91 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.93 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.**

▶ **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

BIOONE

Employer identification number

52-2187678

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 Tax 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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 100.00%
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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROYALTY EXPENSE PAYABLE	4,006,943.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,006,943.

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	9,869,796.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	<74,693.>	
b	Donated services and use of facilities	2b	126,070.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		51,377.
3	Subtract line 2e from line 1		3	9,818,419.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<127,003.>	
c	Add lines 4a and 4b	4c		<127,003.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,691,416.

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	8,330,933.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	126,070.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		126,070.
3	Subtract line 2e from line 1		3	8,204,863.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,138,227.	
c	Add lines 4a and 4b	4c		1,138,227.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,343,090.

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.

PART V, LINE 4:

EXPLANATION: THERE ARE TWO (2) BOARD DESIGNATED FUNDS THAT HAVE BEEN FUNDED FROM UNRESTRICTED ASSETS FOR SPECIFIC PURPOSES. BEGINNING IN 2012, THE BOARD VOTED TO USE THE CAPITAL RESERVE FUND TO FINANCE ELEMENTA: SCIENCE OF THE ANTHROPOCENE, WHICH LAUNCHED IN 2013. BEGINNING IN 2013, THE BOARD VOTED TO USE THE OPERATING RESERVE FUND TO FINANCE ELEMENTA: SCIENCE OF THE ANTHROPOCENE IF FUNDS IN THE BOARD DESIGNATED CAPITAL RESERVE FUND WERE NOT SUFFICIENT TO COVER ELEMENTA COSTS. THE SECOND FUND, IS THE BOARD DESIGNATED OPEN ACCESS SUSTAINABILITY FUND, WHICH WAS CREATED IN 2011 TO MAKE THE EXISTING OA COLLECTION SUSTAINABLE AND TO GROW IT RESPONSIBLY.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

EXPLANATION: FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, BIOONE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT REVENUE INCLUDED AS AN OTHER ITEM ON THE FINANCIAL STATEMENTS AND REPORTED AS INVESTMENT INCOME ON FORM 990. -136,999.

FOREIGN CURRENCY GAIN - REPORTED AS AN OTHER ITEM ON THE FINANCIAL STATEMENTS AND REPORTED AS FOREIGN CURRENCY GAIN ON FORM 990, PART VIII, LINE 11B. 5,601.

ELEMENTA REVENUE NETTED AGAINST EXPENSES ON THE FINANCIAL STATEMENTS AND REPORTED AS REVENUE ON PART VIII, LINE 2A. 2,900.

ELEMENTA IN-KIND SERVICES NETTED AGAINST EXPENSES ON THE FINANCIAL STATEMENTS. 1,495.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -127,003.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELEMENTA EXPENSES REPORTED AS AN OTHER ITEM ON THE FINANCIAL STATEMENTS AND INCLUDED IN PROGRAM SERVICES ON FORM 990, PART XI, COLUMN (B). 1,138,227.

**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.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization

BIOONE

Employer identification number
52-2187678

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.

1 (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

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

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

Schedule I (Form 990) (2013)

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
TRAVEL STIPENDS TO PUBLISHERS AND PARTNER MEETING	9	5,380.	0.		

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

PART I, LINE 2:

EXPLANATION: BIOONE HOSTS AN ANNUAL MEETING FOR ITS COMMUNITY OF

PUBLISHERS, LIBRARIANS, AND VENDORS TO DISCUSS ISSUES OF COMMON CONCERN.

THE INVITED SPEAKERS ARE REIMBURSED FOR THEIR ACTUAL COSTS FOR TRAVEL, ROOM

& BOARD. THE ORGANIZATION ALSO OFFERS SMALL TRAVEL STIPENDS BASED ON NEED

AND AVAILABILITY OF FUNDS BUDGETED FOR THIS PURPOSE. RECIPIENTS ARE

LIKEWISE REIMBURSED FOR THEIR ACTUAL COSTS FOR TRAVEL, ROOM & BOARD.

REQUESTS FOR REIMBURSEMENT ARE SUBMITTED WITH RECEIPTS, RECONCILED, AND

PAID FOLLOWING APPROVAL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BIOONE

Employer identification number
52-2187678

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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				
(1) SUSAN B. SKOMAL PRESIDENT/CEO	(i)	180,000.	0.	0.	27,000.	10,029.	217,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK R. KURTZ SENIOR DIR. OF STRATEGIC DEVELOPMENT	(i)	135,000.	0.	0.	18,562.	8,469.	162,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2013

Open to Public
Inspection

Name of the organization

BIOONE

Employer identification number

52-2187678

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FULL-TEXTS OF HIGH-IMPACT BIOSCIENCE RESEARCH JOURNALS. SMALL SOCIETIES AND NOT-FOR-PROFIT PUBLISHERS PUBLISH MOST OF BIOONE'S TITLES. BIOONE PROVIDES INTEGRATED, COST-EFFECTIVE ACCESS TO A THOROUGHLY LINKED INFORMATION RESOURCE OF INTERRELATED JOURNALS FOCUSED ON THE BIOLOGICAL, ECOLOGICAL, AND ENVIRONMENTAL SCIENCES. FURTHER TO THIS MISSION, BIOONE HAS INVESTED IN A NEW, PEER-REVIEWED, OPEN ACCESS SCIENTIFIC JOURNAL, ELEMENTA: SCIENCE OF THE ANTHROPOCENE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: BIOONE HAS INVESTED IN A NEW, PEER-REVIEWED, OPEN-ACCESS SCIENTIFIC JOURNAL, ELEMENTA: SCIENCE OF THE ANTHROPOCENE. SEE DETAILED DESCRIPTION ON FORM 990, PART III, LINE 4C.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

STEPS THAT CAN BE TAKEN TO MITIGATE AND ADAPT TO GLOBAL CHANGE. ELEMENTA REPORTS ON FUNDAMENTAL ADVANCEMENTS IN RESEARCH ORGANIZED INITIALLY INTO SIX KNOWLEDGE DOMAINS, EMBRACING THE CONCEPT THAT BASIC KNOWLEDGE CAN FOSTER SUSTAINABLE SOLUTIONS FOR SOCIETY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BIOONE OPEN ACCESS - OPEN ACCESS TITLES AVAILABLE FREELY, SUBSIDIZED BY BIOONE. IN 2013, THE COLLECTION CONTAINED 13 TITLES. IN 2013, THE BOARD VOTED TO ADOPT A SUSTAINABLE MODEL FOR ITS OPEN ACCESS COLLECTION. BEGINNING IN 2014, BIOONE WILL CHARGE NEW, OPEN ACCESS TITLES/PUBLISHERS A FLAT, PER-PUBLISHED PAGE RATE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization BIOONE	Employer identification number 52-2187678
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EXPENSES \$ 60,121. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EDUCATION - BIOONE SPONSORED PROGRAM TO EDUCATE PUBLISHERS, LIBRARIES, AND OTHER BIOONE PARTNERS. CONSISTS PRIMARILY OF THE GRATIS ANNUAL MEETING IN APRIL.

EXPENSES \$ 18,359. INCLUDING GRANTS OF \$ 7,764. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION HAS FOUR MEMBERS APPOINTED BY FOUR OF THE FIVE FOUNDING ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: ACCORDING TO THE BYLAWS, BIOONE'S BOARD OF DIRECTORS IS COMPOSED OF 4 APPOINTED AND UP TO 11 ELECTED MEMBERS. EACH OF THE FOUR REMAINING FOUNDING ORGANIZATIONS ARE ENTITLED TO APPOINT ONE DIRECTOR. THESE ORGANIZATIONS INCLUDE: THE AMERICAN INSTITUTE OF BIOLOGICAL SCIENCES, THE SCHOLARLY PUBLISHING AND ACADEMIC RESOURCES COALITION, THE UNIVERSITY OF KANSAS, AND THE GREATER WESTERN LIBRARY ALLIANCE. NO INDIVIDUAL MEMBER OF THE GOVERNING BODY HAS THE POWER TO ELECT SOMEONE TO THAT BODY, HOWEVER.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 WAS DISTRIBUTED TO BIOONE'S AUDIT AND OVERSIGHT (AO) COMMITTEE, WHICH REVIEWED THE FORM FOR ACCURACY, AND MADE A REPORT TO THE FULL BOARD OF DIRECTORS AT ITS NEXT MEETING. IF THERE ARE ANY QUESTIONS OR PROBLEMS RAISED BY THE AO COMMITTEE, DETAILS ARE WORKED THROUGH WITH BIOONE MANAGEMENT. THE FINAL DOCUMENT IS SUBMITTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS. THE FORM 990 WAS ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

Name of the organization BIOONE	Employer identification number 52-2187678
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FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: BIOONE HAS ADOPTED A CODE OF ETHICS, CONFLICT OF INTEREST, AND ANTI-FRAUD POLICY THAT IS DISTRIBUTED TO STAFF AND ALL DIRECTORS AND OFFICERS. THESE DOCUMENTS ARE REVIEWED AND REDISTRIBUTED ANNUALLY AS PART OF AN ANNUALLY UPDATED HANDBOOK FOR THE BOARD OF DIRECTORS. MONITORING AND ENFORCEMENT OF THE POLICY IS DONE AT EACH MEETING OF THE BOARD WHEN ISSUES ARE RAISED THAT COULD POTENTIALLY BE CONSIDERED CONFLICTS OF INTEREST. IF A DIRECTOR FEELS THAT THERE IS A CONFLICT, SHE OR HE LEAVES THE MEETING, THE ACTION AND REASON ARE DOCUMENTED IN THE MINUTES, AND IF NECESSARY, DETAILS OF THE DECISION ARE CAREFULLY EXPUNGED FROM THE SET OF MINUTES DISTRIBUTED TO THAT DIRECTOR FOLLOWING THE MEETING. DIRECTORS SIGN ANNUALLY A FORMAL DISCLOSURE STATEMENT. ORIGINALS ARE KEPT IN THE BIOONE HQ OFFICE.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: ON OCTOBER 26, 2013, THE PRESIDENT/CEO PREPARED A SUMMARY OF HER ACTIVITIES AND ACCOMPLISHMENTS FROM NOVEMBER 2012 TO OCTOBER 2013, FOR THE BOARD'S REVIEW. THE CHAIR OF THE BOARD OF DIRECTORS SHARED THE DOCUMENT WITH ALL MEMBERS OF THE BOARD AND SOLICITED INPUT FROM THE BOARD ON THE PRESIDENT'S PERFORMANCE. THE EXECUTIVE COMMITTEE, EMPOWERED BY THE BYLAWS, THEN MET VIA TELECONFERENCE WITH THE PRESIDENT ON OCTOBER 31, 2013 TO DISCUSS HER PREPARED REVIEW AND RAISE ANY OTHER PERTINENT ISSUES. DURING 2013, THE EXECUTIVE COMMITTEE, IN CONSULTATION WITH THE CORPORATION'S LEGAL COUNSEL, REVIEWED A CONTRACT PROPOSED BY THE PRESIDENT/CEO. FOLLOWING THE DISCUSSION WITH THE PRESIDENT/CEO, THE EXECUTIVE COMMITTEE PRESENTED THE PRESIDENT/CEO'S PERFORMANCE AND PROPOSED THE CONTRACT TO THE BOARD DURING AN EXECUTIVE SESSION AT THE NOVEMBER 22, 2013 BOARD MEETING. THE DISCUSSION WAS RECORDED AND IS HELD SEPARATELY BY THE SECRETARY. A FORMAL EVALUATION

Name of the organization BIOONE	Employer identification number 52-2187678
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LETTER CONTAINING THE COMPENSATION ADJUSTMENT (TO BEGIN JANUARY 1, 2014) WAS SHARED WITH THE PRESIDENT/CEO.

THE PRESIDENT/CEO IS RESPONSIBLE FOR ALL EMPLOYEES OF THE ORGANIZATION. SHE IS CAREFUL TO BENCHMARK SALARIES AND BENEFITS FOR STAFF ON AN ANNUAL BASIS FROM A VARIETY OF SOURCES. ONCE AN EMPLOYEE'S REVIEW IS COMPLETE, THE PRESIDENT/CEO PROVIDES A SUMMARY TO THE CHAIR AND TREASURER ALONG WITH DOCUMENTATION OF THE COMPENSATION ADJUSTMENTS MADE. SUBSTANTIAL SALARY INCREASES (E.G., PROMOTION) ARE BUDGETED AND RECOMMENDED TO THE BOARD VIA THE FINANCE COMMITTEE. THE BENCH MARKING PROCEDURE ABOVE ALSO INFORMS THESE RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SURPLUS SHARE	-892,540.
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FORM 990, PART XII, LINE 2C:

EXPLANATION: AT ITS NOVEMBER 22 MEETING, THE BOARD OF DIRECTORS APPROVED AN AMENDMENT TO THE AUDIT COMMITTEE CHARTER, WHEREIN THE ROLE OF THE COMMITTEE IS EXPANDED TO TAKE THE LEAD IN

(I) INVESTIGATING CONCERNS OR COMPLAINTS REGARDING SUSPECTED FRAUD OR ABUSE RELATED TO THE FINANCES OF THE CORPORATION, AS REPORTED BY CORPORATION EMPLOYEES, DIRECTORS, OR EXTERNAL PARTIES, OR AS A RESULT OF ITS OWN REVIEWS OF INTERNAL OPERATIONS, AND

(II) WORKING WITH THE BOARD OF DIRECTORS TO ENSURE THAT APPROPRIATE

Name of the organization

BIOONE

Employer identification number

52-2187678

ACTION IS TAKEN AGAINST PERPETRATORS IF SUCH INVESTIGATION FINDS CAUSE FOR ACTION.

THE RENAMED AUDIT AND OVERSIGHT COMMITTEE (AOC) HAS THE AUTHORITY TO CONDUCT ANY INVESTIGATION APPROPRIATE TO FULFILLING ITS RESPONSIBILITIES, AND IT HAS DIRECT ACCESS TO THE OUTSIDE AUDITORS AND LEGAL COUNSEL AS WELL AS TO STAFF OF THE ORGANIZATION. BIOONE HAS ALSO INSTALLED AN ANONYMOUS HOTLINE TO ENSURE COMPLIANCE WITH ITS WHISTLEBLOWER POLICY AND TO ASSIST THE AOC WITH ITS DUTIES.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. BIOONE	Employer identification number (EIN) or 52-2187678
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 21 DUPONT CIRCLE, NW, NO. 800	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036-1118	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUSAN SKOMAL

• The books are in the care of ▶ **21 DUPONT CIRCLE, NW, SUITE 800 - WASHINGTON, DC 20036**
Telephone No. ▶ **(202) 296-1605** Fax No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ calendar year **2013** or

▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.