# PUBLIC DISCLOSURE COPY

**99**0 Form

Department of the Treasury Internal Revenue Service

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

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

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



Α	For the	2020 calendar year, or tax year beginning and	ending									
В	Check if applicable:	C Name of organization		D Employer identific	cation number							
	Address change	<sup>s</sup> ELIFE SCIENCES PUBLICATIONS, LTD.										
	Name change	Doing business as		45-3588477								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number								
	Final return/	WESTBROOK CENTRE, MILTON ROAD		(122) 385-534	40							
	termin- ated	G Gross receipts \$	7,190,061.									
	Amende return	H(a) Is this a group re										
	Applica- tion pending	F Name and address of principal officer: MTCHAEL BISEN		for subordinates	? Yes 🗴 No							
		SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No							
		mpt status: 🗴 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions							
		WWW.ELIFESCIENCES.ORG		H(c) Group exemption	n number 🕨							
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2011 N	State of legal domicile: DE							
P		Summary										
e	1 E	Briefly describe the organization's mission or most significant activities: TO HELI		STS ACCELERATE								
anc		DISCOVERY BY OPERATING A PLATFORM FOR RESEARCH (CONTINUED IN										
Governance	2 (	Check this box F if the organization discontinued its operations or dispos	sed of more	1 1	ets.							
Ň	3 1	lumber of voting members of the governing body (Part VI, line 1a)										
ن ھ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)										
ies	<b>5</b> T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			1							
Activities &	<b>6</b> T	otal number of volunteers (estimate if necessary)			4							
Act	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0. 0.							
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>									
				Prior Year 4,255,933.	Current Year							
en	8 0	Contributions and grants (Part VIII, line 1h)		3,410,585.	2,623,106. 4,539,094.							
Revenue	9 F	Program service revenue (Part VIII, line 2g)		-157.	<u>4,339,094.</u> 2,208.							
Be	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		23,316.	25,653.							
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,689,677.	7,190,061.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,226.	34,697.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
	1 4 5 6	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		3,369,189.	3,705,764.							
Expenses	160 0	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.							
en	ноа г	Fotal fundraising expenses (Part IX, column (D), line 25)	0.									
Ĕ	17 0	Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,808,257.	3,823,447.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,228,672.	7,563,908.							
		Revenue less expenses. Subtract line 18 from line 12		461,005.	-373,847.							
or				ginning of Current Year	End of Year							
ets (	а т 20 т	otal assets (Part X, line 16)		2,757,394.	2,517,724.							
Net Assets	20 1 21 T	Total liabilities (Part X, line 26)		1,706,891.	1,965,865.							
Net,	22 N	Net assets or fund balances. Subtract line 21 from line 20		1,050,503.	551,859.							
	oratili	Signaturo Block		_,,••	,							

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. Τ.

Sign Here	Signature of officer           DAMIAN PATTINSON, EXECUTIVE DIRECTIVE OF D	TOR DRAM	Da	<sup>ite</sup> 11/05/20	)21					
		Preparer's signature	Date	Check	PTIN					
Paid	QI WEN LIANG	Preparer's signature R. Wen Tranz	11/04/2021	self-employed P0	1270238					
Preparer	Firm's name 🕒 GRANT THORNTON LLP		Fir	m's EIN ▶ 36-6	5055558					
Use Only	Firm's address 🕨 101 CALIFORNIA STREET, S	SUITE 2700								
	SAN FRANCISCO, CA 94111 Phone no.415-									
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X	Yes	No				
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (20	020)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

# COPY

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

# File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits*.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see inst	ructions.		Taxpaye	Faxpayer identification number (TIN)						
print	ELIFE SCIENCES PUBLICATION	IS LTD	).		45-35	88477					
File by the due date t					45 55	0011					
filing your return. Se	WESTBROOK CENTRE MILTON F	,									
	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE UNITED KINGDOM										
Enter th	ne Return Code for the return that this application is for (	file a separa	te application for each return)								
Applica	ation	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	90 or Form 990-EZ	Form 990-T (corporation)			07						
Form 9	90-BL	02	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09					
Form 9	90-PF	04	Form 5227			10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	90-T (trust other than above)	06	Form 8870 ROOK CENTRE, MILTON			12					
• If the original of the origi	request an automatic 6-month extension of time until he organization named above. The extension is for the o ▶ I calendar year 2020 or ▶ tax year beginning f the tax year entered in line 1 is for less than 12 months, Change in accounting period	it Group Exe and atta NOVE1 rganization's , an , check rease	mption Number (GEN), indica a list with the names and TINs of MBER 15, 2021 , to file return for:	f this is fo all memb	r the whole <u>c</u> ers the exter npt organizat 	group, check this asion is for.					
	f this application is for Forms 990-BL, 990-PF, 990-T, 472 iny nonrefundable credits. See instructions.	20, or 6069, 6	enter the tentative tax, less	3a	\$	0.					
b li	this application is for Forms 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and								
e	stimated tax payments made. Include any prior year ove	\$	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 \$											
Cautio instruct	n: If you are going to make an electronic funds withdraw tions.	al (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	9-EO for payment					
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instru	ictions.		Form 8	8868 (Rev. 1-2020)					

Par	rt 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:		
'	ELIFE IS A NON-PROFIT ORGANISATION INSPIRED BY RESEARCH FUNDERS AND		
	LED BY SCIENTISTS. OUR MISSION IS TO HELP SCIENTISTS ACCELERATE		
	DISCOVERY BY OPERATING A PLATFORM FOR RESEARCH COMMUNICATION THAT		
	ENCOURAGES AND RECOGNISES THE MOST RESPONSIBLE BEHAVIOURS IN SCIENCE.		
2	Did the organization undertake any significant program services during the year which were not listed on	the	
	prior Form 990 or 990-EZ?		es 🛛 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 ser	vices?	es 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 service	an an manurad by average	~~
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$6,644,045. including grants of \$34,697.	(Revenue \$ 4 ,	539,094.
	SEE SCHEDULE O.		
41.			
4b	(Code:) (Expenses \$ including grants of \$	(Revenue \$	
40			
4c	(Code:) (Expenses \$ including grants of \$	(Revenue \$	
	SEE SCHEDULE O		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 6,644,045.		
-		For	n <b>990</b> (2020
		1 011	(_020
32000	2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)		

Form 990 (2020) ELIFE SCIENCES PUR Part IV Checklist of Required Schedules ELIFE SCIENCES PUBLICATIONS, LTD. 45-3588477 Page 3

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b		11b		x
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
U	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	x	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	А	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
	Schedule D, Parts XI and XII	12a	А	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		77	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	Х
032003	12-23-20	Form	990	(2020)

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22       Did the organization report more than 55.000 of grants or other assistance to or for domestic individuals on Part X, columned Schedule ( <i>L</i> parts and <i>U</i> )       22       X         23       Did the organization asswer: 'Yes' to Part VI), Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.       23       X         24a       Did the organization have a tax-exempt bond issue with an outstanding pincipal amount of more than 5100,000 as of the last dig of the year, that was assued after Deambers 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule K. If 'No,' go to line 25a       24a       X         24b       Did the organization maintain an escrew acount other than a refunding escrew at any time during the year?       24d       X         25a       Section 50(16)(5). 50(16)(4), and 50(12)(29) organization. Bot the organization and a file angoad in an excess benefit transaction with a disqualified person in any tax-see benefit transaction have any amount on Part X, line 6 or 22, for receivables from or psyables to sing current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       Zx         25       Did the organization provide a grant or other assistance to any or these person? I 'Yes, ' complete Schedule L, Part II       25b       X         26       Did the organization provide a grant or other assistance to any or these person? I 'Yes, ' complete Schedule L, Part II       25b       X         27				Yes	No			
22       Did the organization answer "res" to Part VII Section A, line 3, 4, or 5 about compensation of the organizations current and former officer, directors, trustees, key employees, and highest compensated employees? // **es, "complete Schedule L, **es, to Part VII Section A, line 3, 4, or 5 about compensation of the organization scurrent base tax-exempt bord issue with an outstanding principal amount of more than \$100,000 as of the tax tay of the year, if ways sized after December 31, 2002? /* **es, "answer time 24 through 24 ad ad complete Schedule L, **o, to the ways, that was sixed after December 31, 2002? /* **es, "answer time 24 through 24 ad ad complete Schedule L, **o, to the sixe assert to make a tax-exempt bords outstanding at any time during the year?         40       Did the organization matchin an escowa account of the thran a refurning escow at any time during the year?       24a         50       Section 50(16), 50(16), 40(16),	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
22       Did the organization answer "ves" to Part VII, Section A, Inte 3, 4, 0 5 about compensation of the organization sourcest and forme officera, directors, trustees, key employees, and highest compensate employees? If "Ves," complete Schedule I, If No. 7 to Din the 32m proceeds of tax exempt bond success that a set assessment bond success that a set assessment bond success that the transaction maintain an escrew account offer than a refunding secrew at any time during the year to defease any tax-exempt bonds?       24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x			
Schedule J       23       X       24	23							
24       Dot the erganization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," <i>acrowel lines 24b through 24d and complete</i> Schedule ( <i>I Wo.</i> ) go to line 256.       24a       X         24       Did the erganization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception?       24a       X         250       Did the erganization invest any proceeds of tax-exempt bonds a temporary pariod exception?       24a       X         250       Section 507(c)(3), 607(c)(4), and 507(c)(4), and 507(c)(4) and 507(c)(4) and 507(c)(4), and 507(c)(4		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
is at day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete     24a     x       Schedule K, If "No," go to line 25a.     24b     24b     24b       b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       c Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year?     24c     24c       d Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?     24c     24c       d Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?     24c     24c       b Is the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?     25a     X       b Is the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?     25a     X       D Id the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?     25b     X       D Id the organization report any amount on Part X. Ine 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled anthy or any individual described in any of these persons? If "Yes," complete Schedule L, Part II     26b     X       27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, subst		Schedule J	23	Х				
Schedule K II 'No.'' go to line 25a	24a							
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?         240           c Did the organization maintain an escrow account other than a refunding scrow at any time during the year't defease any tax-exempt bonds?         240           d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year't         241           d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year't         241           d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year't         253           d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction man tob teen reported on any of the organization's prior Forms 980 or 990-E27 if 'yes,' complete Schedule L, Part I         256           27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%         261           27 Did the organization provide a grant or other assistance to any ourrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'yes,' complete Schedule L, Part II         26           28 Was the organization oppose thereof or family member of any of these persons? If 'Yes,' complete Schedule L, Part II         28         28           29 Did the organization receive contributed or the moleyse thereof, a grant selection commulate member, or any dividual sectible in line 284 If 'y'ss,' comp		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d       Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction nean owner that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // **as, " complete Schedule L, Part II       26a       X         27       Did the organization provide a grant or other assistance to any ourcend or former officer, director, trustee, key employee, creator or nor officer, director, trustee, key employee, creator or founder, substantial contributor?       27       X         28       Was the organization provide assistance to any on or these persons? // **as, " complete Schedula L, Part II       28a       X         29       Na Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //       28a       X         20       Did the organization receive contributions and/or organization described in line 28a or 28b? //       28a       X         21       A surrent or form		Schedule K. If "No," go to line 25a	24a		x			
any tax-exempt bonds?       24c         d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?       24d         25a       Section 50(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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-E27       # 'ves, ' complete Schedule L, Part I       25a       X         25 Did the organization are of the organization's prior Forms 990 or 990-E27       # 'ves, ' complete Schedule L, Part I       25a       X         27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'ves, ' complete Schedule L, Part I       26       X         27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28e       X         29 Did the organization receive contributions of at, historical treasures, or cludief conservation contribution? If ''ses, ' complete Schedule L, Part IV       28e       X         29 Did the organization receive contributions of at, historical treasures, or charplete Schedule N, Part I       20e       X         29 Did the organiza	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disquilified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900-E27. If "Yes," complete Schedule L, Part I       25a       X         260       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of funder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         270       Did the organization appoide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, or any of these persons? If "Yes," complete Schedule L, Part II       27       X         280       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       28       X         281       was the organization active to a thistorical transaction with one of the following parties (see Schedule L, Part II       28       X         282       x       A anniy member of any individual described in line 28a? If "Yes," complete Schedule L, Part II       28       X         283       Complete Schedule L, Part IV       28a       X       29	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dict the organization engage in an excess benefit transaction with a disqualified person during the year? <i>II* Yes,</i> " <i>complete Schedule L, Part I</i> 25a       X         25b       b is the organization aware that it engage 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 E2? <i>II* Yes,</i> " <i>complete Schedule L, Part I</i> 25b       X         26       Did the organization aware that it engage in these persons? <i>II*Yes,</i> " <i>complete Schedule L, Part II</i> 26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33%       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>II</i> "''''''''''''''''''''''''''''''''''''		• •						
transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I       25a       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 prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor or a 35% controlled entity of basis transaction with one of the following parties (see Schedule L, Part II)       26       X         28 Was the organization provide thereol) or family member of any of these persons? // "Yes," complete Schedule L, Part IV       27       X         29 A current or former office, director, trustee, key employee, creator or founder, or substantial contributor? /// Yes," complete Schedule L, Part IV       28a       X         29 A tamily member of any individual described in line 28a? /// Yes," complete Schedule M       29       X         29 Id the organization receive more than \$25.000 in non-cash contributions? // Yes," complete Schedule M       30       X         29 ID dth eroganization necleve more than \$			24d					
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # 'Yes,' complete       256       X         250       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       X         270       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       X         270       Did the organization aparty to a business transaction or any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         280       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,'' complete Schedule L, Part IV       27       X         281       A family member of any ind these persons? If 'Yes,'' complete Schedule L, Part IV       28a       X         293       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,'' complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,'' complete Schedule L, Part I       20       X         30       X       31       X       31       X         31 <td< td=""><td></td><td></td><td>25a</td><td></td><td></td></td<>			25a					
Schedule L, Part I       25b       X         20       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee threator) or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I       28b       X         29       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II "Yes," complete Schedule N, Part I       31	b							
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, functer, trustee, key employee, creator or founder, substantial contributor, or 35% complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, functer, substantial contributor, or 35% complete Schedule L, Part II       26       X         28       Was the organization provide a grant or other assistance to any current or former officer, functer, substantial contributor, or 35% complete Schedule L, Part II       27       X         28       Was the organization provide a grant or other assistance to any current or former officer, functer, trustee, key employee, creator or founder, or substantial contributor? If       Y       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       Y       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I, Part IV       28c       X         20       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I       31       X         31       Did the organization receive contributions of								
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		,	25b					
controlled entity or family member of any of these persons? /f "Yes," complete Schedule L, Part /l       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? /f "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f       28a       X         2 h A family member of any individual described in line 28a? /f "Yes," complete Schedule L, Part IV       28a       X         2 h A family member of any individual described in line 28a? /f "Yes," complete Schedule M       29       X         3 Did the organization receive more than \$25,000 in non-cash contributions? /f "Yes," complete Schedule M       30       X         3 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M       30       X         3 Did the organization related to any tax-exempt or taxable entit?? /f "Yes," complete Schedule N, Part II       31       X         3 Did the organization related to any tax-exempt or taxable entit?? /f "Yes," complete Schedule R, Part II, IIII, or IV, and Part V, line 1       34	26							
20       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III.       28       X         29       Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "res," complete Schedule L, Part IV.       28b       X         29       Did the organization a party to a business of a start of organizations and exceptions?       29b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization receive contributions of art, historical treasures, or anglete Schedule N, Part II.       31       X         32       X       Did the organization receive contributions of art, historical treasures, or complete Schedule N, Part II.       31       X      <					v			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III       Z       X         28       Was the organization applicable filling thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       Yes," complete Schedule L, Part IV       Zeb       X         29       DA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       Zeb       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       Zeb       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       Zeb       X         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       Zeb       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       Zeb       X         31       X       Sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II.       Zeb       X         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of sections 5	07		20					
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       Max the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       A current or former officer, furstee, key employee, creator or founder, or substantial contributor? If       28a       X         29       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       20       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization neutry disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         32       Did the organization neutrolied entity within the meaning of section 512(b)(13)?       35a       X         34       Was the organization conduct more than 5% of its activities through an entity that is not a	21							
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         c       A 35% controlled entity of one or more individuals and/or organization described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.       29       X         29       Did the organization receive contributions or art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Was the organization neal activities through an entity H"Yes," complete Schedule R, Part V, ine 2       35			27		x			
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? <i>If</i> "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule N Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part I Did the organization new 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization neated to any tax-exempt or axable entity? <i>If</i> "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization neet than 5% of its activities through an entity that is not a related organization and that is treated as a partership for federal income tax purposes? <i>If</i> "Yes," complete Schedule R, Part V, Iine 2 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 partership for federal income tax purposes? <i>If</i> "Yes," compl	20		21					
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       x         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       x         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If       "28c       x         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       x         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       x         31       Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       31       x         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Ime 1       33       x         33       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       x         34       Was the organization complete Schedule R, Part V, Ime 2       36       x         35       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       x         35       Did the organization con	20							
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b A family member of any individual described in line 28a? /f "Yes," complete Schedule L, Part IV       28       x         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? /f       "yes," complete Schedule L, Part IV       28c       x         29       Did the organization receive more than \$25,000 in non-cash contributions? /f "Yes," complete Schedule M       29       X         30       it he organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M.       30       x         31       Did the organization ilquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? /f "Yes," complete Schedule R, Part I       33       x         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       x         35a       Did the organization conduct more than 35% of its activities through an entity that is not a enterpt of receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       x         35a       Did the organization conduct more than 5% of its activities through an entity that	u		28a		x			
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"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2 <td></td> <td></td> <td>200</td> <td></td> <td></td>			200					
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neaded to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         355       Did the organization neve a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization a	Ū		28c		x			
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       x         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       x         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	29				x			
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.32 nd 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule Q.       Art V, line 2       36       37         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       38       X								
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32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization related to any tax-exempt or enceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         35       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         36       Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       38       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       X       X       X       X       X         39       Did the organization complete Schedule O <td>31</td> <td></td> <td>31</td> <td></td> <td>x</td>	31		31		x			
Schedule N, Part II       32       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       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)?       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       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? If "Yes," complete Schedule R, Part VI       37       37       X         38       Did the organization complete Schedule O       Or and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       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       X       X         1a	32							
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       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       X         1a       Enter the number			32		x			
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       X         1a       Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       151	33							
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       X         1a       Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       151		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
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b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O.       38       X         Part V         Statements Regarding Other IRS Filings and Tax Compliance         Yes No         1a         1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Part V, line 1	34		x			
within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
<ul> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2</li></ul>	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
If "Yes," complete Schedule R, Part V, line 2         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         94       Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         95       Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       151       V			35b					
<ul> <li>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</i> "Yes," <i>complete Schedule R, Part VI</i></li></ul>	36							
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		X			
38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         9art V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       X         1a       151       Yes	37							
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X         Check if Schedule O contains a response or note to any line in this Part V       X         Inal Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       151       V								
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       X         1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       151	38	• • • • • •						
Check if Schedule O contains a response or note to any line in this Part V       X         Yes No         1a       151       151	Par	Note: All Form 990 filers are required to complete Schedule 0	38	Λ				
Yes         No           1a         151         151	. u				x l			
1a       151         1a       151		טוופטת זו סטוופטעוב ט טטווגמווז א ובאטטואב טו זוטנב נט אוזע ווווש וו נוווא דאור ע		Vac				
	10	Enter the number reported in Roy 3 of Form 1096. Enter $Q$ , if not applicable $  1 2  $ 151		res	NO			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
(gambling) winnings to prize winners?	Ū		10	х				
032004 12-23-20 Form <b>990</b> (2020)	032004				(2020)			

Form	990 (2020) ELIFE SCIENCES PUBLICATIONS, LTD.	45-358847	7	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a	х	
b	If "Yes," enter the name of the foreign country  UNITED KINGDOM				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices provided to the payor?	7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
•			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	10-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
	Gross income from members or shareholders				
D		116			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b   10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
~	Enter the amount of reserves on hand	13c			
14a			14a	1	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1	1
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
			-	990	

Form **990** (2020)

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ra	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b belo	ow, and fo	or a "No" r	espon	se		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ii	nstruct	ions.					
	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management					1			
		ı I	I		·	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>			8				
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				_				
b	Enter the number of voting members included on line 1a, above, who are independent	1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any oth	er					
	officer, director, trustee, or key employee?				2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	super	vision					
							X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99						X		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?					X		
6	Did the organization have members or stockholders?				6	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-							
	more members of the governing body?				7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, d	or					
	persons other than the governing body?				7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-		-					
а	The governing body?				8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X		
<u>ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)						
						Yes	No		
0a	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affilia	tes,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing	the form'	? <b>11a</b>	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe	;					
	in Schedule O how this was done				12c	Х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	depend	lent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	х			
b						Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a						
	taxable entity during the year?						X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-						
	exempt status with respect to such arrangements?				16b				
ec	tion C. Disclosure					•			
7	List the states with which a copy of this Form 990 is required to be filed CA, DE								
-	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	T (Sec	tion 5010	c)(3)s only)	availa	able		
8	for public inspection. Indicate how you made these available. Check all that apply.				,, <b>-</b> ,-,y)				
8			hodula						
8		on So							
	X         Own website         Another's website         X         Upon request         Other (explain)				and finan	cial			
18 19	X       Own website       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control of the section of th				, and finan	cial			
19	X       Own website       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	nflict o	f intere	est policy,	, and finan	cial			
	X       Own website       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control of the section of th	nflict o	f intere	est policy,	, and finan	cial			
19	X       Own website       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's boo	nflict o	f intere	est policy,	, and finan	cial			

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Form 990 (2		45-3588477	Page 7								
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 Comple	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.

See instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		n ploye	t com	_			and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAMIAN PATTINSON	37.50	_								
EXEC DIR., SEC, TREAS	0.00			х				160,029.	0.	9,602.
(2) JENNIFER GIBSON	37.50									
HEAD OF EXTERNAL RELATIONS	0.00					x		132,057.	0.	7,923.
(3) GIULIANO MACIOCCI	37.50									
HEAD OF PRODUCT	0.00					X		128,803.	0.	7,728.
(4) MICHAEL EISEN	15.00									
EDITOR IN CHIEF	0.00			х				135,000.	0.	0.
(5) PAUL SHANNON	37.50									
HEAD OF TECHNOLOGY	0.00					x		125,353.	0.	7,521.
(6) PETER RODGERS	37.50									
FEATURES EDITOR	0.00					x		111,330.	0.	6,680.
(7) TOBY COPPEL	2.00									
DIRECTOR & CHAIR	0.00	х		х				10,269.	0.	0.
(8) CHRISTIAN HERNANDEZ	2.00									
DIRECTOR	0.00	х						5,135.	0.	0.
(9) NOURIA HERNANDEZ	2.00									
DIRECTOR	0.00	х						5,000.	0.	0.
(10) PRACHEE AVASTHI	2.00									
DIRECTOR	0.00	Х						5,000.	0.	0.
(11) ROBERT TJIAN	2.00									
DIRECTOR	0.00	Х						5,000.	0.	0.
(12) BILL HANSSON	2.00									
DIRECTOR (THRU 6/20)	0.00	Х						0.	0.	0.
(13) ULMAN LINDENBERGER	2.00									
DIRECTOR (AS OF 11/20)	0.00	Х						0.	0.	0.
(14) ERIN O'SHEA	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(15) MIKE TURNER	2.00									_
DIRECTOR (THRU 12/31/20)	0.00	х						0.	0.	0.
		-					-			
		1								
	1		-					1		- 000 (2222)

032007 12-23-20

Form 990 (2020)

## 11471108 153424 0198751-00001

Form 990 (2020) ELIFE SCIENCE	S PUBLICAT	ION	s,	LTD	•				45-358	8477	7	P	'age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(10		Pos				Reportable	Reportable		Es	stimate	əd
	hours per	box	, unle	ss per	rson i	than c s both	an	compensation	compensation		an	nount	of
	week	offic	cer ar	nd a d	irecto	r/trust	ee)	from	from related	d other			
	(list any	actor						the	organizations		com	pensa	ition
	hours for	or dire			ted	organization	(W-2/1099-MIS0	C)	fr	om th	e		
	related	stee (	ruste			pensa		(W-2/1099-MISC)			•	anizat	
	organizations below	ıal tru	onal t		oloye(	com						d relat	
	line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		Ē	ŝ	0	Ke	e Hi	ß			$\rightarrow$			
										-			
										$ \rightarrow$			
										$\rightarrow$			
										-			
										$\rightarrow$			
1b Subtotal 822,976. 0.								39,454.					
c Total from continuation sheets to Part VI								0.		0.	0. 39,454.		0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not set to the set of the se</li></ul>								822,976.	000 of reportable	0.		39,	454.
compensation from the organization		036	11310	u ac	000	) <b>V</b> II	516	sceived more than \$100,					6
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	J f	for such individual			4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich i	oers	on .		-			5		х
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	ensati	ion fro	om	
(A)	ne calendar ye		nun	ig w				(B)			(0	2)	
							nsatio	n					
ENDAVA (UK) LTD, 125 OLD BROAD STREET,													
LONDON, EC2N 1AR, UNITED KINGDOM     SOFTWARE DEVELOPMENT       WORKMAN, 4TH FLOOR, MINTON PLACE, STATION								296,	527.				
ROAD, UNITED KINGDOM PROPERTY SERVICES								217	322.				
EJOURNAL PRESS							,						
5508 GREENTREE ROAD, BETHESDA, MD 20817 EDITORIAL SERVICES								216	530.				
EXETER PREMEDIA SERVICES PRIVATE LTD,							210,	550.					
							18/	522					
SPACES, 10TH FL., CITIUS A BI, CHENNAI,     EDITORIAL SERVICES     184,52       EDITORIAL OFFICE, AVEBURY HOUSE, 6 ST     EDITORIAL SERVICES     184,52							566.						
PETER STR, WINCHESTER, S023 8BN, UNITED EDITORIAL SERVICES								172,	609.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization													
\$100,000 of compensation from the organiz	ation 🕨				2	,						000	

032008 12-23-20

Form **990** (2020)

Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O c	contains a re	esponse	or note to any line			(0)	
						( <b>A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
Amo Amo	с	Fundraising events		1c					
ar /	d	Related organizations		1d					
is, C	е	Government grants (contri	ibutions)	1e					
tion S	f	All other contributions, gifts,	grants, and						
ibu <sup>.</sup>		similar amounts not included		1f	2,623,106.				
ntr d C	g	Noncash contributions included in I	lines 1a-1f	1g \$					
<u>a č</u>	h	Total. Add lines 1a-1f				2,623,106.			
					Business Code		4 520 004		
ice	2 a	PUBLICATION FEES			519130	4,539,094.	4,539,094.		
Program Service Revenue	b								
n S /eni	c								
graı Rev	d								
, roi	e 	All other program service	101/02/10						
-	f	Total. Add lines 2a-2f				4,539,094.			
	3	Investment income (includ				-,,			
	Ŭ	other similar amounts)	•			2,208.			2,208.
	4	Income from investment o				,			
	5	Royalties	•		· · ·				
		,		Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)	)		►				
	7 a	Gross amount from sales of	(i) Se	curities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
eni		and sales expenses	7b						
Revenue		Gain or (loss)	7c						
Re	d	Net gain or (loss)		·····	🕨				
Other	8 a	Gross income from fundraisir	ng events (no	ot					
ō		-							
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from the Gross income from gamin			<b>&gt;</b>				
	9 a	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from			►				
		Gross sales of inventory, le							
	10 0	and allowances		10a	-				
	b	Less: cost of goods sold							
		Net income or (loss) from :							
				,	Business Code				
sno	11 a	FOREIGN EXCHANGE GA	.IN		900099	25,653.			25,653.
cellaneo 3evenue	b								
sells eve	с								
Miscellaneous Revenue	d	All other revenue							
2		Total. Add lines 11a-11d			►	25,653.			
	12	Total revenue. See instruction	ons		►	7,190,061.	4,539,094.	0.	27,861.
03200	9 12-23-	-20							Form <b>990</b> (2020

ELIFE SCIENCES PUBLICATIONS, LTD.

Form 990 (2020)

Page 9

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ELIFE SCIENCES PUBLICATIONS, LTD. 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).

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	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	arants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21		1		ł
<b>2</b> G	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	34,697.	34,697.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	323,033.	204,686.	118,347.	
	compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
p	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,858,804.	2,460,549.	398,255.	
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	167,484.	161,476.	6,008.	
	Other employee benefits	1,132.	1,132.		
	Payroll taxes	355,311.	326,282.	29,029.	
	ees for services (nonemployees):				
аN	/anagement				
	egal	6,913.		6,913.	
		78,825.		78,825.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
f Ir	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch O.)	134,961.	22,149.	112,812.	
<b>12</b> A	Advertising and promotion	330,939.	330,939.		
	Office expenses	96,481.		96,481.	
	nformation technology				
	Royalties				
	Decupancy	353,290.	323,553.	29,737.	
	ravel	65,121.	63,684.	1,437.	
<b>18</b> P	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
<b>19</b> C	Conferences, conventions, and meetings				
<b>20</b> Ir	nterest				
<b>21</b> P	Payments to affiliates				
	Depreciation, depletion, and amortization	79,218.	72,550.	6,668.	
<b>23</b> Ir	nsurance	45,914.	15,813.	30,101.	
a li	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	DITORIAL COSTS	1,760,588.	1,760,588.		
ьW	EBSITE & DEVELOPMENT	808,831.	808,831.		
c P	ROFESSIONAL DEVELOPMEN	38,716.	35,457.	3,259.	
dR	ECRUITMENT	23,650.	21,659.	1,991.	
e A	Il other expenses				
25 T	otal functional expenses. Add lines 1 through 24e	7,563,908.	6,644,045.	919,863.	(
26 J	oint costs. Complete this line only if the organization				
re	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
0	heck here here here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2020)

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Form 990 (2020)

Part X Balance Sheet

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,746,520.	1	1,396,873.
	2	Savings and temporary cash investments				2	, ,
	3				3		
	4	Accounts receivable, net			189,174.	4	222,968
	5	Loans and other receivables from any current or			, -	-	/
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				5	
	0	under section 4958(f)(1)), and persons described		- 4050(-)(0)(D)		6	
	7			· · · · · · · · · · · · · · · ·		7	
ets	7	Notes and loans receivable, net					
Assets	8	Inventories for sale or use			206,781.	8	208,713
	9	Prepaid expenses and deferred charges			200,701.	9	200,713
	10a	Land, buildings, and equipment: cost or other		517 712			
		basis. Complete Part VI of Schedule D	10a	517,713.	262 020		107 272
		Less: accumulated depreciation	106	· · · · ·	263,920.	10c	197,272
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	350,999.	15	491,898		
	16	Total assets. Add lines 1 through 15 (must equa			2,757,394.	16	2,517,724
	17	Accounts payable and accrued expenses			813,324.	17	837,242
	18	Grants payable				18	
	19	9 Deferred revenue		871,500.	19	1,128,623	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	, director,			
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
ap		controlled entity or family member of any of thes	e perso	s		22	
⊐∣	23	Secured mortgages and notes payable to unrela	ted thir	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	rties		24	
	25	Other liabilities (including federal income tax, page	yables t	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			22,067.	25	0
	26	Total liabilities. Add lines 17 through 25			1,706,891.	26	1,965,865
		Organizations that follow FASB ASC 958, che	ck here	X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,050,503.	27	551,859
Dai	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 9					
5		and complete lines 29 through 33.	,				
5	29	Capital stock or trust principal, or current funds				29	
2	30	Paid-in or capital surplus, or land, building, or eq				30	
201	31	Retained earnings, endowment, accumulated inc				31	
er	32	Total net assets or fund balances			1,050,503.	32	551,859
Ż	32 33	Total liabilities and net assets/fund balances			2,757,394.	33	2,517,724
	აა	Total habilities and het assets/fund balances			2,131,394.	33	Form <b>990</b> (202

ELIFE SCIENCES PUBLICATIONS, LTD.

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

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Form	990 (2020) ELIFE SCIENCES PUBLICATIONS, LTD.	45-358847	7	Pa	<sub>ge</sub> 12	
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	190,	061.	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3		373,	847.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	050,	503.	
5	Net unrealized gains (losses) on investments	5				
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 on Schedule O)	9		124,	797.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
		r		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	D.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	ſ	2b	X		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?	r	2c	X		
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		

Form **990** (2020)

032012 12-23-20

SCHEDULE A	SC	HE	Dι	JLE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

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

OMB No. 1545-0047
2020
Open to Public

Inspection

Nan	-								identification number
Do	~+ I		SCIENCES PUBLIC						45-3588477
Pa		Reason for Public C					ee instruction	S.	
	organ	ization is not a private found							
1		A church, convention of chu					1)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
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). (Co							
8		A community trust describe			-				
9		An agricultural research org						-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
40	X	university:		there 00 1 /00/ of its surge					
10		An organization that normal	•					•	•
		activities related to its exem		-					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	inter June 30, 1975.
44		See section 509(a)(2). (Cor		valu to toot for public oot	atu Caa	oootion El	20(-)(4)		
11 12		An organization organized a An organization organized a	-	•	•			way out the	nurnance of one or
12		• •	•	•	•			•	
		more publicly supported org	-						
		lines 12a through 12d that o	•••			-		-	aivina
а	L	Type I. A supporting orga the supported organizatio	-	-	• • • •	-			
		organization. You must c			majonty c				ipporting
b		<b>Type II.</b> A supporting orga	-		ion with its	e europorte	nd organizatio	n(e) by bay	ina
D		control or management of	-				-		-
		organization(s). You must			ine perso	ns that co		je trie supp	Jonted
с		Type III functionally integ	-		in connect	tion with a	and functional	lv integrate	d with
Ŭ	L	its supported organization		•••				ly integrate	a with,
d		<b>Type III non-functionally</b>		-				ted organiz	ration(s)
	L	that is not functionally into						-	
		requirement (see instructi	•	<b>e</b> ,	•		-	anatona	
e		Check this box if the orga		-				II Type III	
Ŭ	L	functionally integrated, or					1)po 1, 1)po	n, 1990 m	
f	Ente	er the number of supported o			0 0				
q		vide the following information	-						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount or	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
<u>Tota</u>							<u> </u>		
LHA	FOL H	Paperwork Reduction Act N	iotice, see the instri	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	aule A (For	m 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990-EZ) 2020 ELIFE SCIENCES PUBLICATIONS, LTD.

 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	•
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
<b>16</b> a	<b>33 1/3% support test - 2020.</b> If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatior	۱			
b	<b>33 1/3% support test - 2019.</b> If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	box and stop he	e <b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2019. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>s</b>	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	he organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990	) or 990-EZ) 2020

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Page 2

# Schedule A (Form 990 or 990-EZ) 2020 ELIFE SCIENCES PUBLICATIONS, LTD.

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

(Complete only if you checked the box on line 10 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) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 6,482,190 4,818,695 5,789,513 4,255,933. 2,623,106 23,969,437. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,697,701 2,881,702. 3,410,585. 4,539,094 12,529,082. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization'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 6,482,190, 6,516,396. 8,671,215. 7,666,518. 7,162,200 36,498,519. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 2,465,784. 2,612,572. 1,794,316. 13,360,430. 3,241,095. 3,246,663. 3 received from disqualified persons 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 0. amount on line 13 for the year c Add lines 7a and 7b 3,241,095, 2,465,784 3,246,663 2,612,572. 1,794,316 13,360,430 23,138,089. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 6,482,190 6,516,396 8,671,215 7,666,518 7,162,200 36,498,519. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 572. 2,208, 2,780. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 572. 2,780. 2,208 c Add lines 10a and 10b 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 23,316, 25,653 48,969. assets (Explain in Part VI.) 8,671,215. 7,690,406. 36,550,268. 6,482,190. 6,516,396. 7,190,061. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 63.30 % 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 64.65 Public support percentage from 2019 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .01 17 % .00 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. 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 - 2019. 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 A (Form 990 or 990-EZ) 2020 032023 01-25-21

15

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

2

No

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI have providing such basefit serviced and the numbers of the supported every instance (a) that exercised			

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

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Section C. Ty	pe II Supporting Org	ganizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 Image: the support of the organization (s).

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1 Che	ck the box next to the	method that the o	rganization used t	o satisfy the In	ntegral Part Test	during the yea	r (see instructions).
-------	------------------------	-------------------	--------------------	------------------	-------------------	----------------	-----------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a	a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	s).
---	--	------------------------------	------------------------	-------------------------	-----------------	---------------------	-------------------	-----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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   01-25-21

   Schedule

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Sche	dule A (Form 990 or 990-EZ) 2020 ELIFE SCIENCES PUBLICATIONS, LTD	•		45-3588477	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 ELIFE SCIENCES PUBLICATIONS, LTD.

Par	't V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2020 distributable amount				
<u>    i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7: Excess from 2016				
	Excess from 2016				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477	Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	I and 2; Part IV, Sectio /, Section B, line 1e; P	n C,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	nal information.	
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
REALIZED CURRENCY GAIN		
2019 AMOUNT: \$ 23,316.		
FOREIGN EXCHANGE GAIN		
2020 AMOUNT: \$ 25,653.		
032028 01-25-21 Schedul 20	le A (Form 990 or 990	-EZ) 2020

# **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

4	5	_	3	5	8	8	4	7	7

Organization type (check or	ie):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

45-3588477

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person Payroll 828,789. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll Noncash 828,789. (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 852,602. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 4 Person Х Payroll Noncash 112,925. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

ELIFE SCIENCES PUBLICATIONS, LTD.

45-3588477

Part I       (ele instructions)         (a)       (b)         from       Description of noncash property given         (a)       (c)         Part I       (c)         (a)       (c)         (b)       (c)         (c)       FMV (or estimate)         (c)       (c)         (c)       FMV (or estimate)         (c)       (c)		if additional space is needed.	Noncash Property (see instructions). Use duplicate copies of Pa	Part II
(a)     (b)     (c)       Mo.     (b)     FMV (or estimate)       Description of noncash property given     (c)       S     (c)       (a)     (c)       S     (c)       S     (c)       (a)     (c)       No.     (c)       (a)     (c)       No.     (c)       (a)     (c)       Description of noncash property given     (c)       FMV (or estimate)     (c)       (a)     (c)       No.     (c)       (a)     (c)       No.     (c)       (a)     (c)       No.     (c)       (b)     (c)       FMV (or estimate)     (c)       (a)     (b)       No.     (c)       (b)     (c)       FMV (or estimate)     (c)       (b)     (c)       FMV (or estimate)     (c)       (b)     (c)       FMV (or estimate)     (c)       (b)     (c)       (c)     (c)       FMV (or estimate)     (c)       (b)     (c)       (c)     (c)       (b)     (c)       (b)     (c)       (b)     (c) </th <th>(d) Date received</th> <th>FMV (or estimate)</th> <th></th> <th>No. from</th>	(d) Date received	FMV (or estimate)		No. from
No. rom art1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom art1     (b) (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom art1     (b) (See instructions.)     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom art1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data		\$		
(a)       (b)       (c)         Description of noncash property given       (c)         art 1       (c)         (a)       (c)         (a)       (c)         (a)       (c)         (a)       (c)         (b)       (c)         (c)       (c)	(d) Date received	FMV (or estimate)		No. rom
No. rom art I     (b) Description of noncash property given     (C) FMV (or estimate) (See instructions.)     Data       (a) No. rom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data       (a) No. rom Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Data		\$		
(a)       (b)       (c)         rom       Description of noncash property given       (c)         FMV (or estimate)       (See instructions.)       Data	(d) Date received	FMV (or estimate)		No. rom
No. rom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Da		\$		
(a)       (b)       (c)       FMV (or estimate)       Da         (a)       (b)       (c)       FMV (or estimate)       Da         (a)       (see instructions.)       Da         (a)       (b)       (see instructions.)       Da         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (c)         (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)         No.       (b)       (c)       FMV (or estimate)       (c)         (a)       (b)       (c)       FMV (or estimate)       (c)         (a)       (b)       (c)       FMV (or estimate)       (see instructions.)       Da	(d) Date received	FMV (or estimate)		No. rom
No. rom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     Da		\$		
(a) No. (b) rom Description of noncash property given (See instructions.) Da	(d) Date received	FMV (or estimate)		No. rom
No. (b) (C) rom Description of noncash property given (See instructions.) Da		\$		
	(d) Date received	FMV (or estimate)		No. 'om
\$				

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023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4** 

ame of o	organization			Employer identification numbe			
LIFE SC	CIENCES PUBLICATIONS, LTD.			45-3588477			
Part III	from any one contributor. Complete columns (	a) through (e) and the following line e	entry For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. on	ce.) ▶ \$			
a) No.	Use duplicate copies of Part III if additiona						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of g	l				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
<u>- u</u>							
		(e) Transfer of g	l				
		(-,	<b>U</b>				
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I							
		(e) Transfer of c					
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I				· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer of g	/ITC				
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee			
3454 11-25	5-20	I	Schedule	B (Form 990, 990-EZ, or 990-PF) (20			
		~ 4					

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11471108 153424 0198751-00001

90	HEDULE D Supplementa	I Financial Statements		OMB No. 1545-0047
		anization answered "Yes" on Form 990,		2020
(	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
		Attach to Form 990. 00 for instructions and the latest information.		Inspection
	e of the organization			ployer identification number
	ELIFE SCIENCES PUBLICATIONS			45-3588477
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised fun	ds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 📃 No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be used o	only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confer	ring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV	, line 7	
2	<ul> <li>Preservation of land for public use (for example, recreat</li> <li>Protection of natural habitat</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualifierer</li> </ul>	Preservation of a cer	ified hi	storic structure
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			2b	
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c	
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structure		
			2d	<u> </u>
3	Number of conservation easements modified, transferred, relevent	eased, extinguished, or terminated by the orgar	ization	during the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri-	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
				0
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation ea	isemen	ts during the year
~			\ <i>(</i> )	
8	Does each conservation easement reported on line 2(d) above			
~	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	-		
	balance sheet, and include, if applicable, the text of the footnot	ore to the organization's financial statements th	at desc	JUDES LITE

	nization's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the	organization elected as permitted under EASE ASC 958, not to report in its revenue statement and balance sheet works

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 1a 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 FASB 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: includ

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X		\$
	(I) Revenue included on Form 990, Part VIII, line 1		\$

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Sche	dule D (Form 990) 2020 ELIFE SCIEM	NCES PUBLICATIO	NS, LT	D.			45	-35884	77	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar As	sets (	continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make sigr	nificant use c	, f its		,	
	collection items (check all that apply):				Ū	•					
а	Public exhibition	c	a 🗌	Loan or exc	hange progra	m					
b	Scholarly research	e			0 1 0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exemp	ot purpose in	Part XIII			
5	During the year, did the organization solicit o	-		•	-	-			•		
-	to be sold to raise funds rather than to be ma		,		,				/es		No
Par	t IV Escrow and Custodial Arran										<u>_ 110</u>
	reported an amount on Form 990, Par			organizatio			01111000,1 0		0, 01		
12	Is the organization an agent, trustee, custodi		liany for	contribution	s or other ass	ets not inc					
Ia	on Form 990, Part X?								/es		No
h	If "Yes," explain the arrangement in Part XIII								63		
b	in res, explain the arrangement in Part All	and complete the lo	nowing t	able.				•			
	De sienie a belen ee							A	mount		
	Beginning balance										
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance										1
	Did the organization include an amount on Fo						r?	📖 ۲	/es		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	<b>t V</b> Endowment Funds. Complete i										
		(a) Current year	(b) F	Prior year	(c) Two years	s back <b>(c</b>	<b>d)</b> Three years	back (e	e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	•	ation tha	t are held a	nd administere	ed for the	organization				
	by:	5					5			Yes	No
	(i) Unrelated organizations							E.	3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?				Final Participation of the second sec	3b		
4	Describe in Part XIII the intended uses of the							L	00		
Par	t VI Land, Buildings, and Equipm		WITHEIT	unus.							
	Complete if the organization answere		) Part I\	/ line 11a S	See Form 990	Part X lin	ne 10				
	Description of property	(a) Cost or c			t or other		cumulated	(4	) Book	volue	
	Description of property	basis (investr			(other)	• •	eciation	(u	JOUR	value	5
4.	Land			54015		dopr	- Side Off				
	Land							-			٥.
	Buildings				261 500		117 774	+		1/2	
	Leasehold improvements				261,598.		117,774	-		143,	
	Equipment				256,115.		202,667	·		53,	448.
	Other									107	0.
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>X. colun</u>	nn (B), line 1	<u>0c.)</u>	·····				197,	
							Sch	edule D	(Form	990)	2020

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# Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	CORPORATION TAX	225,725.
(2)	UNBILLED RECEIVABLES & VAT	153,842.
(3)	RENT DEPOSIT	112,331.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	491,898.
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		

(9)	
(8)	
(7)	
(6)	
(5)	
(4)	
(3)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

X

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<u>Sc</u> hec	ule D (Form 990) 2020 ELIFE SCIENCES PUBLICATIONS, LTD.		45-3588477	Page <b>4</b>
Part		s With Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
	Total revenue, gains, and other support per audited financial statements		1	7,162,200.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
	Add lines <b>2a</b> through <b>2d</b>		2e	0.
	Subtract line 2e from line 1		3	7,162,200.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	<b>4b</b> 27,861.		00.001
	Add lines <b>4a</b> and <b>4b</b>		4c	27,861.
5 Dord	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) XII Reconciliation of Expenses per Audited Financial Statement	te With Expanses par B	5	7,190,061.
Fai		is with Expenses per n	etum.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			7 652 221
	Total expenses and losses per audited financial statements		1	7,652,221.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c 88,313.		
	Other (Describe in Part XIII.)	20 ,	0.	88,313.
	Add lines 2a through 2d		2e	7,563,908.
	Subtract line <b>2e</b> from line <b>1</b>		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
	Other (Describe in Part XIII.)		10	0.
	Add lines 4a and 4b		4c 5	7,563,908.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Provic	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		; Part X, line 2; P	Part XI,
PART	X, LINE 2:			
THE C	COMPANY ADOPTED CERTAIN PROVISIONS OF FASB ACCOUNTING STANDARDS			
CODIE	CICATION ("ASC") TOPIC 740, "INCOME TAXES", FOR THE CRITERION TH	HAT AN		
INDIV	VIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE BENEFITS	OF		
THAT	POSITION TO BE RECOGNIZED IN THE COMPANY'S FINANCIAL STATEMENTS	S. ALL		
TAX I	POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN ARE			

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SUBJECT TO EVALUATION. ONLY TAX POSITIONS THAT MEET THE

MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EVALUATION DATE WILL BE

RECOGNIZED OR CONTINUE TO BE RECOGNIZED.

DEVELOPING THE PROVISION FOR INCOME TAXES, INCLUDING THE EFFECTIVE TAX

RATE, AND ANALYSIS OF POTENTIAL TAX EXPOSURE ITEMS, IF ANY, REQUIRES

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Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ELIFE SCIENCES PUBLICATIONS, LTD. Part XIII Supplemental Information (continued)	45-3588477	Page
SIGNIFICANT JUDGMENT AND EXPERTISE IN FEDERAL AND STATE INCOME TAX LAWS,		
REGULATIONS AND STRATEGIES, INCLUDING THE DETERMINATION OF DEFERRED TAX		
ASSETS AND LIABILITIES AND ANY ESTIMATED VALUATION ALLOWANCES MANAGEMENT		
DEEMS NECESSARY TO VALUE DEFERRED TAX ASSETS. THE JUDGMENTS AND TAX		
STRATEGIES ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. WHILE		
MANAGEMENT BELIEVES THEY HAVE PROVIDED ADEQUATELY FOR THE INCOME TAXES IN		
THE CONSOLIDATED FINANCIAL STATEMENTS, ADVERSE DETERMINATIONS BY THESE		
TAXING AUTHORITIES COULD HAVE A MATERIAL ADVERSE EFFECT ON THE		
CONSOLIDATED FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS.		
THE COMPANY IS EXEMPT FROM FEDERAL INCOME TAXES IN THE UNITED STATES UNDER		
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. THE COMPANY		
BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FOREIGN EXCHANGE GAIN RECLASSED FROM EXPENSES TO REVENUE 25,653.		
INTEREST RECEIVED RECLASSED FROM EXPENSES TO REVENUE 2,208.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 27,861.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
UNREALIZED LOSS FROM EXCHANGE RATE 116,174.		
FOREIGN EXCHANGE GAIN RECLASSED FROM EXPENSES TO REVENUE -25,653.		
INTEREST RECEIVED RECLASSED FROM EXPENSES TO REVENUE -2,208.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 88,313.		

Schedule D (Form 990) 2020

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Name of the organization					Employer identi	fication number
ELIFE SCIENCES PUBLICA	TIONS, LTD.				45-3588477	
		ctivities Out	side the United States. Compl	ete if the organ		Yes" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	ints and other a	,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
United States.						
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		e specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)	1	47	PROGRAM SERVICES	ONLINE JOUF	NAL	6,609,348.
· · · ·						
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MANAGEMENT	AND GENERAL	930,804.
COUNTY AND TOA					ma	0.700
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL GRAN	115	9,700.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL GRAN	ITS	6,600.
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL GRAN	ITS	5,997.
EAST ASIA AND THE						
PACIFIC	0	o	PROGRAM SERVICES	TRAVEL GRAN	ITS	5,000.
MIDDLE EAST AND						
NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL GRAN	ITS	3,700.
NODELL AMEDICA	_		DROCRAM GERVICES		ШC	2 700
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL GRAN	112	3,700. 7,574,849.
<b>3 a</b> Subtotal <b>b</b> Total from continuation		4/				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	1	47				7,574,849.

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

Schedule F (Form 990) 2020

032071 12-03-20

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Statement of Activities Outside the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990

Attach to Form 990.

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

OMB No. 1545-0047
2020
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

45-3588477

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t			·		1
			or counsel has provided a sect					

ELIFE SCIENCES PUBLICATIONS, LTD.

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

Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance TRAVEL GRANTS SOUTH AMERICA 2 9,700 Ο. EUROPE (INCLUDING ICELAND & TRAVEL GRANTS GREENLAND) 2 6,600 0 CENTRAL AMERICA TRAVEL GRANTS AND THE CARIBBEAN 1 5,997 Ο. EAST ASIA AND THE TRAVEL GRANTS PACIFIC 5,000 0. 1 MIDDLE EAST AND TRAVEL GRANTS NORTH AFRICA Ο. 1 3,700. TRAVEL GRANTS NORTH AMERICA 3,700. 0. 1

Schedule F (Form 990) 2020

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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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

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# 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.

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE UNITED STATES:

ELIFE REQUIRES POTENTIAL GRANT RECIPIENTS TO SUBMIT FORMAL APPLICATIONS

WHICH ARE REVIEWED BY ELIFE FOR CONSISTENCY WITH THE ORGANIZATION'S

JUDGING PROCESS AND CRITERIA. FURTHERMORE, UPON ACCEPTANCE OF THE GRANT

ELIFE REQUIRES A WRITTEN REPORT FROM THE GRANTEE PROVIDING DETAIL ABOUT

HOW FUNDS WERE USED TO ACCOMPLISH THE GRANT OBJECTIVES. REPORTS ARE

REVIEWED BY ELIFE FOR COMPLIANCE WITH GRANT CONDITIONS.

SC	HEDULE J	Compens	ation Information	1	OMB No. 1	545-004	47	
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				0000				
•	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2020		
Dono	tment of the Treasury		ach to Form 990.		Open to	Publ	ic	
	al Revenue Service		) for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatio	1		Employer in	lentificatio	on nui	mber	
		ELIFE SCIENCES PUBLICATIONS	, LTD.	45-35	588477			
Pa	rt I   Question	s Regarding Compensation						
						Yes	No	
1a			f the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relev	vant information regarding these items.					
	First-class or c		Housing allowance or residence for person					
	Travel for com	-	Payments for business use of personal res					
		ation and gross-up payments	Health or social club dues or initiation fees					
	Discretionary	spending account	Personal services (such as maid, chauffeu	ir, chef)				
-								
b	•	on line 1a are checked, did the organization f						
•			ve? If "No," complete Part III to explain		1b			
2	•		or allowing expenses incurred by all directors,					
	trustees, and office	's, including the CEO/Executive Director, reg	arding the items checked on line 1a?		2			
3	Indianta which if a	w of the following the examination used to a	atablish the componentian of the organization's					
3			establish the compensation of the organization's boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but expla	, ,	JITIO				
	Compensation	· · ·	Written employment contract					
	·	ompensation consultant	X         Compensation survey or study					
	X Form 990 of o	•	X Approval by the board or compensation c	ommittee				
		iner organizations		Uninitiee				
4	During the year, did	any person listed on Form 990, Part VII, Sec	tion A. line 1a, with respect to the filing					
	organization or a re							
а	•	e payment or change-of-control payment?			4a		x	
b	Participate in or rec	eive payment from a supplemental nonqualif					x	
с	Participate in or rec	eive payment from an equity-based compens			4.		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the app						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	he organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:						
а	The organization?				. 5a		X	
							X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:						
							X	
	Any related organiz	ation?					X	
		r 6b, describe in Part III.						
7			the organization provide any nonfixed payments					
					7		X	
8	-		ed pursuant to a contract that was subject to th	e				
		ption described in Regulations section 53.49			8		X	
9		d the organization also follow the rebuttable	presumption procedure described in					
	Regulations section				. 9		<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for	or Form 990.	Schedu	ule J (Forn	n <b>990</b> )	2020	

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Schedule J (Form 990) 2020

45-3588477

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAMIAN PATTINSON	(i)	160,029.	0.	0.	9,602.	0.	169,631.	0.
EXEC DIR., SEC, TREAS	(ii)	0.	0.	٥.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(ii)]			1			1	1

Schedule J (Form 990) 2020

# 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.

Schedule J (Form 990) 2020

SCHEDULE O

FORM 990

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45-3588477

DESCRIPTION OF ORGANIZATION MISSION:

COMMUNICATION THAT ENCOURAGES AND RECOGNISES THE MOST RESPONSIBLE

ELIFE SCIENCES PUBLICATIONS, LTD.

BEHAVIOURS IN SCIENCE.

PART I, LINE 1,

FORM 990, PAGE 1, BOX E:

TELEPHONE NUMBER PROVIDED IS A UK NUMBER.

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

ELIFE WAS FOUNDED IN RESPONSE TO AN INITIATIVE TO DRIVE IMPROVEMENTS IN

RESEARCH COMMUNICATION FROM FOUR INTERNATIONALLY PROMINENT, NONPROFIT

ORGANISATIONS OPERATING IN THE PUBLIC INTEREST: HOWARD HUGHES MEDICAL

INSTITUTE, MAX PLANCK SOCIETY FOR THE ADVANCEMENT OF SCIENCE, AND

WELLCOME TRUST AND WERE JOINED BY THE KNUT AND ALICE WALLENBERG

FOUNDATION IN 2018.

ELIFE'S MISSION IS TO ACCELERATE DISCOVERY BY OPERATING A PLATFORM FOR

RESEARCH COMMUNICATION THAT ENCOURAGES AND RECOGNISES THE MOST

RESPONSIBLE BEHAVIOURS

ELIFE WORK ACROSS THREE MAJOR AREAS:

PUBLISHING - ELIFE REVIEWS SELECTED PREPRINTS IN ALL AREAS OF 1.

BIOLOGY AND MEDICINE. WHILE EXPLORING NEW WAYS TO IMPROVE HOW RESEARCH

IS ASSESSED AND PUBLISHED,

11471108 153424 0198751-00001

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization ELIFE SCIENCES PUBLICATIONS, LTD.	Employer identification number 45-3588477
2. TECHNOLOGY - ELIFE INVESTS IN OPEN-SOURCE TECHNOLOGY INNOVATION TO	
MODERNISE THE INFRASTRUCTURE FOR SCIENCE PUBLISHING AND IMPROVE ONLINE	
TOOLS FOR SHARING, USING AND INTERACTING WITH NEW RESULTS.	
3. RESEARCH CULTURE - ELIFE IS COMMITTED TO WORKING WITH THE WORLDWIDE	
RESEARCH COMMUNITY TO PROMOTE RESPONSIBLE BEHAVIOURS IN RESEARCH.	
FORM 990, PART V, LINE 2A:	
ELIFE HAS 1 U.S. EMPLOYEE THAT WAS ISSUED A W-2, BUT HAS 47 EMPLOYEES	
IN THE UNITED KINGDOM, FOR THE TOTAL OF 48 EMPLOYEES.	
FORM 990, PART VI, SECTION A, LINE 2:	
MICHAEL EISEN, AN OFFICER, HAD A BUSINESS RELATIONSHIP WITH ERIN O'SHEA,	
DIRECTOR.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE MEMBERS OF ELIFE ARE HOWARD HUGHES MEDICAL INSTITUTE AND WELLCOME	
TRUST.	
FORM 990, PART VI, SECTION A, LINE 7A:	
EACH MEMBER HAS THE POWER TO APPOINT ONE MEMBER OF THE BOARD OF DIRECTORS	
OF ELIFE. CERTAIN GOVERNANCE DECISIONS REQUIRE UNANIMOUS CONSENT OF THE	
MEMBERS AND INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: AMENDMENT TO	
ARTICLES OF INCORPORATION OR BYLAWS; ELECTION OF ADDITIONAL MEMBERS; CHANGE	
TO NUMBER OF DIRECTORS; APPOINTMENT OR REMOVAL OF A DIRECTOR; AND FILLING	
THE VACANCY OF A DIRECTOR POSITION.	
FORM 990, PART VI, SECTION A, LINE 7B:	
032212 11-20-20 <b>3 0</b>	Schedule O (Form 990 or 990-EZ) 2020

11471108 153424 0198751-00001

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477
SAME AS LINE 7A ABOVE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 WAS PREPARED BY ELIFE'S INDEPENDENT ACCOUNTING FIRM AND WAS	
REVIEWED BY SENIOR MANAGEMENT AND THE AUDIT COMMITTEE. PRIOR TO FILING THE	
FORM 990 WITH THE IRS, A COPY OF FORM 990 WAS PROVIDED TO EACH BOARD	
MEMBER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ELIFE HAS A CONFLICT OF INTEREST POLICY THAT REQUIRES DIRECTORS, OFFICERS	
AND OTHER EMPLOYEES TO DISCLOSE INTERESTS THAT MAY GIVE RISE TO A CONFLICT.	
ELIFE MONITORS THE POLICY BY REQUIRING INDIVIDUALS TO COMPLETE AN ANNUAL	
QUESTIONNAIRE THAT REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICTS OF	
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION DECISIONS ARE MADE BY INDIVIDUALS THAT ARE INDEPENDENT WITH	

RESPECT TO THE INDIVIDUAL RECEIVING THE COMPENSATION. THE BOARD OBTAINS AND

RELIES ON COMPARABILITY DATA IN ESTABLISHING THE COMPENSATION FOR ITS

OFFICERS. COMPENSATION IS APPROVED IN ADVANCE OF PAYMENT, AND THE DECISIONS

ARE DOCUMENTED IN THE BOARD MINUTES.

ELIFE USED AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE

COMPENSATION OF INDIVIDUALS FOR 2020 AND PROPOSE AMOUNTS FOR THE FOLLOWING

YEAR.

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

ELIFE DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

40

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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	45-3588477
L OBLIGATION TO DO	
M THE UK COMPANIES	
-116,175.	
-124,797.	
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	-8,622. -124,797.

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