	Ω		BLIC DISCLOSURE COPY - STATE REGIST Return of Organization Exempt F				2 OMB No. 1545-0047
For	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	•		ations)	2022
Depa	rtment	of the Treasury enue Service	Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and th	-			Open to Public Inspection
				ending			
B	Check if	le: C Name of	organization		D Employer ide	entifica	tion number
	Addr	ess ELIFE	SCIENCES PUBLICATIONS, LTD.				
	Name		usiness as		45-3588	477	
	Initial return Final return	NUMDER	and street (or P.O. box if mail is not delivered to street address) OOK CENTRE, MILTON ROAD	Room/suite	E Telephone nu (122)385-		
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		8,217,499.
	Amer	CAMBRI	DGE UNITED KINGDOM CB4 1YG		H(a) Is this a gro	up retu	Im
	Appli tion pend	ing F Name a	nd address of principal officer: DAMIAN PATTINSON		for subordir	nates?	Yes 🔀 No
		SAME AS	C ABOVE		H(b) Are all subordin		
		empt status:		or 527	-		st. See instructions
	Nebs		IFESCIENCES.ORG X Corporation Trust Association Other	L Voor	H(c) Group exen of formation: 2011		
	art I	Summary			or formation. 2011		State of legal domicile: DE
	1		e the organization's mission or most significant activities: TO HELP	SCIENTI	STS ACCELERAT	E	
Sce	-		BY OPERATING A PLATFORM FOR RESEARCH (CONTINUED IN				
Governance	2	Check this bo	et asset	ïS.			
Nel	3	Number of vot				3	8
	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)			4	8
es	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)			5	1
Viti	6		of volunteers (estimate if necessary)			6	3
Activities &			d business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
		O			Prior Year 4,502,3	57	2,318,499.
an	8		and grants (Part VIII, line 1h)		4,835,4		5,271,025.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1,1		627,975.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-,-	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,338,9	53.	8,217,499.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		302,7	05.	226,686.
	14		to or for members (Part IX, column (A), line 4)			0.	0.
ş	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		4,168,0	50.	3,717,418.
penses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)			0.	0.
adx x	b		ng expenses (Part IX, column (D), line 25)	0.			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,514,8		4,205,430.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	8,985,6		8,149,534.
	19	Revenue less	expenses. Subtract line 18 from line 12		353,3		67,965.
Net Assets or		-			ginning of Current Y		End of Year
Ssei	20	Total assets (F		······	3,310,6		<u>5,011,737.</u> 4,040,813.
let A	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	······	2,407,8		970,924.
<u>-</u> Pa	art II	Signature			502,1		570,524.

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.

	COPY - DO N	OT FILE				
Sign	Signature of off	icer			Date	_
Here	DAMIAN PATT	INSON, EXECUTIVE DIRECTOR				
	Type or print na	me and title				
	Print/Type prepa	arer's name	Preparer's signature	Date	Check PTIN	
Paid	ERIN COUTUR	E	the Contract		self-employed P01390592	
Preparer	Firm's name	GRANT THORNTON LLP			Firm's EIN 36-6055558	
Use Only	Firm's address	75 STATE STREET, 13TH FLOO	OR			
		BOSTON, MA 02109			Phone no.617-723-7900	
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions		X Yes No	ົ

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

	rt III Statement of Program	a response or note to any line in this Part II		X
1	Briefly describe the organization's m			
'	,	SSION. ISATION INSPIRED BY RESEARCH FUN	IDERS AND	
		ION IS TO HELP SCIENTISTS ACCEL		
		ATFORM FOR RESEARCH COMMUNICATIO		
		HE MOST RESPONSIBLE BEHAVIOURS		
<u>_</u>				
2		ignificant program services during the year		Yes X No
•	If "Yes," describe these new services			Yes X No
3	-	ng, or make significant changes in how it co	onducts, any program services?	Yes 📥 No
_	If "Yes," describe these changes on			
4		service accomplishments for each of its thi		• •
		izations are required to report the amount of	of grants and allocations to others, the tota	al expenses, and
	revenue, if any, for each program ser	vice reported.		E 071 00E
4a		7,295,187. including grants of \$	226,686.) (Revenue \$	5,271,025.
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4.				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program services (Describe on	Schedule ()		
ти)
1-	(Expenses \$	including grants of \$ 7,295,187.) (Revenue \$)
4e	Total program service expenses	1,295,101.		- 000
				Form 990 (2022
		SEE SCHEDULE O FOR CONTI		

Form	990 (2022) ELIFE SCIENCES PUBLICATIONS, LTD. 45-35884	77	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 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			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Δ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	Δ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
	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</i> "Yes," <i>complete Schedule E</i>	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
d	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	146	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16	х	
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		
18		10		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	х	
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202000				()

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Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
~ ~	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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 officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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 thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
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 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	20		x
33	Schedule N, Part II	32		- 23
33	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	00		
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. a	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 101		103	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	Δ			

Form	990 (2022) ELIFE SCIENCES PUBLICATIONS, LTD.		45-358847	7	P	age 5
Par	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	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	-	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	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 set	vices p	provided to the payor?	7a		х
		-		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				x
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16		tincor	me?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.			10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232004	12-13-22			Form	990	(2022)
	-					,/

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
4	Enter the number of voting members of the governing body at the end of the tax year 1a	8	Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6	х	
- 7a				
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	, , , , , , , , , , , , , , , , , , , ,	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	404		
à	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed CA, DE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availat	ماد
10	for public inspection. Indicate how you made these available. Check all that apply.	jo oniy)	avanai	JIC
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial	
19	statements available to the public during the tax year.	.a man		
19				
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records PAUL KELLY - 122-385-5340			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records PAUL KELLY - 122-385-5340 WESTBROOK CENTRE, MILTON ROAD, CAMBRIDGE, CAMBRIDGE UNITED KINGDOM CB4 1			

Form 990 (2	2022) ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per	box	not c , unle	Pos heck	more rson i	l than o s both r/trus	ı an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAMIAN PATTINSON	37.50									
EXEC DIR, SEC, TREAS	0.00			х				196,512.	0.	11,279.
(2) PAUL SHANNON	37.50							104.440		= 0.46
HEAD OF TECHNOLOGY	0.00					х		134,112.	0.	7,946.
(3) MICHAEL EISEN	15.00	-		x				120 077	0.	0
EDITOR IN CHIEF (4) PETER RODGERS	0.00		-	X				139,077.	0.	0.
FEATURES EDITOR	0.00					x		117,079.	0.	7,292.
(5) PRACHEE AVASTHI	2.00		-			Δ		117,073.	0.	1,252.
DIRECTOR	0.00	x						8,750.	0.	0.
(6) TOBY COPPEL	2.00							0,750.	•.	
DIRECTOR & CHAIR (THRU 12/2022)	0.00	x		x				6,250.	0.	0.
(7) ROBERT TJIAN	2.00									
DIRECTOR (THRU 12/2022)	0.00	x						5,000.	٥.	0.
(8) CHRISTIAN HERNANDEZ	2.00							, .		
DIRECTOR (THRU 12/2022)	0.00	x						5,000.	0.	0.
(9) NOURIA HERNANDEZ	2.00							·		
DIRECTOR (THRU 12/2022)	0.00	x						5,000.	٥.	٥.
(10) ULMAN LINDENBERGER	2.00									
DIRECTOR	0.00	x						٥.	0.	0.
(11) ERIN O'SHEA	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) DANIEL O'CONNOR	2.00									
DIRECTOR	0.00	х						0.	٥.	0.
				$\left \right $						
						<u> </u>				

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) ELIFE SCIENC	ES PUBLICAT	ION	s, :	LTD	•				45-35	8847	7	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	ition more rson i	than c s both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n I	ar	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th anizat d relat anizati	ne tion ted
1b Subtotal								616,780.		0. 0.		26,	,517.
c Total from continuation sheets to Part VI								616,780.		0.		26	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 								· · ·	000 of reportable	I		,	4
_	director truct	I		mal	<u></u>	~ ~ ~ ~	hia	hast componented ampl		ſ		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a					-		elate	ed organization or individ	ual for services		_		v
rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors	<u>plete Schedule</u>	e J fo	or su	ich r	oers	on .					5		X
 Complete this table for your five highest co the organization. Report compensation for 	•	•							•	ensat	ion fro	om	
(A)			- Tull	ig w				(B)			(0	C)	
Name and business	address							Description of s	ervices	С	ompe	nsatio	n
ASPIRATION COKO FOUNDATION													465
PO BOX 880264, SAN FRANCISCO, CA 941 JOHN WILEY & SONS INC	88						_	SOFTWARE DEVELOPME	N.T.			220,	467.
5508 GREENTREE ROAD, BETHESDA, MD 20	817							EDITORIAL SERVICES				159	088.
ENDAVA (UK) LTD, 125 OLD BROAD ST.,													
LONDON, EC2N 1AR, OM, UNITED KINGDOM								SOFTWARE DEVELOPME	NT			158,	,183.
EXETER PREMEDIA SERVICES PRIVATE LTD													
SPACES, 10TH FL., CITIUS A BI, CHENN	AI,						_	EDITORIAL SERVICES				130,	,271.
RUTHERFORD SOFTWARE, 26 HAMBLE WAY, MACCLESFIELD, CHESHIRE, SK10 3RN, UN	ITED							SOFTWARE DEVELOPME	NT			113,	,223.
2 Total number of independent contractors (i	-	ot lin	nitec	d to f		se lis [.] 6	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi						~			I		Form	990 ((2022)

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		(2022) ELIFE SCIENCES PUBL	ICATIONS, LTD).		45-358847	7 Page
Par	t VII			=			
		Check if Schedule O contains a response	or note to any line	<u>(A)</u> (A) 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, Girts, Grants and Other Similar Amounts	b	Membership dues 1b					
5 ĕ	с	Fundraising events 1c					
	d	Related organizations 1d					
s,	е	Government grants (contributions) 1e					
n Si	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f	2,318,499.				
E P	g	Noncash contributions included in lines 1a-1f					
a C	h	Total. Add lines 1a-1f		2,318,499.			
			Business Code				
e	2 a	PUBLICATION FEES	516100	5,271,025.	5,271,025.		
e Ž	b						
	с						
Program Service Revenue	d						
<u>бщ</u>	е						
โ		All other program service revenue					
	g	Total. Add lines 2a-2f		5,271,025.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	E Contraction of the second	29,251.			29,251
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	598,724.				
	b	Less: cost or other basis					
Revenue		and sales expenses 7b	0.				
Sel .		Gain or (loss)	598,724.	500 504			500 504
		Net gain or (loss)		598,724.			598,724
Other	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	c	· · / · · · ·					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b	L				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10a</u>					
		Less: cost of goods sold 10b					
+	c	Net income or (loss) from sales of inventory	Business Code				
sn	11 ~		Eddineos Oode				
neo E	11 a b						
ver	u c		<u> </u>				
Miscellaneous Revenue		All other revenue	<u> </u>				
Ξ		Total. Add lines 11a-11d	I				
	<u>е</u> 12	Total revenue. See instructions		8,217,499.	5,271,025.	0.	627,975
		-22		· / = = · / == • •			Form 990 (202

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Form 990 (2022) ELIFE SCIENCES PUBLICATIONS, LTD. Part IX Statement of Functional Expenses

Page 10 45-3588477

D -	Check if Schedule O contains a respons		his Part IX (B)	(C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 G	arants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21	98,620.	98,620.		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	100.055	100.055		
	ndividuals. See Part IV, lines 15 and 16	128,066.	128,066.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	260.001	020 710	120.200	
	rustees, and key employees	368,981.	238,712.	130,269.	
	compensation not included above to disqualified				
	ersons (as defined under section $4958(f)(1)$) and				
	ersons described in section 4958(c)(3)(B)	2,721,104.	2,565,029.	156,075.	
	Other salaries and wages	2,721,104.	2,303,029.	130,073.	
	Pension plan accruals and contributions (include	270,081.	251,535.	18,546.	
	ection 401(k) and 403(b) employer contributions)	270,081.	231,333.	10,540.	
	Other employee benefits	356,482.	326,751.	29,731.	
		550,402.	520,751.	29,731.	
	ees for services (nonemployees):				
	Aanagement	8,888.		8,888.	
		94,611.		94,611.	
		54,011.		54,011.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	hvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	251,131.	121 244	110 707	
	olumn (A), amount, list line 11g expenses on Sch O.)	184,197.	131,344. 184,197.	119,787.	
	dvertising and promotion	118,031.	104,197.	118,031.	
	Office expenses	110,031.		110,031.	
	nformation technology				
	Royalties	156,342.	142,903.	13,439.	
		115,301.	107,050.	8,251.	
		115,501.	107,050.	0,231.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	107,971.	98,690.	9,281.	
		59,167.	12,860.	46,307.	
	nsurance	55,107.	12,000.	=0,307.	
al lii	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.)	1,992,678.	1,992,678.		
ŭ	VEBSITE & DEVELOPMENT	985,834.	985,834.		
~ _	OREIGN EXCHANGE LOSS	64,058.	505,054.	64,058.	
Ŭ _	AXATION	34,238.		34,238.	
~ _		32,983.	30,148.	2,835.	
	All other expenses	8,149,534.	7,295,187.	854,347.	
	otal functional expenses. Add lines 1 through 24e	0,149,554.	, 293, 107.		
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				

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Form 990 (2022)

orm 990 (Part X	(2022) ELIFE SCIENCES PUBL.	ICATIONS, L	TD.		45-35	88477 Page 1
art A	Check if Schedule O contains a response or no	te to any line i	n this Part X			
				(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			2,181,888.	1	4,215,420
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net		F		3	
4	Accounts receivable, net			238,939.	4	195,197
5	Loans and other receivables from any current of					· ·
	trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disgua	-				
	under section 4958(f)(1)), and persons describe	•			6	
ω 7	Notes and loans receivable, net		- · · · · · · · · · F		7	
Assets	Inventories for sale or use				8	
¥ 9	Description of a second second state of a large second s			233,141.	9	136,295
	Land, buildings, and equipment: cost or other			,	-	,
	basis. Complete Part VI of Schedule D	10a	475,019.			
Ь	Less: accumulated depreciation		422,957.	124,443.	10c	52,062
11	Investments - publicly traded securities		,		11	
12	Investments - other securities. See Part IV, line			0.	12	(
13				0.	13	(
14	Investments - program-related. See Part IV, line 11				14	
15	Other assets. See Part IV, line 11			532,222.	15	412,763
16	Total assets. Add lines 1 through 15 (must eq			3,310,633.	16	5,011,73
17	Accounts payable and accrued expenses			894,956.	17	840,067
18	Grants payable			,	18	,
19	Deferred revenue			1,512,892.	19	3,200,746
20	Tax-exempt bond liabilities			, ,	20	, , ,
21	Escrow or custodial account liability. Complete				21	
00	Loans and other payables to any current or for					
Lies Lies	trustee, key employee, creator or founder, sub-					
Ciabilities	controlled entity or family member of any of the				22	
23 L	Secured mortgages and notes payable to unre	-	F		23	
24	Unsecured notes and loans payable to unrelate	-			24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line					
	of Schedule D		·	0.	25	C
26	Total liabilities. Add lines 17 through 25			2,407,848.	26	4,040,813
	Organizations that follow FASB ASC 958, ch		X			, ,
es	and complete lines 27, 28, 32, and 33.					
0 8 27	Net assets without donor restrictions			902,785.	27	970,924
	Net assets with donor restrictions			,	28	,
<u>p</u>	Organizations that do not follow FASB ASC					
ב ב	and complete lines 29 through 33.					
ັ ₂₉	Capital stock or trust principal, or current fund	3			29	
5 30	Paid-in or capital surplus, or land, building, or e				30	
SS 31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances 5 1 0 6 8 2 7 2 9 2	Total net assets or fund balances			902,785.	32	970,924
z 32 33	Total liabilities and net assets/fund balances			3,310,633.	33	5,011,737
100			·····	.,,,,	00	Form 990 (202

Form **990** (2022)

232011 12-13-22

Form	990 (2022) ELIFE SCIENCES PUBLICATIONS, LTD.	45-358847	7	Pa	ge 12
Pa	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
			0	217	100
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,217,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	0	,149,	
3	Revenue less expenses. Subtract line 2 from line 1	3		,	965.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		902,	785.
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			174.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		970,	924.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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?		2b	Х	
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)
					. ,

232012 12-13-22

SCHEDULE A Public Charity Status and Public Support				OMB No. 1545-0047				
(Form 990)			ization is a section 501					2022
Department of the Treesury	4947(a)(1) nonexempt charitable trust.					Open to Public		
Internal Revenue Service								
Name of the organization							Employer	r identification number
Part I Reason		SCIENCES PUBLIC	ATIONS, LTD. (All organizations must c	omplata th	nia nart \ C	an instruction		45-3588477
The organization is not a						ee instructior	15.	
<u> </u>	•		on of churches described		,	1)(A)(i)		
			Attach Schedule E (Form			·//·/·		
3 A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4 A medical res	earch 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								
			llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		complete Part II.) vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v)		
	-	-	ntial part of its support fr			.,	ne general j	public described in
section 170(I	b)(1)(A)(vi). (Co	omplete Part II.)						
8 A community	trust describe	d in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
-	-		in section 170(b)(1)(A)(-		-	-
or university o university:	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
·	on that normal	lv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, and	d aross receipts from
			t to certain exceptions; a					•
income and u	inrelated busin	less taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		nplete Part III.)						
	-	-	vely to test for public sa	•				
-	-	-	ively for the benefit of, to d in section 509(a)(1) o	-			•	
		-	f supporting organization					
	-		upervised, or controlled		-		-	giving
the support	ted organizatio	n(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
organizatio	n. You must c	omplete Part IV, Se	ections A and B.					
••		-	or controlled in connect			-		-
			anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		t complete Part IV, grated. A supporting	g organization operated	in connect	tion with a	and functiona	llv integrate	ed with
	-). You must complete I					,
d 📃 Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
	-		ation generally must sat	•		-	an attentiv	veness
	•	,	nplete Part IV, Sections	,				
	0		written determination fro nally integrated supporti			Туре I, Туре	п, туре п	
f Enter the number of	e .			0 0				
		about the supporte						
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o support (see ii		(vi) Amount of other
organization			above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
								<u> </u>
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022

Sch	edule A (Form 990) 2022 EI	LIFE SCIENCES	PUBLICATIONS,	LTD.		45-3588477	7 Page 2
	art II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	U
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify u	Inder Part III. If the org	ganization
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(u) _010	(0) 2010	(0) = 0 = 0	(u) = 0 = 1	(0) ====	(1) ! ! ! !
•	membership fees received. (Do not						
	include any "unusual grants.")						
0	Tax revenues levied for the organ-						
2	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,		() ()			12	
12 13	First 5 years. If the Form 990 is for th	,	,	fourth or fifth tax			
13	organization, check this box and stop	0					
Se	ction C. Computation of Publi						
14			-	column (f))		14	%
	Public support percentage from 2021		•			15	<u>%</u>
15	33 1/3% support test - 2022. If the o						
106							
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2021. If the open standard stan						
4-	and stop here. The organization qual					and line 14 is 100/ or r	
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	vi now the organization	on 🖳
	meets the facts-and-circumstances te	-					
Ł	o 10% -facts-and-circumstances test						∕or
	more, and if the organization meets the				•		
	organization meets the facts-and-circl		•				
18	Private foundation If the organization	n did not check a l	hox on line 13, 16	a 16h 17a or 17l	h check this hox a	nd see instructions	

Schedule A (Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD. Part III Support Schedule for Organizations Described in Section 509(a)(2)

45-3588477 Page **3**

(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.)

Sec	ction A. Public Support	<u>.</u>					-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,789,513.	4,255,933.	2,623,106.	4,502,357.	2,318,499.	19,489,408.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,881,702.	3,410,585.	4,539,094.	4,835,425.	5,271,025.	20,937,831.
3	Gross receipts from activities that						
C	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	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	Total. Add lines 1 through 5	8,671,215.	7,666,518.	7,162,200.	9,337,782.	7,589,524.	40,427,239.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	3,246,663.	2,612,572.	1,794,316.	2,879,434.	1,998,307.	12,531,292.
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				28,261.	20 585	57 946
	amount on line 13 for the year	2 246 662	0 (10 570	1 704 210	1	29,585.	57,846.
	Add lines 7a and 7b	3,246,663.	2,612,572.	1,794,316.	2,907,695.	2,027,892.	12,589,138.
	Public support. (Subtract line 7c from line 6.)						27,838,101.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	8,671,215.	7,666,518.	7,162,200.	9,337,782.	7,589,524.	40,427,239.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		572.	2,208.		29,251.	32,031.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		572.	2,208.		29,251.	32,031.
	Net income from unrelated business activities not included on 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.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	8,671,215.	7,690,406.	7,190,061.	9,337,782.	7,618,775.	40,508,239.
	First 5 years. If the Form 990 is for th	e organization's fir	st. second third f	· · ·			on.
	check this box and stop here		,,,, -	,,		- · (-)(-) - · g · · ·	
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		15	68.72 %
16	Public support percentage from 2021					16	66.81 %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13 column (f))		17	.08 %
18	Investment income percentage from 2					18	.01 %
	1 33 1/3% support tests - 2022. If the			n line 1/ and line			/0
198	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2021. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	
<i>c</i> .	line 18 is not more than 33 1/3%, che		•	-		-	
20	Private foundation. If the organizatio	n ald not check a b	oox on line 14, 19a	i, or 190, check thi	is box and see ins	tructions	

232023 12-09-22

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Schedule A (Form 990) 2022

Pert III Supporting Organizations Complete only figure deviced abox on line 12 of Part I. If you checked box 12a, Part I. complete Sections A and C. If you checked box 12a, Part I. complete Sections A and D. and complete Part V. Section A. All Supporting Organizations listed up name in the organizations governing documents? If We, describe the Part I. May unchecked box 12a, Part I. complete Sections A and D. and complete Part V. I Area if of the organization is supported organizations listed up name in the organization is governing documents? If We, describe the designation. If histors and continuing relationship, explain 2 Deb the organization was usequentiated and the supported organization of status under section 509(k)(1) or (1)? We, segue and the VI work the organization destributed in the supported organization and how the organization match be definition. 2 Did the organization nume that all supported organization qualified under section 500(k)(4), (5), or (6) and satisfied the public support darganization due to light supported organization. 3 We are support tests under section 500(k)(2)? If "Yes, describe in Part V when and how the organization the sections 501(k)(4), (6), or (6) and satisfied the public support of the support darganization described in section 170(k)(3), (6), or (6) and satisfied the public support darganization described in section 170(k)(3), (6), or (6) and satisfied the support darganization. 4 We are support darganization. 1 United Status, (Terrey, support and the described in section 170(k)(3), (6), or (7), gr,		dule A (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477	Pa	age 4
and B. If you checked box 12b, Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations and a difference of the organization's supported organizations listed by name in the organization of status under section 506(k) (07 // 10 w/ls supported organization in the observation of status under section 506(k) (07 // 10 w/ls supported organization frame and besignated. If designated by cleas or purported organization that does not have an IRS determination of status under section 506(k) (07 // 10 w/ls supported organization frame does not have an IRS determination of status under section 506(k) (07 // 10 w/ls supported organization described in section 501(c)(4), (5), or (6) and statisfield the public supported organization such as used exclusively for section 170(c)(2)(k) purposes? b Did the organization not organization decaded in escion 501(c)(4), (5), or (6) and statisfield the public supported organization such as used exclusively for section 170(c)(2)(k) purposes? b Did the organization not organization and decaded in the under section 501(c)(4), (5), or (6) and statisfield the public supported organization such as used exclusively for section 170(c)(2)(k) purposes? b Did the organization not organization and decaded in Part V when and how the organization in advantation. a wave supported organization status decaded and the section 501(c)(4), (5), or (6) and status under section 501(c)(4), and 70 /// 14 // ws. 'registration in the status the organization and decaded the organization is advantation of status under section 501(c)(3) and 500(c) (7) // 14 // ws. 'registration in the organization is advantation of status under section 501(c)(3) and 500(c) (7) // 14 // ws. 'registratin advantatin advantadvand and the organization is purported organi	Pa	t IV Supporting Organizations			
Sections A. J. Supporting Organizations Sections A. All Support in Organizations 9 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No, ' decade in the supported organization are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, copian. 1 1 Did the organization have as upported organization are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, copian. 1 2 Did the organization control of designation in that does not have an IFS determination of status under section 508(kl) or (27) if 'Yes, ' requinin P Ert VI how the organization described in section 501(c)(kl), 60, or (8) and satisfied they associated and astignation that and should be comparization activity and describes in Part VI where comparization sets used exclusively for section 170(c)(20)(8) purposes 7 if 'Yes, 'requinin P Ert VI how the organization sus used exclusively for section 170(c)(20)(8) purposes 7 if 'Yes, 'requinin P Ert VI how the organization and and chow the organization has used material support to organization and and decreton in described in deciding whethe to make grants to the organization in devide and purported organization is supported organization. 30		(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A			
Section A. All Supporting Organizations I Area 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 organization of status under section 500(k) in GP ("I" (**s," describe in Part VI how the organization has an a designated by class or purported organization that does not have an INS determination of status under section 500(k) (* (**s," "res," in Part VI how the organization cells in Part VI how the organization described in section 501(c)(4), (5), or (6)? II" (**s," arraw in the organization cells in Part VI when and how the organization made the determination. D D dt en organization cells under section 501(c)(4), (5), or (6)? II" (**s," arraw in the 3 supported organization success the in Part VI when and how the organization media the description on the organization media the description organization and part VI when and how the organization media the description organization and part VI when organization and part VI when and how the organization in the lines 0 and 4c below. D D th end organization and the description is back or the organization or transmission. D D th end organization and the section in decling supported organization? II" (**s," describe in Part VI how the organization have unliss (teermination under sections 501(k)) and 0(k) (**) (**) (**s, "class in Part VI when area to the organization adde, substitution or merosed organization was used exclusively for section 1700(c)(2)(8) purposes. D D th end organization adde, substitution the organization during the kay yea? If Yea, "areaw interes 0 and 4c below. D to the organization on the organization adde, substitution the organization adde, substitution organization adde, substitution the organization have an IRS determination inued section 40 (%) (**)		and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete			
 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 cobribuing relationship, explain. Did the organization have a supported organization that does not how an IHS determination of status under section 509(k)(1 or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization that does not how an IHS determination of status under section 509(k)(1 or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization described in section 501(k)(4), (5), or (6)? If "Yes," explain in Part VI how the organization of the INS determination. Did the organization confirm that each supported organization gualified under section 501(k)(4), (5), or (6)? If "Yes," explain in Part VI what controls the organization and how the organization mode the determination. Did the organization no organization the used maintainton put in place to ensure such use. Was any supported organization no organization the use distance to be organization and discharing have a supported organization in deciding whether to make grants to the foreign supported organization is supported organization is supported organization is supported organization and the support organization is supported organization is supported organization is supported organization and substitute, or remove any supported organization and an exclusively (br section 170(c)(2)8) purposes. Did the organization add, substitute, or remove any supported organizations control? Did the organization add, substitute, or remove any supported organization is deciding whether to make section 500(k)(3) and 500(k)(1) (7)? If "Yes," explain in Part VI what controls and declassive (f) the reacons and EIN muntows of the supported org		Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)			
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purposes? If "Yes," explain in Part VI what controls the organization put in place to ansure such use. 3c 48 Was any supported organization not organized in the United States ("foreign supported organization"? If "Yes," and If you checked box 12a or 12b hard I, answer lines ab and a below. 4a b) Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," does in connection with its supported organization. 4a c) Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(c)(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)(D) purposes. 4c 55 Did the organization subgott to granization 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 (b the names and EIN numbers of the supported organizations dudid or substituted supported organization such action; and (iv) how the action was accomplished focument authorizing such action; and (iv) how the action was accomplished focument authorizing such action; and (iv) how the action was accomplished focus any added or substituted supported organization is control? 5a 6 Did the organization source of the filing organization, (ii) individuals that are part of the charitable class benefited by one or more of the subported organization, or (iii) ordavaltal contributor (as defined in section 458)(c)((3)(C)). Ta tam) member of a substatinal contributor, or a 35% controlled ent			3b		
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			10b		

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Schedule A (Form 990) 2022

Sche		(Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD.	45-358	8477	Pa	age 5
Pa	rt IV	Supporting Organizations (continued)				
					Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?				
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c be	elow, the governing body of a supported organization?		11a		
		nily member of a person described on line 11a above?		11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1			
0	detail	in Part VI.		11c		
Sec	tion E	B. Type I Supporting Organizations				
					Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of supported organizations have the power to regularly appoint or elect at least a majority of the organization's				
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization				
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one su	. /			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount	ong the			
•		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1		
2		ne organization operate for the benefit of any supported organization other than the supported nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
		-				
		W how providing such benefit carried out the purposes of the supported organization(s) that operated,		2		
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations				
		······································			Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			103	
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
		anagement of the supporting organization was vested in the same persons that controlled or managed				
		upported organization(s).		1		
Sec	tion D	D. All Type III Supporting Organizations				
					Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organi	nization'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				
	organi	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a				
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's				
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
-	suppo	orted organizations played in this regard.		3		
Sec		E. Type III Functionally Integrated Supporting Organizations				
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructions)	1-		
а		The organization satisfied the Activities Test. Complete line 2 below.				
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>				
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see in	struction		NI -
2		ties Test. Answer lines 2a and 2b below.			Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of				
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
		e supported organizations and explain how these activities directly furthered their exempt purposes,				
		the organization was responsive to those supported organizations, and how the organization determined		20		
h		hese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,		2a		
U		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				
		VI the reasons for the organization's position that its supported organization(s) would have engaged in				
		activities but for the organization's position that its supported organization(s) would have engaged in activities but for the organization's involvement.		2b		
3		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.				
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or				
-		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each				
_ ~		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b		
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Sche	edule A (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD.			45-3588477	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain ir</i>	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (option:	
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 (option:	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	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 integrate	d Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 ELIFE SCIENCES PUBL				45-3588477	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
8	and 4c. Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
-	Excess from 2022					
-					-	

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022 ELIFE SCIENCES	5 PUBLICATIONS, LTD.	45-3588477 Page 8
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part IV	he explanations required by Part II, line 10; Part a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec /, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V on E, lines 2, 5, and 6. Also complete this part fo	tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION	FOR OTHER INCOME:	
REALIZED CURRENCY GAIN		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 23,316.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
FOREIGN EXCHANGE GAIN		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 25,653.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
232028 12-09-22	20	Schedule A (Form 990) 2022

**	PUBLIC	DISCLOSURE	COPY	**

Schedule B

Department of the Treasury

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Internal Revenue Service Name of the organization

Organization type (check one):

Employer identification number

45-3588477

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

ELIFE SCIENCES PUBLICATIONS, LTD.

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), 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for the year for the year for an *exclusively* set is the set is contributions totaling \$5,000 or more during the year for the ye

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
ELIFE SC	IENCES PUBLICATIONS, LTD.		45-3588477
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
1		\$1,44	5,745. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
2		\$36'	7,873. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
3		\$30.	3,244. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
4		\$10	6,638. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
5		\$9	5,000. Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15			Schedule B (Form 990) (2022)

22 2022.04030 ELIFE SCIENCES PUBLICATIO 01987511

11061024 153424 0198751-00001

11061024 153424 0198751-00001

23 2022.04030 ELIFE SCIENCES PUBLICATIO 01987511

Schedule E Name of or	8 (Form 990) (2022)		Page Employer identification number
	IENCES PUBLICATIONS, LTD.		45-3588477
Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-15-		I *	

Schedule	B (Form 990) (2022)			Page 4
Name of o	organization			Employer identification number
ELIFE SC	CIENCES PUBLICATIONS, LTD.			45-3588477
Part III	Exclusively religious, charitable, etc., contribut			that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line er charitable etc. contributions of \$1,000 or	Itry. For organizations	once) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
(-) N				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I	(*) * • • • • • • •	(0) 000 01 g.11		
			l	
		(e) Transfer of gi	itt	
	Transferee's name, address, a	and ZI B + 4	Polationship of tr	ansferor to transferee
(a) No.			() =	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
		[
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
<u> </u>				
		(e) Transfer of gi	ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
	<u></u>			
223454 11-15	5-22			Schedule B (Form 990) (2022)

11061024 153424 0198751-00001 2022.04030 ELIFE SCIENCES PUBLICATIO 01987511

	HEDULE D n 990)	Supplementa Complete if the orga	nization answered "	Yes" on Form 990,		2022
Depart	ment of the Treasury		ttach to Form 990.			Open to Public
	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions an	d the latest information.	Emplo	Inspection yer identification number
lam	-	ELIFE SCIENCES PUBLICATIONS				45-3588477
Par		ations Maintaining Donor Advise		r Similar Funds or A	ccounts	 Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6. (a) Donor ad	vised funds	(b) Eurode	and other accounts
4	Total number at or	nd of year				
1 2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		held in donor advised fu	nds	
	are the organization	n's property, subject to the organization's	exclusive legal contro	I?		🗌 Yes 📃 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or fo	any other purpose confe	ring	
Der		ate benefit?				Yes No
Par		ation Easements. Complete if the or	-		/, line 7.	
1		servation easements held by the organizati				
		l of land for public use (for example, recrea f natural habitat	tion or education)	Preservation of a his Preservation of a ce	-	•
		of open space			lineu fiisto	
2		through 2d if the organization held a quali	fied conservation con	ribution in the form of a c	onservatio	n easement on the last
_	day of the tax year	o i				eld at the End of the Tax Yea
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
с	Number of conser	vation easements on a certified historic str	ucture included in (a)		2c	
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, an	d not on a		
					2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished,	or terminated by the orga	nization du	ring the tax
	year					
4		where property subject to conservation east tion have a written policy regarding the per		action bondling of		
5		orcement of the conservation easements if		ection, narioling of		Yes No
6		r hours devoted to monitoring, inspecting,				
-		, , , , , , , , , , , , , , , , , , ,	3 1 1 1	, .		3 , , ,
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation e	asements o	during the year
8		vation easement reported on line 2(d) abov				
		(4)(B)(ii)?				Ves 🛄 No
9		be how the organization reports conservation		-		
•	balance sheet, and	d include, if applicable, the text of the footr	note to the organization	n's financial statements t	hat describ	es the
•						
-	organization's acc	ounting for conservation easements. Ations Maintaining Collections of			Similar A	Assets.
-	rt III Organiza	ounting for conservation easements. Ations Maintaining Collections of the organization answered "Yes" on Form	f Art, Historical 1		Similar A	lssets.
Par	rt III Organiza Complete in	ations Maintaining Collections of	f Art, Historical 1 990, Part IV, line 8.	reasures, or Other		
Par	rt III Organiza Complete in If the organization	ations Maintaining Collections of the organization answered "Yes" on Form	f Art, Historical 1 1990, Part IV, line 8. 18, not to report in its	reasures, or Other	lance shee	t works
Par	rt III Organiza Complete in If the organization of art, historical tree	tions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95	f Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat	reasures, or Other revenue statement and ba ion, or research in furthera	lance shee	t works
Par 1a	rt III Organiza Complete it If the organization of art, historical tre service, provide in	ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	f Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat ncial statements that	reasures, or Other revenue statement and ba ion, or research in further describes these items.	lance shee ance of pub	t works blic
Par 1a	rt III Organiza Complete in If the organization of art, historical tre service, provide in If the organization art, historical treas	ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 ures, or other similar assets held for public	Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat ncial statements that 8, to report in its reve	reasures, or Other revenue statement and ba ion, or research in further describes these items. nue statement and balance	lance shee ance of pub	rt works blic brks of
Par 1a	rt III Organiza Complete in If the organization of art, historical tre service, provide in If the organization art, historical treas provide the followi	Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 ures, or other similar assets held for public ng amounts relating to these items:	Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat ncial statements that 8, to report in its reve c exhibition, education	revenue statement and ba ion, or research in furthera describes these items. nue statement and balance , or research in furtherance	lance shee ance of pub e sheet wo e of public	et works blic brks of s service,
Par 1a	rt III Organiza Complete in If the organization of art, historical tre service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu	Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ng amounts relating to these items: ded on Form 990, Part VIII, line 1	Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat ncial statements that 8, to report in its reve c exhibition, education	revenue statement and ba on, or research in furthera describes these items. nue statement and balance , or research in furtherance	lance shee nce of pub e sheet wo e of public \$\$	et works blic brks of service,
Par 1a b	rt III Organiza Complete in If the organization of art, historical treas service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu (ii) Assets include	tions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items: ded on Form 990, Part VIII, line 1	f Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat incial statements that 8, to report in its reve c exhibition, education	revenue statement and ba ion, or research in furthera describes these items. nue statement and baland , or research in furtherand	lance shee ance of pub e sheet wo te of public \$ \$\$	et works blic brks of s service,
Par 1a	rt III Organiza Complete it If the organization of art, historical treas service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu (ii) Assets include If the organization	Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 ures, or other similar assets held for public ng amounts relating to these items: ded on Form 990, Part VIII, line 1 	f Art, Historical T 1990, Part IV, line 8. 18, not to report in its olic exhibition, educat incial statements that 18, to report in its reve e exhibition, education asures, or other simila	revenue statement and ba ion, or research in furthera describes these items. nue statement and baland , or research in furtherand	lance shee ance of pub e sheet wo te of public \$ \$\$	et works blic brks of s service,
Par 1a b	rt III Organiza Complete it If the organization of art, historical treas service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu (ii) Assets include If the organization the following amou	Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 ures, or other similar assets held for public ng amounts relating to these items: ded on Form 990, Part VIII, line 1 med in Form 990, Part X received or held works of art, historical tre unts required to be reported under FASB A	f Art, Historical T 1990, Part IV, line 8. 18, not to report in its olic exhibition, educat incial statements that 18, to report in its reve e exhibition, education asures, or other simila SC 958 relating to the	revenue statement and ba on, or research in furthera describes these items. nue statement and baland , or research in furtherand ar assets for financial gain ase items:	lance sheet ence of public e sheet wo e of public se of public \$ _ provide	et works blic brks of s service,
Par 1a b	rt III Organiza Complete it If the organization of art, historical trees service, provide in If the organization art, historical treas provide the followi (i) Revenue include If the organization the following amou Revenue included	Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 ures, or other similar assets held for public ng amounts relating to these items: ded on Form 990, Part VIII, line 1 received or held works of art, historical tre unts required to be reported under FASB A on Form 990, Part VIII, line 1	f Art, Historical T 1990, Part IV, line 8. 18, not to report in its blic exhibition, educat incial statements that 18, to report in its reve exhibition, education asures, or other simila SC 958 relating to the	revenue statement and ba ion, or research in furthera describes these items. nue statement and baland , or research in furtherand ar assets for financial gain ase items:	lance sheet ence of public e sheet wo e of public se of public se of public se of provide se sheet wo se sheet se sheet se sheet se she se sheet se sheet se she se sheet se sheet se she se sheet se she se sheet se sheet se she se she se she se she se she	et works blic brks of service,
Par 1a b	rt III Organiza Complete in If the organization of art, historical tree service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu (ii) Assets included If the organization the following amou Revenue included Assets included in	Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 ures, or other similar assets held for public ng amounts relating to these items: ded on Form 990, Part VIII, line 1 med in Form 990, Part X received or held works of art, historical tre unts required to be reported under FASB A	f Art, Historical 1 990, Part IV, line 8. 8, not to report in its blic exhibition, educat ncial statements that 8, to report in its reve e exhibition, education asures, or other simila SC 958 relating to the	revenue statement and ba ion, or research in furthera describes these items. nue statement and baland , or research in furtherand ar assets for financial gain ase items:	lance sheet ince of public se sheet wo se of public \$ provide \$	rt works blic brks of

Sche		CES PUBLICATIO						45-358			age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other record	ls, chec	k any of the	following that r	nake sign	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	c	🗌 k	Loan or exc	change progran	n					
b	Scholarly research	e	• 🗌		0.0						
c	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how t	nev further t	he organization	's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or			-	-						
•	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			g							
1a	Is the organization an agent, trustee, custodia		liary for	contribution	s or other asse	ts not inc	luded				
ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								163		
b			lowing	labie.					Amoun		
	Paginning balance								, anoan		
	Beginning balance										
	Additions during the year						1d				
-	Distributions during the year						1e				
f	0								7.4		1
	Did the organization include an amount on Fo	, ,	,			,	?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. (t V Endowment Funds. Complete if						<u></u>				_
I UI		(a) Current year		Prior year	(c) Two years) Three yea	are back	(e) Four	VOOR	back
4.	Pasiming of user holes of	(a) Current year	(0)	Filor year	(C) Two years	Dack (u	I The year	als Dack	(e) i oui	years	Dack
	Beginning of year balance										
b	Contributions										
c	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 curre	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment9	6									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	nd administere	d for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	Schedule R?					Зb		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990), Part l	V, line 11a. S	See Form 990, I	Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)	.,	umulated eciation		(d) Boo	k value	Э
19	Land		,		. ,		-				
	Buildings										٥.
	Leasehold improvements				236,600.		201,1	60.		35	440.
					238,419.		201,1				622.
	Equipment						,,,			,	0.
	Other		X !	 	(0-)					52	062.
rota	. Add lines 1a through 1e. (Column (d) must eq	iuai Form 990, Part	х, colui	<u>тіп (В), line 1</u>	<u>UC.)</u>					<u> </u>	

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 ELIFE SCIENCES PI	UBLICATIONS, LTD.	4	15-3588477	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 en	d-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.	11			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	Id-of-year market	value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9) Tetel (0.1 /h) must source Form 000, Dart V, and (D) line 10.)				
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 000 Port IV line 1	1d Son Form 000 Port V line 15		
		Tu. See Form 990, Part A, line 15.		
	Description		(b) Book v	
(1) UNBILLED RECEIVABLES AND VAT				165,207.
(2) CORPORATION TAX				145,960.
(3) RENT DEPOSIT				101,596.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>	412,763.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)			1	
(7)			+	
(8)			+	
(9)			+	
	25)		+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2 Liability for uncertain tax positions. In Part XIII, provide	· ·	the organization's financial statements	that reports the	

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 ... X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD.			45-3588477	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,618,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	٥.
3	Subtract line 2e from line 1			3	7,618,775.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	598,724.		
с	Add lines 4a and 4b			4c	598,724.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	8,217,499.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,149,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	174.		
е	Add lines 2a through 2d			2e	174.
3	Subtract line 2e from line 1			3	8,149,534.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,149,534.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal informa	ation.		

PART X, LINE 2:

THE COMPANY ADOPTED CERTAIN PROVISIONS OF FASB ACCOUNTING STANDARDS

CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES", FORTHE CRITERION THAT AN

INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE BENEFITS OF

THAT POSITION TO BE RECOGNISED IN THE COPANY'S FINANCIAL STATEMENTS. ALL

TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN ARE

SUBJECT TO EVALUATION. ONLY TAX POSITIONS THAT MEET THE

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

RECOGNISED OR CONTINUE TO BE RECOGNISED.

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) 2022

Schedule D (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD. Part XIII Supplemental Information (continued)	45-3588477	Page 5
SIGNIFICANT JUDGEMENT 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 JUDGEMENTS AND TAX		
STRATEGIES ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. WHILE		
MANAGEMENT BELIEVES THEY HAVE PROVIDED ADEQUATELY FOR THE INCOME TAXES IN		
THE FINANCIAL STATEMENTS, ADVERSE DETERMINATION BY THESE TAXING		
AUTHORITIES COULD HAVE A MATERIAL ADVERSE EFFECT ON THE FINANCIAL		
POSITION, RESULTS OF OPERATIONS OR CASH FLOWS. AS OF THE DATE OF THE MOST		
REVENT BALANCE SHEET, THE COMPANY IS SUBJECT TO EXAMINATION IN THE UNITED		
STATES OF AMERICA AND UNITED KINGDOM FOR YEARS BEFORE 2022.		
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 ITHAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
GAIN ON DISPOSAL OF ASSET 598,724.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
UNREALIZED GAIN FROM CHANGES IN FOREX RATE 133,241.		
FOREIGN CURRENCY TRANSLATION ADJUSTMENT -133,067.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 174.		
	Schedule D (Form	990) 2022
232055 09-01-22	•	-

SCHEDULE F (Form 990)			ivities Outside the Ur Inswered "Yes" on Form 990, Part IV,		lies	MB No. 1545-0047
Department of the Treasury			Attach to Form 990.		Ope	n to Public
Internal Revenue Service	Go to w	ww.irs.gov/Forn	1990 for instructions and the latest i	nformation.		ection
Name of the organization					Employer identi	fication number
ELIFE SCIENCES PUBLICA					45-3588477	
Part I General Info	ormation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part	IV, line 14b.					
U	•		ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
3 Activities per Region. (The following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	50	PROGRAM SERVICES	ONLINE JOUR	RNAL	7,068,500.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES		AND GENERAL	686,866.
					R DEVELOPMENT	
EUROPE (INCLUDING				OF INFRASTE	OR CURATION OF	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PREPRINTS	OK CONATION OF	75,136.
	-					
				SUPPORT FOR	2	
				UNDERREPRES	SENTED	
SOUTH AMERICA	0	0	PROGRAM SERVICES	SCIENTISTS		24,704.
				SUPPORT FOR		
SOUTH ASIA	0	0	PROGRAM SERVICES	SCIENTISTS		15,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPORT FOF UNDERREPRES SCIENTISTS		7,226.
	1	, , , , , , , , , , , , , , , , , , ,				,,220.
EUROPE (INCLUDING				SUPPORT FOR		5.000
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SCIENTISTS		5,000.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL GRAN	ITS	1,000.
3 a Subtotal	1	50				7,883,432.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	1	50				7 882 420
and 3b)	1 1	50				7,883,432.

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

Schedule F (Form 990) 2022

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а En						1 (a) Nar	Schedule Part II
ter total number of	ter total number of empt 501(c)(3) orga					1 (a) Name of organization	Schedule F (Form 990) 2022 Part II Grants and Othe recipient who rec
Enter total number of other organizations or entities	recipient organization nization by the IRS, o					(b) IRS code section and EIN (if applicable)	PELIFE SO Pr Assistance to Orç ceived more than \$5,1
or entities	ns listed above that are r or for which the grantee o					(c) Region	ELIFE SCIENCES PUBLICATIONS, nce to Organizations or Entities Outs e than \$5,000. Part II can be duplicate
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter					(d) Purpose of grant	LTD. side the United States. d if additional space is n
	e foreign country, i ction 501(c)(3) equ					(e) Amount of cash grant	Complete if the or eeded.
						(f) Manner of cash disbursement	45-3588477 rganization answered "Yes
	×					(g) Amount of noncash assistance	3477 "Yes" on Form 9
Scher						(h) Description of noncash assistance	45-3588477 Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any reeded.
Schedule F (Form 990) 2022						(i) Method of valuation (book, FMV, appraisal, other)	Page 2 r any

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Schedule F (Form 990) 2022	Schedu						
		°.		1,000.	н	EUROPE (INCLUDING ICELAND & GREENLAND)	TRAVEL GRANT AWARDED
		°.		5,000.	н	EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FOR UNDERREPRESENTED SCIENTISTS
		°.		7,226.	10	SUB-SAHARAN Africa	SUPPORT FOR UNDERREPRESENTED SCIENTISTS
		°.		15,000.	ω	SOUTH ASIA	SUPPORT FOR UNDERREPRESENTED SCIENTISTS
		°.		24,704.	ω	SOUTH AMERICA	SUPPORT FOR UNDERREPRESENTED SCIENTISTS
		°.		75,136.	4	EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FOR DEVELOPMENT OF INFRASTRUCTURE AND PLATFORM FOR CURATION OF PREPRINTS
(h) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	(a) Type of grant or assistance
	IV, line 16.	on Form 990, Part IV, line 16	Complete if the organization answered "Yes" c		e the United Sta 1.	ce to Individuals Outside Idditional space is needeo	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.
Page 3		5-3588477	4	•	ICATIONS, LTI	ELIFE SCIENCES PUBLICATIONS, LTD.	Schedule F (Form 990) 2022 E

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Sched	ule F (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477	Page 4
Part			
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? If "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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? If "Yes," the organization may be required to file Form 8621.		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
-	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

 (Form 990) 2022 Supplementa	ELIFE SCIENCES	PUBLICATIONS,	LTD.	45-3588477	Page 5

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 WHIHC ARE REVISED 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.

Schedule F (Form 990) 2022

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2. 0. Schedule I (Form 990) 2022				line 1 table	anizations listed in the table	nd government org <u>s listed in the line 1</u> , see the Instruct i	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	2 Enter total nu 3 Enter total nu LHA For Paperw
ENGAGEMENT OF UNDERREPRESENTED COMMUNITIES IN RESEARCH			°.	91,667.	501(C)3	81-3791683	FOR SCIENCE & SOCIETY INC SE HAWTHORNE BLVD # 247 LAND, OR 97214	CODE FOR SCIENCE & SOCIETY II 3439 SE HAWTHORNE BLVD # 247 PORTLAND, OR 97214
SUPPORT FOR RAPID REVIEW OF COVID 19 PREPRINTS			°.	6,953.	501(C)3	52-0595110	IIVERSITY STREET 11218	JOHN HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of noncash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government	1 (a) Name and or
IV, line 21, for any	′es" on Form 990, Part	Inization answered "Y	complete if the organd.	Governments. Conal space is need	ations and Domestic be duplicated if addition	Domestic Organiz 55,000. Part II can	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Part II Grants recipier
X Yes No			l States.	funds in the Unitec	oring the use of grant	stance? ocedures for monit	criteria used to award the grants or assistance?	criteria used t 2 Describe in P
	stance, and the selectio	for the grants or assis	grantees' eligibility	or assistance, the	amount of the grants	o substantiate the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	1 Does the orga
	-					nd Assistance	General Information on Grants and Assistance	Part I Genera
Employer identification number 45-3588477					LTD.	ELIFE SCIENCES PUBLICATIONS,		Name of the organization
Open to Public Inspection		tion.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	Attach to Form 990. .gov/Form990 for the la	Go to www.irs			Department of the Treasury Internal Revenue Service
OMB No. 1545-0047		zations, ed States t IV, line 21 or 22.	ce to Organi s in the Unit on Form 990, Par	er Assistan Id Individual 1 answered "Yes"	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 2	Go Compl		SCHEDULE I (Form 990)

232101 10-31-22

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Schedule I (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS ,	TIONS, LTD.				45-3588477 Pac	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	red "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional	uired in Part I, line	2; Part III, column	(b); and any other ac	ditional information.		
SCHEDULE I, PART III, LINE 1:						
PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE UNITED STATES	THE UNITED S	TATES				
ELIFE REQUIRES POTENTIAL GRANT RECIPIENTS TO SUBMIT FORMAL APPLICAT WHICH ARE REVIEWED BY ELIFE FOR CONSISTENCY WITH THE ORGANIZATION'S	TO SUBMIT FORMAL APPLICATIONS TY WITH THE ORGANIZATION'S	CATIONS DN'S				
JUDGING PROCESS AND CRITERIA. FURTHERMORE, UPON ACCEPTANCE OF	EPTANCE OF THE	ie grant				
ELIFE REQUIRES A WRITTEN REPORT FROM THE GRANTEE PROVIDING DETAIL	OVIDING DETAI	L ABOUT				
HOW FUNDS WERE USED TO ACCOMPLISH THE GRANT OBJECTIVES.	VES. REPORTS ARE	ARE				
REVIEWED BY ELIFE FOR COMPLIANCE WITH GRANT CONDITIONS.	ONS.					
232102 10-31-22		ער ני			Schedule I (Form 990) 2022	Ř

SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	17
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest			00	<u> </u>
•	,	Compensated Employees		20	ZZ	
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer id	dentificatio	on nur	nber
		ELIFE SCIENCES PUBLICATIONS, LTD.	45-3	588477		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for person	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	6			
	Discretionary	spending account Personal services (such as maid, chauffeu	r, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
			ommittaa			
		ther organizations X Approval by the board or compensation or	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				x
	-	eive payment from an equity-based compensation arrangement?				х
	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		x
	If "Yes" on line 5a o	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	-				
						X
b	Any related organiz			6b		x
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v	
~		es 5 and 6? If "Yes," describe in Part III		7	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		-		v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in		•		
	Regulations section	53.4958-6(c)?		9		

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

Schedule J (Form 990) 2022

232111 10-18-22

Schedule J (Form 990) 2022	Schedu						
							(i)
							(1)
							(ii)
							(1)
							(ii)
							(1)
							(ii)
							(i)
							(ii)
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							(ii)
							(1)
•	0.	0.	0.	0.	0.	0.	EXEC DIR, SEC, TREAS (ii)
0.	207,791.	0.	11,279.	• 0	29,767.	166,745.	(1) DAMIAN PATTINSON (i)
reported as deferred on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation in column (B)	(E) Total of columns (B)(i)-(D)	(D) Nontaxable benefits	(C) Retirement and other deferred	C and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(B) Breakdown of W	
vidual.	pplicable column (D) and (E) amounts for that individual	able column (D) and (E)	ction A, line 1a, applica	orm 990, Part VII, Se	ne total amount of Fo	lividual must equal th	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, a
ructions, on row (ii).	, described in the instr	n related organizations	ation on row (i) and fron	on from the organiza	l, report compensati	90, Part VII.	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.
		pace is needed.	te copies if additional s	oyees. Use duplicat	Compensated Emplo	yees, and Highest C	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
Page 2			45-3588477		IS, LTD.	ELIFE SCIENCES PUBLICATIONS, LTD.	Schedule J (Form 990) 2022 ELIFE SCIE

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Schedule J (Form 990) 2022 ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477 P	Page 3
ormation anation, c		
PART I, LINE 7:		
THE BOARD OF ELIFE SCIENCES PUBLICATIONS LTD PAID A DISCRETIONARY BONUS		
TO DAMIAN PATTINSON IN RECOGNITION OF HIS SIGNIFICANT CONTRIBUTION TO		
ELIFE DURING 2022. THE BONUS WAS APPROVED BY THE BOARD.		
	Schedule J (Form 990) 2022	1) 2022
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SCHEDULE O (Form 990)	Complete to provide info	rmation to Form 990 or rmation for responses to specific question	ons on	2022
Department of the Treasury	Attach	Z or to provide any additional information to Form 990 or Form 990-EZ.	1.	Open to Public
Internal Revenue Service Name of the organization		jov/Form990 for the latest information.	Employe	Inspection r identification number
	ELIFE SCIENCES PUBLICAT	IONS, LTD.	45-3	588477
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANI	ZATION MISSION:		
COMMUNICATION THAT	ENCOURAGES AND RECOGNISES TH	E MOST RESPONSIBLE		
BEHAVIOURS IN SCIE	NCE.			
FORM 990, PAGE 1,	BOX E:			
TELEPHONE NUMBER P	ROVIDED IS A UK NUMBER.			
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACC	COMPLISHMENTS:		
ELIFE WAS FOUNDED	IN RESPONSE TO AN INITIATIVE '	TO DRIVE IMPROVEMENTS IN		
RESEARCH COMMUNICA	TION FROM FOUR INTERNATIONALL	Y PROMINENT, NONPROFIT		
ORGANISATIONS OPER	ATING IN THE PUBLIC INTEREST:	HOWARD HUGHES MEDICAL		
INSTITUTE, MAX PLA	NCK SOCIETY FOR THE ADVANCEMEN	NT OF SCIENCE, AND		
WELLCOME TRUST, AN	D WERE JOINED BY THE KNUT AND	ALICE WALLENBERG		
FOUNDATION IN 2018	•			
ELIFE PUBLISHES WO	RK OF THE HIGHEST SCIENTIFIC :	STANDARDS AND IMPORTANCE		
IN ALL AREAS OF TH	E LIFE AND BIOMEDICAL SCIENCES	S. THE RESEARCH IS		
SELECTED AND EVALU	NATED BY WORKING SCIENTISTS AND	D IS MADE FREELY		
AVAILABLE TO ALL R	EADERS WITHOUT DELAY. PUBLICA	TION FEES WERE		
INTRODUCED IN 2017	TO COVER SOME OF ELIFE'S COR	E PUBLISHING COSTS.		
ELIFE ALSO INVESTS	IN INNOVATION THROUGH OPEN-SO	OURCE TOOL DEVELOPMENT		
TO ACCELERATE RESE	ARCH COMMUNICATION AND DISCOV	ERY. OUR WORK IS GUIDED		
BY THE COMMUNITIES	WE SERVE.			
FORM 990, PART V,				
	MDIOVEE MUNM WNG TOCHED N W 2			
	eduction Act Notice, see the Instruction	, BUT HAS 50 EMPLOYEES	Sche	edule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477

IN THE UNITED KINGDOM, FOR THE TOTAL OF 51 EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL EISEN, AN OFFICER, HAD A BUSINESS RELATIONSHIP WITH ERIN O'SHEA.

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:

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:

ALL DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ON AN

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization ELIFE SCIENCES PUBLICATIONS, LTD.	Employer identification number 45-3588477
ANNUAL BASIS. 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.	
FORM 990, PART VI, SECTION C, LINE 19:	
ELIFE DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY	
AVAILABLE TO THE GENERAL PUBLIC UNLESS THERE IS A LEGAL OBLIGATION TO DO	
SO. OUR AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FROM THE UK COMPANIES	
REGISTRY.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN FROM MOVEMENT IN FX RATE 133,241.	
FOREIGN CURRENCY TRANSLATION ADJUSTMENT -133,067.	
TOTAL TO FORM 990, PART XI, LINE 9 174.	
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