# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5030732 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	2023 calendar year, or tax year beginning a	nd (	ending			
В	Check if applicable	C Name of organization			D Employer iden	tific	cation number
X	Addre	ELIFE SCIENCES PUBLICATIONS, LTD.					
	Name chang				45-35884	77	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 95 REGENT STREET		Room/suit	E Telephone num (122)385-5		
	⊥return/ termin ated				G Gross receipts \$		8,805,629.
	Ameno				H(a) Is this a grou	n re	
Ē	Applic	F Name and address of principal officer: DAMIAN PATTINSON			for subordina		
	pendir	g SAME AS C ABOVE			H(b) Are all subordinat		
Ι.	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)	(1) c	or 52	<b>⊣</b> `´		list. See instructions
	Websit				H(c) Group exemp	otio	n number
K F	orm of	organization: X Corporation Trust Association Other		<b>L</b> Yea	r of formation: 2011	N	State of legal domicile: DE
Pa	art I	Summary					
•	1	Briefly describe the organization's mission or most significant activities: $\frac{ exttt{TO H}}{ exttt{TO H}}$	ELF	SCIENT	TISTS ACCELERATE		
Governance		DISCOVERY BY OPERATING A PLATFORM FOR RESEARCH (CONTINUED	IN	SCH O)			
rna	2	Check this box if the organization discontinued its operations or dis	pos	ed of mor	e than 25% of its net	ass	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)				3	5
		Number of independent voting members of the governing body (Part VI, line 1b				4	5
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				5	1
ΞĘ	6	Total number of volunteers (estimate if necessary)				6	3
Activities &	7 a	Total unrelated 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.
					Prior Year	${}$	Current Year
ě	1	Contributions and grants (Part VIII, line 1h)			2,318,49	$\overline{}$	3,648,851.
ēn	1	Program service revenue (Part VIII, line 2g)			5,271,02	$\overline{}$	4,997,454.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			627,97	$\overline{}$	159,324.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			8,217,49 226,68	$\overline{}$	8,805,629. 147,403.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			•	0.	147,403.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			3,717,41		4,132,219.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
Sen	h	Total fundraising expenses (Part IX, column (A), line 17e)		0.		ij	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,205,43	0.	4,320,036.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			8,149,53	$\overline{}$	8,599,658.
	1	Revenue less expenses. Subtract line 18 from line 12			67,96	-	205,971.
JO S		Totalida lada akipariada. Gasalda ilina 10 mani ilina 12		В	eginning of Current Ye	$\overline{}$	End of Year
Assets or	20	Total assets (Part X, line 16)			5,011,73	7.	6,545,784.
ASS	21	Total liabilities (Part X, line 26)			4,040,81	3.	5,350,873.
	-	Net assets or fund balances. Subtract line 21 from line 20			970,92	4.	1,194,911.
Pa	art II	Signature Block					
Jnd	er pena	lties of perjury, I declare that I have examined this return, including accompanying sched	lules	and stater	nents, and to the best of	my	knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	f wh	ich prepare	er has any knowledge.		
		Signature of officer COPY - DO NOT FI	L.E	_			
Sig	n		LL	_	Date		
Her	·e	DAMIAN PATTINSON, EXECUTIVE DIRECTOR					
		Type or print name and title			Doto		DTIN
		Print/Type preparer's name Preparer's signature			Date Check if		PTIN
Paid		ERIN COUTURE			self-er		
	parer	Firm's name GRANT THORNTON ADVISORS LLC			Firm's EIN		99-1856619
use	Only	Firm's address 53 STATE STREET, SUITE 1600			Dt. /	:17	_723_7000
M -	. Ale - 15	BOSTON, MA 02109			Phone no.	1 /	-723-7900 X Ves No
	t tha II	vs alcourse this roturn with the property shown above? See instructions					IA I VAC   INA

### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 45-3588477 ELIFE SCIENCES PUBLICATIONS, LTD. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour WESTBROOK CENTRE, MILTON ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE UNITED KINGDOM CB4 1YG Enter the Return Code for the return that this application is for (file a separate application for each return) 0.1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of PAUL KELLY WESTBROOK CENTRE, MILTON ROAD - CAMBRIDGE, CAMBRIDGE UNITED KINGDOM CB4 1YG Telephone No. 122-385-5340 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box ..... , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or tax year beginning \_\_\_\_ , 20 \_\_\_\_\_ , and ending \_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

Pa	rt III Statement of Program Service	-		
	Check if Schedule O contains a respon	nse or note to any line in this Part III		X
1	Briefly describe the organization's mission: ELIFE IS A NON-PROFIT ORGANISATIO	N INCOTORN BY DECEMBER FIINDE	PC AND	
	LED BY SCIENTISTS. OUR MISSION IS			
	DISCOVERY BY OPERATING A PLATFORM			
	ENCOURAGES AND RECOGNISES THE MOS			
2	Did the organization undertake any significan	at program services during the year wh	ich were not listed on the	
				Yes X No
	If "Yes," describe these new services on Sch			
3	Did the organization cease conducting, or ma	ake significant changes in how it condu	ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule	e O.		
4	Describe the organization's program service	accomplishments for each of its three	largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations	are required to report the amount of g	rants and allocations to others, the tota	ll expenses, and
	revenue, if any, for each program service rep			
4a	(Code:) (Expenses \$ 7	, 550 , 000. including grants of \$	147,403. ) (Revenue \$	4,997,454.
	SEE SCHEDULE O			
	-			
	-			
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	/6.		) (0	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	,
	-			
				<u> </u>
4d	Other program services (Describe on Schedu	ıle O.)		
		uding grants of \$	) (Revenue \$	)
<u>4e</u>	Total program service expenses	7,550,000.		Form <b>990</b> (2023)
				Form <b>330</b> (2023)

### Form 990 (2023) ELIFE SCIENCES PUBLIF Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	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		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

## Form 990 (2023) ELIFE SCIENCES PUBLICATIONS Part IV 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	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"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		X
29	Did the organization receive more than \$25,000 in noncash 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			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-T	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	1		
	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?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	—
· u	Check if Schedule O contains a response or note to any line in this Part V			х
	Chook it Contourie C contains a response of flote to any line in this fact v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	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	
332004	¥ 12-21-23	Form	990	(2023)

Form 990 (2023)	ELIFE SCIENCES PUBLICATIONS, LTD.	
Part V Statements R	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 return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign countryUNITED KINGDOM					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	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 transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
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).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?	1	1	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?	7g		- 21
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!		
Ü		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
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		
	<b>Note:</b> 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	١	I.			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the explanation subject to the section 4060 to an explanation of the explanation			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		х
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		4
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
10	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	tivitie				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	,				000	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4									
5									
6	Did the organization have members or stockholders?	6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	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		х					
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		Х					
	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						
b	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	Х						
	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	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	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								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedCA,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)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	PAUL KELLY - 122-385-5340								
	95 REGENT STREET, CAMBRIDGE, CAMBRIDGE UNITED UNITED KINGDOM CB2 1AW								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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-NEĆ) 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recic	i / ii us	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related
	below	dualt	ution	-	Key employee	st co	er			organizations
	line)	Indiv	Institutional t	Officer	Key e	Highe	Former			
(1) DAMIAN PATTINSON	37.50									
EXEC DIR, SEC, TREAS	0.00			Х				192,774.	0.	27,123.
(2) PAUL SHANNON	37.50									
HEAD OF TECHNOLOGY	0.00					Х		133,456.	0.	14,909.
(3) FIONA HUTTON	37.50									
HEAD OF PUBLISHING	0.00					Х		122,834.	0.	24,349.
(4) PETER RODGERS	37.50									
FEATURES EDITOR	0.00					Х		104,127.	0.	20,641.
(5) MICHAEL EISEN	15.00									
EDITOR IN CHIEF (THRU 10/2023)	0.00			Х				121,092.	0.	0.
(6) TIMOTHY BEHRENS	8.00									
EDITOR IN CHIEF (BEG 11/23)	0.00			Х				18,333.	0.	0.
(7) DETLEG WEIGEL	8.00									
EDITOR IN CHIEF (BEG 11/23)	0.00			Х				18,333.	0.	0.
(8) JOANNE HACKETT	2.00									
DIRECTOR & CHAIR (BEG 01/23)	0.00	Х						8,293.	0.	0.
(9) JANE MCKEATING	2.00									
DIRECTOR (BEG 01/23)	0.00	Х						4,975.	0.	0.
(10) FREDDIE QUEK	2.00									
DIRECTOR (BEG 01/23)	0.00	Х						4,975.	0.	0.
(11) FEDE PELISCH	2.00									
DIRECTOR (BEG 1/23 - THRU 10/23)	0.00	Х						4,146.	0.	0.
(12) PRACHEE AVASTHI	2.00									
DIRECTOR (THRU 03/23)	0.00	Х						2,247.	0.	0.
(13) ULMAN LINDENBERGER	2.00									
DIRECTOR (THRU 12/23)	0.00	Х						0.	0.	0.
(14) DANIEL O'CONNOR	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) ERIN O'SHEA	2.00									
DIRECTOR	0.00	Х						0.	0.	0.

rollii 990 (2023) = ==================================			~ , .		•				10 000017	· rage •
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more son i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
		•								
		•								
1b Subtotal	1							735,585.	0.	87,022.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								735,585.	0.	87,022.
2 Total number of individuals (including but n	ot limited to th	റടേ	lieta	d ah	01/0	) wh	o ro	ceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ASPIRATION COKO FOUNDATION	·	· ·
PO BOX 880264, SAN FRANCISCO, CA 94188	SOFTWARE DEVELOPMENT	355,210.
ENDAVA (UK) LTD., 125 OLD BROAD ST.,		
LONDON, EC2N 1AR, UNITED KINGDOM	SOFTWARE DEVELOPMENT	284,030.
EXETER PREMEDIA SERVICES PRIVATE LTD,		
SPACES, 10TH FL., CITIUS A BI, CHENNAI,	EDITORIAL SERVICES	245,173.
JOHN WILEY & SONS INC		
5508 GREENTREE ROAD, BETHESDA, MD 20817	EDITORIAL SERVICES	218,380.
EDITORIAL OFFICE LTD, 21 LION CLOSE,		
OVERTON, BASINGSTOKE, UNITED KINGDOM RG25	EDITORIAL SERVICES	178,001.
2 Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization	o those listed above) who received more than	
. ,		- OOO (2222)

Form 990 (2023) ELIFE SCIENT Fart VIII Statement of Revenue

			Check if Schedule O conta	ains a r	esponse (	or note to anv lin	e in this Part VIII			
						, <b>,</b>	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
ij d			Membership dues		1c					
fts,			Fundraising events		1d					
ig di			Related organizations							
ns,			Government grants (contribution		1e					
er i		Ť	All other contributions, gifts, grants			2 640 051				
현된			similar amounts not included above		1f	3,648,851.				
d d		_	Noncash contributions included in lines 1a	a-1f	1g  \$		2 642 254			
<u>0 g</u>		h	Total. Add lines 1a-1f				3,648,851.			
						Business Code				
9	2	а	PUBLICATION FEES			519130	4,997,454.	4,997,454.		
e <u>v</u> i		b								
Sen		С								
am eve		d								
Program Service Revenue		е								
P		f	All other program service rever	nue						
		g	Total. Add lines 2a-2f				4,997,454.			
	3		Investment income (including of							
							159,143.			159,143.
	4		Income from investment of tax-							
	5		Royalties		-					
				(i)	Real	(ii) Personal				
	6	а	Gross rents 6a							
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Net rental income or (loss)							
			Gross amount from sales of	(i) Se	curities	(ii) Other				
	′	а		(1) 00	, carring	181.				
		<b>L</b>	· —			101.				
o l		D	Less: cost or other basis			0.				
ž			and sales expenses			181.				
her Revenue		С	Gain or (loss)7c				101			181.
Ř			Net gain or (loss)				181.			101.
Othe	8	а	Gross income from fundraising ever including \$	-						
			contributions reported on line	1c). Se	e					
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from fundr							
	9	а	Gross income from gaming act	tivities.	See					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gamin							
			Gross sales of inventory, less re							
			and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sales							
$\overline{}$		_			y	Business Code				
sn	11	2								
neo Me	••	a b								
Miscellaneous Revenue										
Sce		ч С	All other revenue							
Ξ			All other revenue							
		<u>e</u>	Total. Add lines 11a-11d				8,805,629.	4,997,454.	0.	159,324.
	12		<b>Total revenue.</b> See instructions				0,000,023.	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı .	1 10,044.

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4,927.	4,927.		
2	individuals. See Part IV, line 22	=,527.	4,527.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	142,476.	142,476.		
,	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members	142,470.	112,170.		
4	Compensation of current officers, directors,				
5		362,222.	237,159.	125,063.	
6	trustees, and key employees  Compensation not included above to disqualified	302,222.	237,133.	123,003.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,024,149.	2,900,745.	123,404.	
8	Pension plan accruals and contributions (include	3,021,113.	2,300,713.	123,101.	
	section 401(k) and 403(b) employer contributions)	363,215.	343,455.	19,760.	
9	Other employee benefits	662.	662.	,,,,,,,	
9 10	Payroll taxes	381,971.	356,648.	25,323.	
11	Fees for services (nonemployees):	002,572.	555,525.	20,020.	
'' a	Management				
b	Legal	17,845.		17,845.	
C	Accounting	123,740.		123,740.	
d	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	156,626.	49,507.	107,119.	
12	Advertising and promotion	191,947.	191,947.	,	
13	Office expenses	165,786.	,	165,786.	
14	Information technology	,		,	
 15	Royalties				
16	Occupancy	177,173.	165,129.	12,044.	
17	Travel	88,911.	82,867.	6,044.	
18	Payments of travel or entertainment expenses	·	·	,	
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,779.	47,327.	3,452.	
23	Insurance	63,715.	8,520.	55,195.	
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EDITORIAL COSTS	1,818,205.	1,818,205.		
b	WEBSITE & DEVELOPMENT	1,066,154.	1,066,154.		
С	FOREIGN EXCHANGE LOSS	259,825.		259,825.	
d	TAXATION	58,677.	58,677.		
е	All other expenses	80,653.	75,595.	5,058.	
25	Total functional expenses. Add lines 1 through 24e	8,599,658.	7,550,000.	1,049,658.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2023) Part X Balance Sheet

Par	ιχ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part X			(P)
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,215,420.	1	5,918,793
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			195,197.	4	172,15
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	5			136,295.	9	153,060
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	502,597.			
	b	Less: accumulated depreciation	10b	487,251.	52,062.	10c	15,340
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11		0.	12	
	13	Investments - program-related. See Part IV, lin	ie 11		0.	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	412,763.	15	286,43		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	5,011,737.	16	6,545,78
	17	Accounts payable and accrued expenses			840,067.	17	758,08
	18	Grants payable				18	
	19	Deferred revenue			3,200,746.	19	4,591,10
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
g l	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
≝		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
- │	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D			0.	25	1,679
_	26	Total liabilities. Add lines 17 through 25			4,040,813.	26	5,350,873
,		Organizations that follow FASB ASC 958, c	heck he	e X			
š		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				970,924.	27	1,194,911
2	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here			
딘		and complete lines 29 through 33.					
13 C	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
<b>8</b>	32	Total net assets or fund balances			970,924.	32	1,194,911
	33	Total liabilities and net assets/fund balances			5,011,737.	33	6,545,784 Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8 ,	805,	629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8 ,	599,	658.
3	3 Revenue less expenses. Subtract line 2 from line 1				971.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		970,	924.
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		18,	016.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	1	194,	911.
Pa	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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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 Scho	edule O.			
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization **Employer identification number** ELIFE SCIENCES PUBLICATIONS, LTD. 45-3588477 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3						
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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,255,933.	2,623,106.	4,502,357.	2,318,499.	3,648,850.	17,348,745.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,410,585.	4,539,094.	4,835,425.	5,271,025.	4,997,454.	23,053,583.
3	Gross receipts from activities that 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	7,666,518.	7,162,200.	9,337,782.	7,589,524.	8,646,304.	40,402,328.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,612,572.	1,794,316.	2,879,434.	1,998,307.	1,380,865.	10,665,494.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			29 261	20 505		F7 046
	amount on line 13 for the year	2 612 572	1 704 316	28,261.	29,585.	1 380 865	57,846.
	Add lines 7a and 7b	2,612,572.	1,794,316.	2,907,695.	2,027,892.	1,380,865.	10,723,340.
	Public support. (Subtract line 7c from line 6.)						29,070,900.
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	7,666,518.	7,162,200.	9,337,782.	7,589,524.	8,646,304.	40,402,328.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	572.	2,208.	-,,	29,251.	159,143.	191,174.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	572.	2,208.		29,251.	159,143.	191,174.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,316.	25,653.				48,969.
13	Total support. (Add lines 9, 10c, 11, and 12.)	7,690,406.	7,190,061.	9,337,782.	7,618,775.	8,805,447.	40,642,471.
14	First 5 years. If the Form 990 is for th	e organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	n,
		. 0 1 D					
	ction C. Computation of Public						
	Public support percentage for 2023 (li	, (,,	,	olumn (f))		15	73.02 %
_	Public support percentage from 2022					16	68.72 %
	ction D. Computation of Inves			10 1 (0)		4=	47 0/
	Investment income percentage for 20					17	.47 %
	Investment income percentage from 2			n line 14 and line		18	.08 %
198	a 33 1/3% support tests - 2023. If the						is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. 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	·····
	line 18 is not more than 33 1/3%, chec			·		· ·	

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Schedule A (Form 990) 2023

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	12		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	0		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_		- 000	2000

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family 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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must		·		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
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			
С	Fair market value of other non-exempt-use assets	1c			
	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	on C - Distributable Amount			Current Year	
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-functional	ally integrated	Type III supporting orga	nization (see	
	instructions).			,	

Schedule A (Form 990) 2023

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5			
	Other distributions (describe in Part VI). See instructions.		6			
	Total annual distributions. Add lines 1 through 6.		7			
	Distributions to attentive supported organizations to which					
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2023 from Section C, line 6		9			
	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023		
_1_	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greate	er				
	than zero, explain in <b>Part VI.</b> See instructions.					
	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ELIFE SCIENCES PUBLICATIONS, LTD.	45-3588477	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Part IV, Section B, line	n C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
REALIZED CURRENCY GAIN		
2019 AMOUNT: \$ 23,316.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
2023 AMOUNT: \$ 0.		
FOREIGN EXCHANGE GAIN		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 25,653.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
2023 AMOUNT: \$ 0.		

### Schedule B

(Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ELIFE SCIENCES PUBLICATIONS, LTD.

Employer identification number

45-3588477

Organization type (chec	k one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; EZ, line 1. Complete Parts I and II.
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering to b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year\$
answer "No" on Part IV, I	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 illing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

ELIFE SCIENCES PUBLICATIONS, LTD.

45-3588477

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 2,086,985. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		\$ 894,807. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Humo, and 655, and Lif T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>N</b> o.	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

ELIFE SCIENCES PUBLICATIONS, LTD.

45-3588477

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Name, address, and zir + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

ELIFE SCIENCES PUBLICATIONS, LTD.

45-3588477

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 3

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** ELIFE SCIENCES PUBLICATIONS, LTD. 45-3588477 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ELIFE SCIENCES PUBLICATIONS, LTD.

**Employer identification number** 45-3588477

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic stru	***************************************	2c
d	Number of conservation easements included on line 2c acqu		
2	on a historic structure listed in the National Register		
3		eased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	ibar Cimilar Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and bedeater the above the
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection thems (check all that apply).  a Public exhibition   d   Loan or exchange program   b   Scholarly research c   Provide a description of thure generations   d   Provide a description of thure generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5   During the year, did the organization socilect or receive donations of art, historical treasures, or other similar assets   to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar As	sets	(contin	ued)	igc —
a   Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other   c   Preservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization scollections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solor or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization as collection?   Yes   No   Part IV   Exorow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b   If "Yes, explain the arrangement in Part XIII and complete the following table:    Amount   C   Reginning balance   It   It		•								•		
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization sollection? Yes No Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 12a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions 1b Complete organization answered "Yes" on Form 990, Part IV, line 10.  1b Contributions 1c Administrative expenses g End of year balance g		collection items (check all that apply).										
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21.  Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is 1 is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is 1 if Yes, a explain the arrangement in Part XIII and complete the following table:  Beginning balance  C Beginning balance  Is 1 in the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account liability?  If Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account liability?  If Ending balance  Is 1 in the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account liability?  If Administrative expense in Part XIII. Check here if the organization answered "Yes" on Form 990, Part X, line 10.  Beginning of year balance  Is 1 in the organization of year balance  O Nothibutions  Is 2 in the part XIII the section of Form 990, Part X, line 10, Part XIII in 10.  If Yes 1 in the part VIII the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasisendowment  5 in Percentages on lines 2a, 2b, and 2c should equal 100%.  Bality 1 in 10 in 1	а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	m					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  10 to be sold to raise funds rather than to be maintained as part of the organization's collection?  11 In Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  12 Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  13 Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  14 Is also the organization than arrangement in Part XIII and complete the following table:  15 If Yes, "explain the arrangement in Part XIII and complete the following table:  26 Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  27 In In International	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an angent, fustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is the organization answered "Yes" on Form 990, Part X, line 21.  If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   Part IV   Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:   Amount   1c   Amount   1c   Amount   1d	4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	n's exem <sub>l</sub>	pt purpose in	Part X	Ш.		
Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XY	5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	r similar a	ssets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?												No
Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?    Description of Power Septial or the arrangement in Part XIII and complete the following table:	Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "Y	es" on F	orm 990, Par	t IV, lin	e 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  c Net investment earnings, gains, and losses (d) Grants or scholarships  d Grants or scholarships  f Administrative expenses  g End of year balance  9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  9%  c Term endowment  9%  c Term endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) Related organ		reported an amount on Form 990, Par	t X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other ass	sets not ir	ncluded				_
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		on Form 990, Part X?								Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Part V Endowment Funds Complete if the explanation has been provided in Part XIII.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) F	b											
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V Endowment Funds Complete if the organization on sewered "Yes" on Form 990, Part X, line 10.    Complete if the organization on Part XIII Check here if the explanation has been provided in Part XIII the Intended Complete if the organization sewered "Yes" on Form 990, Part X, line 10.    Complete if the organization on Part XIII the Intended Complete if the organization sewered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 11.										Amount		
e Distributions during the year f Ending balance	С	Beginning balance						1c				
f Ending balance	d	Additions during the year						1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In Research 1981	е	Distributions during the year						1e				
Part V   Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.												
Part V   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	ınt liability	y?	Ш	Yes		No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back												
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment	Pai	TV   Endowment Funds Complete if										
b Contributions			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	<b>d)</b> Three years	back	(e) Four	years l	<u>back</u>
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	d	Grants or scholarships										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е	Other expenditures for facilities										
g End of year balance												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f											
a Board designated or quasi-endowment	g											
b Permanent endowment	2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)	)) held as:						
Term endowment	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  C Leasehold improvements  4 Description of Property  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  6 Buildings  C Leasehold improvements  243,597. 243,597. 0.  6 Equipment	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Posserible in Part XIII the intended uses of the organization listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation  1a Land b Buildings 0. c Leasehold improvements 243,597. 243,597. 0. d Equipment 259,000. 243,654. 15,346.	С	Term endowment	%									
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations.  (iv) Related organizations			•									
(i) Unrelated organizations? (ii) Related organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  243,597. 243,597. 0.  d Equipment	3a	•	ssion of the organiza	tion that	t are held ar	nd administere	ed for the			Г	· I	
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  243,597.  243,597.  0.  d Equipment										_	Yes	NO_
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  243,597.  243,597.  0.  d Equipment											-	
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  243,597.  0.  243,597.  15,346.												
Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  243,597.  243,597.  0.  d Equipment  259,000.  243,654.  15,346.										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  243,597.  243,597.  0.  4 Equipment  259,000.  243,654.				wment f	unds.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  243,597.  (e) Accumulated depreciation  (f) Book value  243,597.  243,597.  (g) Accumulated depreciation  (h) Cost or other basis (other)  243,597.  243,597.  243,694.  259,000.	Fai			Dort IV	lino 11a S	oo Form 000	Dort V li	no 10				
basis (investment)         basis (other)         depreciation           b Buildings         0.           c Leasehold improvements         243,597.         243,597.         0.           d Equipment         259,000.         243,654.         15,346.		· · · · · · · · · · · · · · · · · · ·				· ·			т.	<b>( N D )</b>		
b Buildings       0.         c Leasehold improvements       243,597.       243,597.       0.         d Equipment       259,000.       243,654.       15,346.		Description of property	1 ' '						<u> </u>	( <b>a)</b> Book	value	) 
b Buildings       0.         c Leasehold improvements       243,597.       243,597.       0.         d Equipment       259,000.       243,654.       15,346.	1a	Land										
c Leasehold improvements       243,597.       243,597.       0.         d Equipment       259,000.       243,654.       15,346.												0.
<b>d</b> Equipment 259,000. 243,654. 15,346.						243,597.		243,597				0.
			I			259,000.		243,654			15,3	346.
0 04101		Other										0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, line 10	0c. column	(B))					15,3	346.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ELIFE SCIENCES PU	BLICATIONS, LTD.		45-3588477	Page 3
Part VII Investments - Other Securities	·			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1) Financial derivatives			•	
(2) Closely held equity interests				
(0) Others				
(A) Other				
(B)				
• •				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15		
-	Description	114. 355 1 6111 555, 1 411 7, 1116 15.	(b) Book v	alue
· · · · · · · · · · · · · · · · · · ·	2000110111		(B) Book v	uiuc
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))			
Part X Other Liabilities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.	
1. (a) Description of liability			(b) Book v	alue
(1) Federal income taxes				
(2) RENT DEPOSIT				1,679.
(3)				_
(4)				
(5)				
(6)				
(7)				
(1)			+	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

1,679.

(9)

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)	2a		1	8,805,448.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.)				
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.)				
c Recoveries of prior year grants d Other (Describe in Part XIII.)	2b			
d Other (Describe in Part XIII.)	· <del></del>			
d Other (Describe in Part XIII.)	2c			
	1 4.1			
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	8,805,448.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
<b>b</b> Other (Describe in Part XIII.)	. 4b	181.		
c Add lines 4a and 4b			4c	181.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F	5 Return	8,805,629.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
Total expenses and losses per audited financial statements			1	8,581,642.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
<b>b</b> Prior year adjustments				
c Other losses	1 _ 1			
d Other (Describe in Part XIII.)	. 2d			
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	8,581,642.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
<b>b</b> Other (Describe in Part XIII.)	4b	18,016.		
c Add lines 4a and 4b			4c	18,016.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	8,599,658.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	*		; Part X, lin	ie 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informat	ion.		
PART X, LINE 2:				
THE COMPANY ADOPTED CERTAIN PROVISIONS OF FASB ACCOUNTING STANDAR	DS			
CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES", FOR THE CRITERION	THAT AN			
INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE BENEFI	TS OF			
THAT POSITION TO BE RECOGNISED IN THE COMPANY'S FINANCIAL STATEME	NTS. ALL			
TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN A	RE			
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	E TAX			
RATE, AND ANALYSIS OF POTENTIAL TAX EXPOSURE ITEMS, IF ANY, REQUI	RES			

Schedule D (Form 990) 2023 ELIFE SCIENCES PUBLICATIONS, LTD.		45-3588477	Page <b>5</b>
Part XIII   Supplemental Information (continued)			
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 MANAGED	EMENT		
DEEMS NECESSARY TO VALUE DEFERRED TAX ASSETS. THE JUDGEMENTS AND TA	х		
STRATEGIES ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. WHIL	Е		
MANAGEMENT BELIEVES THEY HAVE PROVIDED ADEQUATELY FOR THE INCOME TA	XES 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 TH	E MOST		
REVENT BALANCE SHEET, THE COMPANY IS SUBJECT TO EXAMINATION IN THE	UNITED		
STATES OF AMERICA AND UNITED KINGDOM FOR YEARS BEFORE 2023.			
THE COMPANY IS EXEMPT FROM FEDERAL INCOME TAXES IN THE UNITED STATE	S UNDER		
SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE OF 1986. THE COMPA	NY		
BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
GAIN ON DISPOSAL OF ASSET	181.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
UNREALIZED GAIN FROM MOVEMENT IN FX RATE	237,459.		
FOREIGN CURRENCY TRANSLATION ADJUSTMENT -	219,443.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	18,016.		

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

ELIFE SCIENCES PUBLICATIONS, LTD. 45-3588477 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region expenditures employees, (by type) (such as, fundraising, prooffices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) 50 PROGRAM SERVICES ONLINE JOURNAL 7,402,596. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 PROGRAM SERVICES MANAGEMENT AND GENERAL 1,049,839. SUPPORT FOR UNDERREPRESENTED PROGRAM SERVICES 0 0 SCIENTISTS SUB-SAHARAN AFRICA 24,892. SUPPORT FOR UNDERREPRESENTED SCIENTISTS Λ PROGRAM SERVICES SOUTH ASIA 0 14,175. SUPPORT FOR UNDERREPRESENTED SOUTH AMERICA 0 0 PROGRAM SERVICES SCIENTISTS 3,500. SUPPORT FOR UNDERREPRESENTED EAST ASTA AND THE PACIFIC 0 0 PROGRAM SERVICES SCIENTISTS 2,680. SUPPORT FOR EUROPE (INCLUDING UNDERREPRESENTED ICELAND & GREENLAND) 0 0 PROGRAM SERVICES SCIENTISTS 2,500. SUPPORT FOR UNDERREPRESENTED SCIENTISTS 2,200. NORTH AMERICA 0 0 PROGRAM SERVICES 1 50 8,502,382. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I ...... c Totals (add lines 3a 50 8,502,382. and 3b)

LHA 332071 11-29-23

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Schedule F (Form 990) 2023

			Outside the United States.		rganization answered	d "Yes" on Form 9	990, Part IV, line 15, for	any
recipient who re	ceived more than \$5,0	000. Part II can be dupli	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are i	recognized as charities by the	foreign country,	recognized as a tax			

**3** Enter total number of other organizations or entities

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

Part III can be duplicated if a	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUPPORT FOR THE DEVELOPMENT							
OF INFRASTRUCTURE AND	EUROPE (INCLUDING						
PLATFORM FOR CURATION OF	ICELAND &						
PREPRINTS	GREENLAND)	1	91,529.		0.		
SUPPORT FOR UNDERREPRESENTED	SUB-SAHARAN						
		_	24 002				
SCIENTISTS	AFRICA	5	24,892.		0.		
SUPPORT FOR UNDERREPRESENTED							
SCIENTISTS	SOUTH ASIA	4	14,175.		0.		
SUPPORT FOR UNDERREPRESENTED							
SCIENTISTS	SOUTH AMERICA	1	3,500.		0.		
SUPPORT FOR UNDERREPRESENTED SCIENTISTS	EAST ASIA AND THE PACIFIC	1	2,680.		0.		
SCIENTISTS	PACIFIC		2,000.		0.		
	EUROPE (INCLUDING						
SUPPORT FOR UNDERREPRESENTED	ICELAND &						
SCIENTISTS	GREENLAND)	1	2,500.		0.		
SUPPORT FOR UNDERREPRESENTED							
SCIENTISTS	NORTH AMERICA	1	2,200.		0.		
	EUROPE (INCLUDING						
SUPPORT FOR UNDERREPRESENTED	ICELAND &						
SCIENTISTS	GREENLAND)	1	1,000.		0.		

Page 4

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE UNITED
STATES: ELIFE REQUIRES POTENTIAL GRANT RECIPIENTS TO SUBMIT FORMAL
APPLICATIONS WHICH ARE REVISED BY ELIFE FOR CONSISTENCY WITH THE
ORGANIZATIONS 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 CONDITIONS.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

ELIFE SCIENCES	S PUBLICATIONS	, LTD.					45-3588477
Part I General Information on Grants a	nd Assistance					•	
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	า
criteria used to award the grants or assis	tance?						X Yes  No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$	·	be duplicated if additi	<del>-</del>	ed.	(c) handered of		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	-						

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Schedule I (Form 990) 2023 ELIFE SCIENCES PUBLICA	TIONS, LTD.				45-3588477	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, 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 noncas	sh assistance
SUPPORT FOR UNDERREPRESENTED SCIENTISTS	1	4,927.	0.			
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
SCHEDULE I, PART III, LINE 1:						
PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSI	DE THE UNITE	) STATES				
ELIFE REQUIRES POTENTIAL GRANT RECIPIENTS TO SUBMI	T FORMAL APPI	LICATIONS				
WHICH ARE REVISED BY ELIFE FOR CONSISTENCY WITH TH	E ORGANIZATIO	on's				
JUDGING PROCESS AND CRITERIA. FURTHERMORE, UPON AC	CEPTANCE OF T	THE GRANT				
ELIFE REQUIRES A WRITTEN REPORT FROM THE GRANTEE P	ROVIDING DETA	AIL ABOUT				
HOW FUNDS WERE USED TO ACCOMPLISH THE GRANT OBJECT	IVES. REPORTS	S ARE				
REVIEWED BY ELIFE FOR COMPLIANCE WITH CONDITIONS.						
					<u> </u>	

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number ELIFE SCIENCES PUBLICATIONS, LTD. 45-3588477

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X   Independent compensation consultant     X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	<del></del>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ا ۽ ا		v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAMIAN PATTINSON	(i)	159,456.	33,318.	0.	27,123.	0.	219,897.	0.
EXEC DIR, SEC, TREAS	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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 2023. THE BONUS WAS APPROVED BY THE BOARD.

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization ELIFE SCIENCES PUBLICATIONS, LTD.

**Employer identification number** 45-3588477

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNICATION THAT ENCOURAGES AND RECOGNISES THE MOST RESPONSIBLE
BEHAVIOURS IN SCIENCE.
FORM 990, PAGE 1, BOX E:
TELEPHONE NUMBER PROVIDED IS A UK NUMBER.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ELIFE WAS FOUNDED IN RESPONSE TO AN INITIATIVE TO DRIVE IMPROVEMENTS IN
RESEARCH COMMUNICATION FROM FOUR INTERNATIONALLY PROMINENT, NONPROFIT
ORGANISATIONS OPERATING IN THE PUBLIC INTEREST: HOWARD HUGHES MEDICAL
INSTITUTE, MAX PLANCK SOCIETY FOR THE ADVANCEMENT OF SCIENCE, AND
WELLCOME TRUST, AND WERE JOINED BY THE KNUT AND ALICE WALLENBERG
FOUNDATION IN 2018.
ELIFE PUBLISHES WORK OF THE HIGHEST SCIENTIFIC STANDARDS AND IMPORTANCE
IN ALL AREAS OF THE LIFE AND BIOMEDICAL SCIENCES. THE RESEARCH IS
SELECTED AND EVALUATED BY WORKING SCIENTISTS AND IS MADE FREELY
AVAILABLE TO ALL READERS WITHOUT DELAY. PUBLICATION FEES WERE
INTRODUCED IN 2017 TO COVER SOME OF ELIFE'S CORE PUBLISHING COSTS.
ELIFE ALSO INVESTS IN INNOVATION THROUGH OPEN-SOURCE TOOL DEVELOPMENT
TO ACCELERATE RESEARCH COMMUNICATION AND DISCOVERY. OUR WORK IS GUIDED
BY THE COMMUNITIES WE SERVE.
FORM 990, PART V, LINE 2A:

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

ELIFE HAD 1 U.S. EMPLOYEE THAT WAS ISSUED A W-2, BUT HAS 50 EMPLOYEES

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

**Employer identification number** Name of the organization ELIFE SCIENCES PUBLICATIONS, LTD. 45-3588477 IN THE UNITED KINGDOM, FOR THE TOTAL OF 51 EMPLOYEES. FORM 990, PART VI, SECTION A, LINE 2: ERIN O'SHEA IS THE PRESIDENT OF HOWARD HUGHES MEDICAL INSTITUTE, WHICH EMPLOYS MICHAEL EISEN AS AN INVESTIGATOR. 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:

Schedule O (Form 990) 2023 Page **2** 

Schedule O (Form 990) 2023	Page 2
Name of the organization ELIFE SCIENCES PUBLICATIONS, LTD.	Employer identification number 45-3588477
ALL DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ON AN	
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	то
COMPLETE AN ANNUAL QUESTIONNAIRE THAT REQUIRES DISCLOSURE OF ANY POTEN	TIAL
CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION DECISIONS ARE MADE BY INDIVIDUALS THAT ARE INDEPENDENT WI	тн
RESPECT TO THE INDIVIDUAL RECEIVING THE COMPENSATION. THE BOARD OBTAIN	S AND
RELIES ON COMPARABILITY DATA IN ESTABLISHING THE COMPENSATION FOR ITS	
OFFICERS. COMPENSATION IS APPROVED IN ADVANCE OF PAYMENT, AND THE DECI	SIONS
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 PORTION	OLICY
AVAILABLE TO THE GENERAL PUBLIC UNLESS THERE IS A LEGAL OBLIGATION TO	DO
SO. OUR AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FROM THE UK COMPANI	ES
REGISTRY.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN FROM MOVEMENT IN FX RATE 237	,459.
FOREX CURRENCY TRANSLATION ADJUSTMENT -219	,443.
TOTAL TO FORM 990, PART XI, LINE 9	,016.