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ARMANINO LLP

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Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

| | 01 111 | e 20 to Calefidar year, or tax year beginning | and ending | | | | | | |
|---------------|----------------------------------|--|-------------------------|------------------------|---|-----------------------------|--|--|--|
| В | Check if applicab | C Name of organization | | D Employer ide | entifica | ation number | | | |
| | Addre | PUBLIC LIBRARY OF SCIENCE | | | | | | | |
| | Name | | | 6 | 68-0492065 | | | | |
| | □ Initial □ returr □ Final | , | , , | | | | | | |
| | lreturr | | 1160 BATTERY STREET 225 | | | | | | |
| | terminated | | | G Gross receipts \$ | | 37,176,279. | | | |
| | Amer | SAN FRANCISCO, CA 94111 | | H(a) Is this a gro | up ret | | | | |
| | Appli | | | for subordir | nates? | Yes X No | | | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordin | ates incl | luded? Yes No | | | |
| 1 | Гах-ех | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a | a)(1) or 5 | 27 If "No," atta | ch a li | st. (see instructions) | | | |
| <u>J</u> \ | Webs i | te: WWW.PLOS.ORG | | H(c) Group exen | nption | number > | | | |
| K | orm o | f organization; X Corporation Trust Association Other | L Ye | ar of formation: 2001 | М | State of legal domicile; CA | | | |
| | art I | Summary | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: PLE | EASE SEE SC | HEDULE O FOR | | | | | |
| Governance | | COMPLETE DESCRIPTION OF THE ORGANIZATION'S MISSION. | | | | | | | |
| ř | 2 | Check this box if the organization discontinued its operations or d | isposed of mo | re than 25% of its ne | t asse | ets. | | | |
| o ve | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 3 | 10 | | | |
| G | 4 | Number of independent voting members of the governing body (Part VI, line | 1b) | | 4 | 9 | | | |
| Se | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | | 5 | 205 | | | |
| Ĭ | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 12061 | | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 318,689. | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 38 | | | 7b | 111,172. | | | |
| | | | | Prior Year | | Current Year | | | |
| a) | 8 | Contributions and grants (Part VIII, line 1h) | | 4,7 | 32. | 3,606. | | | |
| nğu | 9 | Program service revenue (Part VIII, line 2g) | | 35,375,6 | 66. | 32,007,918. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 715,6 | 28. | 503,884. | | | |
| č | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 96,4 | 12. | 1,929. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 | | 36,192,4 | 38. | 32,517,337. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0. | 0. | | | |
| " | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- | | 22,281,6 | 10. | 24,034,068. | | | |
| ses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. | | | |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | | |
| Ă | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 16,210,6 | 69. | 13,946,083. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 38,492,2 | 79. | 37,980,151. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -2,299,8 | | -5,462,814. | | | |
| a | 3 | | | Beginning of Current Y | _ | End of Year | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 21,016,2 | | 15,407,696. | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 4,048,1 | | 4,724,106. | | | |
| let, | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 16,968,0 | | 10,683,590. | | | |
| Pa | art II | Signature Block | | , , | | , , , - | | | |
| Und | er pen | alties of perjury, I declare that I have examined this return, including accompanying sche | edules and state | ments, and to the best | of my k | knowledge and belief, it is | | | |
| | | ct, and complete. Declaration of preparer (other than officer) is based on all information | | | o, . | memeage and zener, it is | | | |
| truo | , 00110 | and complete becaute of property (caret than onloof) to become in an information | or windir propar | The any knowledge. | | | | | |
| Sig | n | Signature of officer | | Date | | | | | |
| Her | | TODOR GRIGOROV, CFO | | | | | | | |
| 1101 | | | | | | | | | |
| | | Type or print name and title Print/Type preparer's name Preparer's signature | | Date Che | ck | PTIN | | | |
| Paid | 1 | KATY BROWN KATY BROWN | | if if | | | | | |
| | parer | Firm's name ARMANINO LLP | | 1 1 | employed | 94-6214841 | | | |
| - | Only | | Firm's Elf | v > | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 036 | Jilly | Firm's address 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600 | | Dhone so | 925- | 790-2600 | | | |
| N/a: | , +b > ! | <u> </u> | | I SHOHE NO | 2 | X Yes No | | | |
| ıvıa | y une l | RS discuss this return with the preparer shown above? (see instructions) | | | | . ı∸rıtes I INO | | | |

68-0492065

| Pa | Statement of Program Service Accomplishments | |
|-----------|--|------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | PLEASE SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF THE ORGANIZATION'S | |
| | MISSION. | |
| | | |
| | Did the organization undertake any significant program services during the year which were not listed on the | |
| 2 | | Yes X No |
| | prior Form 990 or 990-EZ? | Tes A NO |
| • | If "Yes," describe these new services on Schedule O. | Vaa V Na |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes A No |
| 4 | | d by avacaca |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services, as measured as a service accomplishment of each of its three largest program services. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total | ai expenses, and |
| _ | revenue, if any, for each program service reported. | 21 600 220 \ |
| 4a | (Code:) (Expenses \$ 30,341,405. including grants of \$) (Revenue \$) | 31,009,229. |
| | SCIENCE AND MEDICAL PUBLISHING ARE THE CORE OF PLOS PROGRAM EXPENSE AT | |
| | OVER \$30 MILLION. THE SCOPE OF PLOS JOURNALS INCLUDES: | |
| | PLOS ONE, THE FIRST MULTIDISCIPLINARY OA JOURNAL PUBLISHING ALL | |
| | TECHNICALLY VALID AND ETHICAL RESEARCH, REGARDLESS OF ANTICIPATED | |
| | IMPACT. | |
| | PLOS BIOLOGY, PUBLISHING ARTICLES OF EXCEPTIONAL SIGNIFICANCE, | |
| | ORIGINALITY AND RELEVANCE IN ALL AREAS OF BIOLOGICAL SCIENCE, FROM | |
| | MOLECULES TO ECOSYSTEMS TO DATA-DRIVEN META-RESEARCH. | |
| | PLOS MEDICINE, WITH ARTICLES IN ALL AREAS OF MEDICAL SCIENCE, | |
| | CLINICAL PRACTICE AND HEALTH POLICY INCLUDING A VARIETY OF STUDY | |
| | DESIGNS. | |
| | (CONTINUED ON SCHEDULE O). | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| 4c | (Code:) (Expenses \$ | , |
| | / Lipones 4 | , <i>,</i> |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | , |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| <u>4e</u> | Total program service expenses ► 30,341,405. | 200 |

Form 990 (2018) PUBLIC LIBRARY OF SCIENCE 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? | 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 Revenue Procedure 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 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| Ū | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| • | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | | - | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 10 | | x |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 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, | ١ | v | |
| _ | Part VI | 11a | Х | |
| р | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | l | | |
| | 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 | | X |
| 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 | | X |
| 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 | | | | |
| | 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 | 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 | | х |
| 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 | | х |
| | | | | |

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Form 990 (2018) PUBLIC LIBRARY OF SCIENCE
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 |
| 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 | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 07 | | x |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | A |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | 28a | | х |
| a h | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | x |
| 0 | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| C | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| ٠. | If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | Ш |
| | | | Yes | No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 91 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | v | |
| | (gambling) winnings to prize winners? | 1c | X | |

Form 990 (2018)

PUBLIC LIBRARY OF SCIENCE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 68-0492065

| | | | | | 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 | 205 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? . | | 2b | Х | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions | s) | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | Х | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 |) | | 3b | Х | | | |
| 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 country: ► UNITED KINGDOM | | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | ts (FBAR). | _ | | 77 | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | _5a _5b | | X | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | |
| оа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 60 | | х | | |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions. | | | 6a | | - 21 | | |
| b | | | | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | OD | | | | |
| ' а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices r | provided to the payor? | 7a | | Х | | |
| | | | payor. | 7b | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | |
| | to file Form 8282? | | | 7c | | х | | |
| d | | 7d | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontrac | t? | 7e | | Х | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | Х | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 88 | 99 as required? | 7g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | $\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintaining \ donor \ advised \ fund \ advised \ \mathsf$ | l by th | е | | | | | |
| sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | | | | 9a | | | | |
| | | | | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | ١ | ı | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1 | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 11a | I | | | | | |
| a | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | | | | | |
| b | 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 | | ? | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | j | 4 | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | | | | | |
| | In the consecutive Property to Server would be all the all the place of the consecutive and a state O | | | 13a | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | |
| I4a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | | 14b | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | Х | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t incor | ne? | 16 | | Х | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | 000 | | | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
|---------|--|---------|---------|-----|
| <u></u> | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | Х |
| Sec | tion A. Governing Body and Management | | T., | |
| | Enter the number of voting members of the governing body at the end of the tax year 10 | | Yes | No |
| па | Enter the number of voting members of the governing body at the ord of the tax year | - | | |
| | 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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent | | | |
| | Enter the number of voting members included in line 1a, above, who are independent | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | Х |
| • | officer, director, trustee, or key employee? | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | х |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | х |
| | more members of the governing body? | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | х |
| _ | persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 0- | х | |
| | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Λ. | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | х |
| Sec | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Λ |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | 10a | 162 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | IUa | | |
| D | | 10b | | |
| 115 | and branches to ensure their operations are consistent with the organization's exempt purposes? 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 in Schedule O the process, if any, used by the organization to review this Form 990. | IIa | | |
| | 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 | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | 12.0 | | |
| ŭ | in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval 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 in 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 filed ▶CA | | | |
| 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 | onlv) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | ,, | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | ial | |
| | 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 | | | |
| | SUSAN AU, DIRECTOR OF FINANCE AND ACCOUNTING - (415) 624-1200 | | | |

1160 BATTERY STREET, NO. 225, SAN FRANCISCO, CA 94111

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | J | . 11 <u>2</u> a | | <u> </u> | ات م. | Juli | (D) | (E) | (F) |
|--|-------------------|--------------------------------|---|---------|--------------|---------------------------------|-------------------------------|--------------------|-----------------|-----------------------------------|
| Name and Title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | n an | compensation | compensation | amount of | | |
| | week (list any | | | | | from the | from related organizations | other compensation | | |
| | hours for | Individual trustee or director | | | | - - | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | ıstee | | | Highest compensated employee | | (W-2/1099-MISC) | (| organization |
| | organizations | ll trus | nal trı | | loyee | om oc | | | | and related |
| | below | lividu | Institutional trustee | Officer | Key employee | ploye | Former | | | organizations |
| /1) MIGUARI W GARROLI | line) | n Di | i s | #0 | ağ. | 흜툽 | -G | | | |
| (1) MICHAEL W. CARROLL BOARD MEMBER | 5.00 | Х | | | | | | 0. | 0. | 0 |
| (2) MICHAEL B. EISEN | 5.00 | Λ | | | | _ | | 0. | 0. | 0. |
| BOARD MEMBER (THRU 10/18) | 3.00 | X | | | | | | 0. | 0. | 0 |
| (3) DAVID LIDDLE | 5.00 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (THRU 5/18) | 3.00 | X | | | | | | 0. | 0. | 0. |
| (4) ROBIN LOVELL-BADGE | 5.00 | Λ | | | | | | 0. | 0. | |
| BOARD MEMBER | 3,00 | х | | | | | | 0. | 0. | 0. |
| (5) MEREDITH T. NILES | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) JENNY MACHIDA | 5.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (7) ALASTAIR ADAM | 5.00 | | | | | | | | | |
| BOARD MEMBER (START 11/18) | | х | | | | | | 0. | 0. | 0. |
| (8) SURESH BHAT | 5.00 | | | | | | | | | |
| BOARD MEMBER (START 11/18) | | Х | | | | | | 0. | 0. | 0. |
| (9) VICTORIA COLEMAN | 5.00 | | | | | | | | | |
| BOARD MEMBER (START 5/18) | | Х | | | | | | 0. | 0. | 0. |
| (10) SIMINE VAZIRE | 5.00 | | | | | | | | | |
| BOARD MEMBER (START 10/18) | | Х | | | | | | 0. | 0. | 0. |
| (11) GARY E. WARD | 5.00 | | | | | | | | | |
| BOARD CHAIR (THRU 12/18) | | Х | | Х | | | | 0. | 0. | 0. |
| (12) ALISON MUDDITT | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | Х | | Х | | | | 343,999. | 0. | 31,665. |
| (13) RICHARD HEWITT | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER (THRU 12/18) | | | | Х | | | | 322,402. | 0. | 35,833. |
| (14) RAY CAMPBELL | 40.00 | - | | | | | | | _ | |
| GENERAL COUNSEL & SEC.(THRU 12/18) | | | | Х | | | | 179,064. | 0. | 22,243. |
| (15) LOUISE PAGE | 40.00 | | | | | | | | | |
| CHIEF INNOVATION OFFICER (THRU 10/18 | 40.00 | | _ | | Х | _ | | 312,276. | 0. | 9,407. |
| (16) VERONIQUE KIERMER | 40.00 | ŀ | | | | | | 224 25: | _ | 05.405 |
| PUBLISHER & EXEC EDITOR | 40.00 | | _ | | Х | _ | | 281,864. | 0. | 26,109. |
| (17) REBEKAH DARKSMITH | 40.00 | ł | | | Į | | | 211 700 | 0. | 20 540 |
| CHIEF MARKETING OFFICER (START 2/18) | | l | l | l | Х | <u> </u> | <u> </u> | 211,790. | 0. | 20,540. Form 990 (2018) |

832007 12-31-18 Form **990** (2018)

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|--|--|--|-----------------------|---------|--------------|---------------------------------|-------------|--|--|----------------------------------|---|------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | anc | Hiç | hes | t Co | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (1 | F) | |
| Name and title | Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | than c s both | an | Reportable compensation from | Reportable compensation from related | amo | nated unt of her | |
| | (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) | organizations (W-2/1099-MISC) | compe fron organ and re | ensation n the ization elated zations | |
| (18) CATHERINE RAYHILL | 40.00 | | | | | | | | | | | |
| CHIEF TECHNOLOGY OFFICER (THRU 4/18) | | | | | Х | | | 193,558. | 0. | | 9,687 | 1. |
| (19) AARON DODDS DIRECTOR PRODUCT MGMT | 40.00 | | | | | х | | 199,765. | 0. | : | 23,816 | 5. |
| (20) SUSAN AU | 40.00 | | | | | | | | | | | |
| DIRECTOR, FINANCE & ACCOUNTING | | | | | | х | | 193,541. | 0. | : | 13,046 | ō. |
| (21) LAURENCE PEIPERL | 40.00 | | | | | | | | | | | |
| CHIEF EDITOR (THRU 12/18) | | | | | | х | | 199,765. | 0. | : | 25,183 | 3. |
| (22) CLARK E. HARTSOCK III | 40.00 | | | | | | | | | | | |
| SR MANAGER IT SERVICES (THRU 12/18) | | | | | | Х | | 186,330. | 0. | : | 24,051 | L. |
| (23) JOERG D. HERBER | 40.00 | | | | | | | | | | | |
| EDITOR-IN-CHIEF | | | | | | Х | | 185,522. | 0. | | 30,197 | <u>' .</u> |
| | | | | | | | | | | | | _ |
| 1b Sub-total | | | | | | | <u> </u> | 2,809,876. | 0. | 2 | 71,777 | 7. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | > | 0. | 0. | | C | Ο. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 2,809,876. | 0. | 2 | 71,777 | 7. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportable | | | 56 |
| compensation from the organization | | | | | | | | | | V | es No | |
| | | | | | | | | | , | - ' | - N | <u> </u> |

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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

Section B. Independent Contractors

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 |
|---|--|---------------------|
| KAUFMAN WILLS FUSTING & COMPANY | | |
| 1010 STREEPER ST., S, BALTIMORE, MD 21224 | EDITORIAL SERVICES | 1,374,726. |
| APEX COVANTAGE, LLC, 198 VAN BUREN ST., | | |
| 200 PRESIDENTS PLAZA, HERNDON, VA 20170 | COMPOSITION | 1,309,617. |
| EDITORIAL OFFICE LTD, 21 LION CLOSE, RG25 | | |
| 3HL, OVERTON, HAMPSHIRE, UNITED KINGDOM | EDITORIAL SERVICES | 1,234,585. |
| J&J EDITORIAL | | |
| 201 SHANNON OAKS CIR. #124, CARY, NC 27511 | EDITORIAL SERVICES | 1,148,006. |
| ARIES SYSTEMS CORPORATION, 50 HIGH STREET, | MANUSCRIPT SUBMISSION & | |
| SUITE 21, NORTH ANDOVER, MA 01845 | TRACKING SYSTEM | 820,017. |
| 2 Total number of independent contractors (including but not limited to | those listed above) who received more than | |
| \$100,000 of compensation from the organization | 16 | |
| | | - 000 () |

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Form 990 (2018) **Part VIII**

Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any line | in this Part VIII | | | |
|--|------|--|---------------------------------------|---------------------|----------------------|--|--------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ပ္ ပ | 1 a | Federated campaigns | 1a | | | | | |
| ant | | Membership dues | | | | | | |
| 2,5 | | Fundraising events | | | | | | |
| ifts ar A | | Related organizations | | | | | | |
| nis. | | Government grants (contributi | | | | | | |
| Sir | | All other contributions, gifts, grant | | | | | | |
| her | - | similar amounts not included abov | | 3,606. | | | | |
| Ę | а | Noncash contributions included in lines | · · · · · · · · · · · · · · · · · · · | , | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Total. Add lines 1a-1f | | | 3,606. | | | |
| | | | | Business Code | | | | |
| o l | 2 a | PUBLICATION FEES, NET | | 519130 | 31,663,670. | 31,663,670. | | |
| Program Service Revenue | b | ADVERTISING | | 519130 | 318,689. | | 318,689. | |
| Ser | С | REPRINTS | | 519130 | 25,559. | 25,559. | | |
| an eve | d | | | | | | | |
| Beg | е | | | | | | | |
| Pr | | All other program service reve | nue | | | | | |
| | | Total. Add lines 2a-2f | | | 32,007,918. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | · . | 412,826. | | | 412,826. | |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | | 1,929. | | | 1,929. |
| | | , | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 4,750,000. | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 4,656,141. | 2,801. | | | | |
| | С | Gain or (loss) | | -2,801. | | | | |
| | | Net gain or (loss) | | | 91,058. | | | 91,058. |
| ane | | Gross income from fundraising including \$ | g events (not | | | | | |
| Other Reven | | contributions reported on line | | | | | | |
| Be | | Part IV, line 18 | • | | | | | |
| þer | b | Less: direct expenses | | | | | | |
| ᅙ | | Net income or (loss) from fund | | > | | | | |
| | | Gross income from gaming ac | - | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sales | | | | | | |
| ŀ | | Miscellaneous Revenue | | Business Code | | | | |
| Ì | 11 a | - | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | II | | | | |
| | | Total revenue. See instructions | | ······ | 32,517,337. | 31,689,229. | 318,689. | 505,813. |

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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).

| 0001 | on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons | | | | |
|-----------------|---|---|--------------------------|---------------------------------|-------------------------|
| Do i | not include amounts reported on lines 6b, | (A) Total expenses | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | ı otal expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 2,000,437. | 1,554,603. | 445,834. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 18,337,497. | 14,250,653. | 4,086,844. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 2 202 512 | 1 524 052 | 400.000 | |
| 9 | Other employee benefits | 2,228,519. | 1,731,853. | 496,666. | |
| 10 | Payroll taxes | 1,467,615. | 1,140,530. | 327,085. | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 24 122 | | 24 122 | |
| b | Legal | 24,132. 62,750. | | 24,132. 62,750. | |
| | Accounting | 02,750. | | 62,750. | |
| | Lobbying | | | | |
| _ | Professional fundraising services. See Part IV, line 17 | 20,000. | | 20,000. | |
| f | Other. (If line 11g amount exceeds 10% of line 25, | 20,000. | | 20,000. | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 1,130,040. | 484,401. | 645,639. | |
| 12 | Advertising and promotion | 438,703. | 438,703. | | |
| 13 | Office expenses | 574,010. | 132,587. | 441,423. | |
| 14 | Information technology | 1,134,949. | 799,806. | 335,143. | |
| 15 | Royalties | , , , | , | , - | |
| 16 | Occupancy | 1,801,856. | 1,587,189. | 214,667. | |
| 17 | Travel | 718,363. | 447,911. | 270,452. | |
| 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 | 477,865. | 420,934. | 56,931. | |
| 23 | Insurance | 91,540. | 80,634. | 10,906. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) PRODUCTION COSTS | 7,251,911. | 7,251,911. | | |
| a L | TRAINING & RECRUITMENT | 219,964. | 19,690. | 200,274. | |
| D | TRITING & RECKOTTMENT | 215,504. | 15,050. | 200,274. | |
| Q C | | | | | |
| d | All other expenses | | | | |
| e 25 | Total functional expenses. Add lines 1 through 24e | 37,980,151. | 30,341,405. | 7,638,746. | 0. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | = , , , , , , , , , , , , , , , , , , , | -5,522,203, | .,, | • |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | - 000 (aa4a) |

Form 990 (2018) Part X Balance Sheet

| Pai | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|-------------|-----------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 912,832. | 1 | 707,955. | | |
| | 2 | Savings and temporary cash investments | | | 175,976. | 2 | 175,976. |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 1,718,422. | 4 | 2,154,573. | |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensa | | | | | |
| | | Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | _ | section 4958(f)(1)), persons described in section | • | , | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| " | | employees' beneficiary organizations (see instr). | | 6 | | | |
| Assets | 7 | Notes and loans receivable, net | | | 59,089. | 7 | 60,726. |
| Ass | 8 | Inventories for sale or use | | | , | 8 | , - |
| | 9 | | | | 996,267. | 9 | 603,189. |
| | | Land, buildings, and equipment: cost or other | I I | | , | | |
| | | basis. Complete Part VI of Schedule D | 10a | 4,833,231. | | | |
| | h | Less: accumulated depreciation | | 3,975,781. | 1,301,773. | 10c | 857,450. |
| | 11 | Investments - publicly traded securities | | | 15,843,445. | 11 | 10,839,425. |
| | 12 | Investments - other securities. See Part IV, line 1 | , , | 12 | , , | | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 8,402. | 15 | 8,402. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equations) | 21,016,206. | 16 | 15,407,696. | | |
| | 17 | Accounts payable and accrued expenses | | | 2,548,678. | 17 | 4,157,175. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 432,649. | 19 | 566,931. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | |
| w | 22 | Loans and other payables to current and former | | | | | |
| Liabilities | | key employees, highest compensated employee | | | | | |
| ig | | | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | | l l | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X of | | | |
| | | Schedule D | | | 1,066,790. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4,048,117. | 26 | 4,724,106. |
| | | Organizations that follow SFAS 117 (ASC 958 |), chec | k here 🕨 🗓 and | | | |
| ø | | complete lines 27 through 29, and lines 33 an | d 34. | | | | |
| nce | 27 | Unrestricted net assets | | | 16,968,089. | 27 | 10,683,590. |
| ala | 28 | Temporarily restricted net assets | | | | 28 | |
| В | 29 | Permanently restricted net assets | | <u></u> . | | 29 | |
| 뒫 | | Organizations that do not follow SFAS 117 (A | SC 958 | 3), check here 🕨 🗌 | | | |
| ᇹ | | and complete lines 30 through 34. | | | | | |
| əts | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or ed | uipmer | nt fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, o | or other funds | | 32 | |
| Z | 33 | Total net assets or fund balances | | L | 16,968,089. | 33 | 10,683,590. |
| | 34 | Total liabilities and net assets/fund balances | | | 21,016,206. | 34 | 15,407,696. |

Form **990** (2018)

| Pa | TEXT RECONCILIATION OF NET ASSETS | | | | |
|----|---|-----------|---------|-------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 32, | ,517, | 337. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 37, | ,980, | 151. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5, | 462, | 814. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16, | ,968, | 089. |
| 5 | Net unrealized gains (losses) on investments | 5 | - | -735, | 706. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -85, | 979. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 10, | 683, | 590. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 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 | | | | |
| | 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 in Sche | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | - | За | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** PUBLIC LIBRARY OF SCIENCE 68-0492065 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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 or 990-EZ).) 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 in 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

| Sec | tion A. Public Support | | | | | | |
|----------|--|-----------------|-----------------|----------|----------|----------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | 1 | T | _ | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | _ |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | • | | | | 12 | |
| 13 | First five years. If the Form 990 is for | - | | | - | | . — |
| <u>S</u> | organization, check this box and stop | | | | | | > |
| | etion C. Computation of Public | | <u>-</u> | -1 (6) | | | |
| | Public support percentage for 2018 (li | | | | | 14 | <u>%</u> |
| | Public support percentage from 2017 33 1/3% support test - 2018. If the control of the control o | | | | | 15 | % (and |
| 10a | stop here. The organization qualifies | | | | | | . \square |
| h | 33 1/3% support test - 2017. If the o | | - | | | or more check thi | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | • | | | and line 14 is 10% (| |
| ., . | and if the organization meets the "fact | - | | | | | |
| | meets the "facts-and-circumstances" | | • | • | • | ū | . \square |
| h | 10% -facts-and-circumstances test | _ | • | | - | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the "facts-and-circ | | | | - | | • |
| 18 | Private foundation. If the organization | | · · | • | , | | ······································ |

Page 3

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.)

| Sec | qualify under the tests listed be tion A. Public Support | elow, please compl | ete Part II.) | | | | | |
|-----|--|---------------------|-----------------------|------------------------------|---------------------|----------------------|------------------------|--|
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| | Gifts, grants, contributions, and | (a) 2014 | (b) 2013 | (6) 2010 | (u) 2017 | (6) 2010 | (i) Total | |
| • | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 81,797. | 208,446. | 7,215. | 4,732. | 3,606. | 305,796. | |
| • | | 01,737. | 200,440. | 7,213. | 4,752. | 3,000. | 303,730. | |
| 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 | 44,310,230. | 42,343,985. | 36,882,826. | 35,082,866. | 31,689,229. | 190,309,136. | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ | | | | | | | |
| 7 | 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 | 44,392,027. | 42,552,431. | 36,890,041. | 35,087,598. | 31,692,835. | 190,614,932. | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | 58,882. | 186,768. | | | | 245,650. | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | | |
| | amount on line 13 for the year | 50.000 | 105 550 | | | | 0. | |
| | Add lines 7a and 7b | 58,882. | 186,768. | | | | 245,650. | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 190,369,282. | |
| | ction B. Total Support | | T | | | | _ | |
| | ndar year (or fiscal year beginning in) 🕨 🏻 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| | Amounts from line 6 | 44,392,027. | 42,552,431. | 36,890,041. | 35,087,598. | 31,692,835. | 190,614,932. | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,077,267. | 1,180,467. | 933,692. | 564,541. | 414,755. | 4,170,722. | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | 3,498. | | | | 3,498. | |
| С | Add lines 10a and 10b | 1,077,267. | 1,183,965. | 933,692. | 564,541. | 414,755. | 4,174,220. | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | 2,698. | 832. | | | | 3,530. | |
| 12 | assets (Explain in Part VI.) | 45,471,992. | 43,737,228. | 37,823,733. | 35,652,139. | 32,107,590. | 194,792,682. | |
| | Total support. (Add lines 9, 10c, 11, and 12.) [First five years. If the Form 990 is for | | | | | | <u> </u> | |
| 14 | | the organization's | iirst, second, triirc | i, iourtii, or iiitii ta | k year as a section | 30 I (C)(3) Organiza | ition, | |
| 200 | check this box and stop here | c Support Per | | | | | | |
| | • | | | al (f)\ | | 45 | 97.73 % | |
| | t data support personnago for 2010 (mile 0, ostarim (n), divided by mile 10, ostarim (n) | | | | | | | |
| | Public support percentage from 2017 etion D. Computation of Inves | | | | | 16 | 97.83 % | |
| | • | | | 40 1 (0) | | 4= [| 2 14 0/ | |
| | Investment income percentage for 20 | | | | | 17 | 2.14 % | |
| | Investment income percentage from 2 | | | or the end of a result the e | | 18 | | |
| 19a | 33 1/3% support tests - 2018. If the | - | | | | | 7 is not ► X | |
| | | | | | | | | |
| h | more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the | | | | | | | |
| b | 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, check | organization did no | ot check a box on | line 14 or line 19a, | and line 16 is mor | re than 33 1/3%, a | | |

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

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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 |
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| | ddie 71 (1 diff) 666 61 666 EE/ E616 | 68-0492065 | Pa | age 5 |
|------------|--|------------------|-----|----------------|
| Pa | rt IV 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 in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI 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 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, | _ | | |
| 800 | 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 | 4 | | |
| <u>Sac</u> | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 360 | tion B. All Type III Supporting Organizations | | V | N ₂ |
| _ | | | 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 | 1 | | |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| Ŭ | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| 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 instru | ıctions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see instructions |) | |
| 2 | Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

4

5

6

Schedule A (Form 990 or 990-EZ) 2018

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3

4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continued) | |
|---------|--|-------------------------------|--------------------------------|----------------------------------|
| Section | on D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | |
| | (provide details in Part VI). See instructions. | 9 | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| | Line 8 amount divided by line 9 amount | | | |
| -10 | Elife o amount divided by line o amount | (i) | (ii) | (iii) |
| Section | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| - | line 7: | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| | Remaining underdistributions for years prior to 2018, if | | | |
| • | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| е | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

| Part VI | Supplemental Information Design to the state of the state |
|----------|--|
| T dit VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

| |) (see separate instructions), then | tional Complete Dort III | | | |
|----|---|--|--|---|---|
| | Section 501(c)(4), (5), or (6) organizat | lions. Complete Part III. | | Emp | loyer identification number |
| | · · | RARY OF SCIENCE | | | 68-0492065 |
| Pa | | anization is exempt unde | r section 501(c) o | r is a section 527 or | |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | . • | > \$ | |
| Pa | art I-B Complete if the org | anization is exempt unde | r section 501(c)(3) |). | |
| 1 | Enter the amount of any excise tax | incurred by the organization unde | r section 4955 | ▶ \$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manager | s under section 4955 | > \$ | |
| 3 | If the organization incurred a sectio | n 4955 tax, did it file Form 4720 fo | or this year? | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | If "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | anization is exempt unde | r section 501(c), e | except section 501(c | 9(3). |
| 3 | Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If | a. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid comptly and directly delivered to a second comptly delive | d on Form 1120-POL, of all section 527 polit from the filing organiza separate political organ | ical organizations to which tion's funds. Also enter the ization, such as a separat | Yes No n the filing organization e amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |
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| Par | Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). | | | | | | | | |
|------|---|------------|-------------------------|---|-------------------------|--|--------------------------------|--|--|
| A Ch | neck 🕨 🔲 if the filing organizat | ion belong | gs to an affi | liated group (and list in | Part IV each affiliated | group member's nam | e, address, EIN, | | |
| | expenses, and share | e of exces | s lobbying (| expenditures). | | | | | |
| B Ch | neck 🕨 🔛 if the filing organizat | ion check | ed box A ar | nd "limited control" pro | visions apply. | | T | | |
| | | | oying Expe eans amou | nditures ints paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | |
| 1a | Total lobbying expenditures to influ | ence publ | ic opinion (| grass roots lobbying) | | | | | |
| b | Total lobbying expenditures to influ | ence a leg | islative boo | ly (direct lobbying) | | | | | |
| С | Total lobbying expenditures (add lin | nes 1a and | l 1b) | | | | | | |
| d | Other exempt purpose expenditure | s | | | | | | | |
| е | Total exempt purpose expenditures | (add lines | s 1c and 1d |) | | | | | |
| f | Lobbying nontaxable amount. Ente | r the amou | unt from the | e following table in both | n columns. | | | | |
| | If the amount on line 1e, column (a) or | (b) is: | The lob | bying nontaxable am | ount is: | | | | |
| | Not over \$500,000 | | 20% of | the amount on line 1e. | | | | | |
| | Over \$500,000 but not over \$1,000 | ,000 | \$100,00 | 00 plus 15% of the exce | ess over \$500,000. | | | | |
| | Over \$1,000,000 but not over \$1,50 | 00,000 | \$175,00 | 00 plus 10% of the exce | ess over \$1,000,000. | | | | |
| | Over \$1,500,000 but not over \$17,0 | 000,000 | \$225,00 | 00 plus 5% of the exces | ss over \$1,500,000. | | | | |
| l | Over \$17,000,000 | | \$1,000, | 000. | | | | | |
| | | | | | | | | | |
| _ | Grassroots nontaxable amount (ent | | , | | | | | | |
| | Subtract line 1g from line 1a. If zero | • | | | | | | | |
| i | Subtract line 1f from line 1c. If zero | • | | | | | | | |
| j | If there is an amount other than zer | | | | | ſ | ¬,, ,,, | | |
| | reporting section 4911 tax for this y | | | | C+: | | Yes No | | |
| | (Some organizations th | at made a | a section 5 | eraging Period Under 01(h) election do not l ate instructions for lir | nave to complete all o | of the five columns be | elow. | | |
| | | Lobb | ying Expe | nditures During 4-Yea | r Averaging Period | | | | |
| | Calendar year (or fiscal year beginning in) | (a) 2 | 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total | | |
| | Lobbying nontaxable amount | | | | | | | | |
| | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | | |
| c | Total lobbying expenditures | | | | | | | | |
| | Grassroots nontaxable amount | | | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

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

| For e | For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | | a) | (b) | |
|-------|---|----------------|---------------|-------------|-------|
| of th | e lobbying activity. | Yes | No | Amo | unt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | Х | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | | | |
| | Media advertisements? | | X | | |
| | Mailings to members, legislators, or the public? | | Х | | |
| | Publications, or published or broadcast statements? | | X | | |
| f | Grants to other organizations for lobbying purposes? | | X | | |
| g | | | X | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | Х | | 444. |
| | Other activities? | Α | | | 444. |
| | Total. Add lines 1c through 1i | | x | | 444. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | A | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section | 1 501(c)(| 5), or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section | า 501(c)(| 5), or sec | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." | No," OR | (b) Part | III-A, line | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | I | | |
| | Total | | I | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | |
| | expenditure next year? | | 4 | | |
| _5_ | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Pai | | | | | |
| | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II | -A, lines 1 a | nd 2 (see | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| PAR | ! II-B, LINE 1, LOBBYING ACTIVITIES: | | | | |
| 2 PI | OS EMPLOYEES SPENT TOTAL OF 4 HOURS TO REVIEW AND EDIT OPEN SCIENCE | | | | |
| POS | TION PAPER THAT WAS SENT TO EU FOR HORIZON EUROPE. PLOS WAS ONE OF | | | | |
| THE | PARTICIPATING SIGNATORY ORGANIZATIONS. | | | _ | |
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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PUBLIC LIBRARY OF SCIENCE

Employer identification number 68 - 0492065

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--|--|---|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of a his | orically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic structu | ıre |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cons | servation easements during the year |
| | | | |
| 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 2(d) above | e satisfy the requirements of section 170 | h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | • |
| | include, if applicable, the text of the footnote to the organizat | ion's financial statements that describes | the organization's accounting for |
| Da | conservation easements. | Art Historical Transcures or Of | har Cimilar Assats |
| Pal | t III Organizations Maintaining Collections of | | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public exh | , | nce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pul | olic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| _ | | | |
| 2 | If the organization received or held works of art, historical trea | | I gain, provide |
| | the following amounts required to be reported under SFAS 1 | , , | . |
| a | Revenue included on Form 990, Part VIII, line 1 | | |
| _ h | ASSOCIATION FORM UULI HORT Y | | |

| 3 Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (checks lit that apply): a Public exhibition | Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | rical Tre | asures, o | r Other | Similar | Assets | (continu | ıed) |
|--|-----|---|-----------------------|----------------|--------------|----------------|--------------|-------------------|-------------|-------------------|------------|
| a Public achibition d | 3 | Using the organization's acquisition, accession | on, and other record | s, check a | iny of the f | ollowing that | t are a sigr | nificant u | se of its c | ollection it | tems |
| b Scholarly research c Preservation 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'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 antainated as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Art 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? 1b If "Yes", explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1d Amount 1d Beginning balance 1 E Beginning balance 1 E Beginning balance 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 If Yes S No 3 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 1a Beginning of year balance 1b Contributions 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses 1d Grants or acholarships 1d Grants or acholarships 1d Contributions 1d Ministry expenses 2d 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 P | | (check all that apply): | | | | | | | | | |
| to Preservation 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. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete If the organization in has been provided on Part XIII. 1 Beginning of year balance 1 Contributions 1 Administrative expenses 1 Administrative expenses 2 Ford of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 3 Board designated or quasi-endowment ▶ 56 5 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Linds not in the possession of the organization that are held and administered for the organization by: 1 Unrelated organizations 3 Are there endowment Lines 2a, 2b, and 2c should equal 100%. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 3 Board designated or quasi-endowment ▶ 56 5 The percentages on lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment Lines 3d(i), are the related organizations isted as required on Schedule P? 4 Describe in Part XIII the Intended uses of the organizations endowment funds. Part V Land | а | Public exhibition | d | I L | oan or exc | hange progra | ams | | | | |
| 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 maritained as part of the organization's collection? Part VI 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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 1c Beginning balance 2d Additions during the year 1 Ending balance 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Yes No b If "Yes" evolain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 2 No Contributions 3 Robert investment earnings, gains, and losses 4 Grants or scholarships 4 Organizations 5 Permanent elementary expenses 5 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 | Scholarly research | е | . 🗌 0 | ther | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be self 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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X; line 21 and complete the following table: I | С | Preservation for future generations | | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's co | llections and explain | n how they | y further th | e organizatio | on's exem | pt purpos | e in Part | XIII. | |
| Part V 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 IV, line 9, or reported an amount on Form 990. Part IV, line 10. 1 | 5 | During the year, did the organization solicit o | r receive donations o | of art, hist | orical treas | sures, or othe | er similar a | assets | | | |
| 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. c Beginning balance | | | | | | | | | | | No No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | | | ete if the c | organizatio | n answered | "Yes" on F | orm 990 | , Part IV, | ine 9, or | |
| on Form 990, Part X7 b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount | | 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: Amount | 1a | | | | | | | | | _ | |
| C Beginning balance 1c | | | | | | | | | L | 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 escrow or custodial account liability? Ves No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four | b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing tak | ole: | | | | | | |
| d Additions 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? Ves Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 (e) Four years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships d Grants or scholarships 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 Permanent endowment ▶ 96 c Temporarily restricted endowment ▶ 96 d Temporarily restricted endowment ▶ 96 c Tempora | | | | | | | | | | Amount | |
| e Distributions during the year f fending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In Part XIII Check here if the explanation has been provided on Part XIII In Part XIII. Check here if the explanation has been provided on Part XIII. 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 (e) Four years back (for Three years back (for Thr | | | | | | | | | | | |
| 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 has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cal Current year (b) Prior year (c) Two years back (d) Three years back (e) Four | | | | | | | | | | | |
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| 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 | | • | | | | | | y? | L | 」Yes | ∐ No |
| 1a Beginning of year balance | | | | | | | | | | | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | Pai | Elidowillett Fullus. Complete | | | | | | | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | _ | | (a) Current year | (b) Pri | or year | (c) Iwo yea | rs back (| d) Three y | ears back | (e) Four y | /ears back |
| 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 | | | | | | - | | | | |
| 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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | | | | |
| 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 ▶ | е | | | | | | | | | | |
| provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | . • | | | | | | | | | |
| 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 ▶ | _ | , | | <i></i> | | <u> </u> | | | | | |
| b Permanent endowment ▶ | | · | • | e (line 1g, | column (a) |) held as: | | | | | |
| c Temporarily restricted endowment ▶ | | - | | _% | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) | | | | | | | | | | | |
| 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 d Equipment 2,786,162. 2,221,666. 564,496. e Other Other 947,818. 947,818. | С | | | | | | | | | | |
| Ves No (i) unrelated organizations 3a(i) | 0- | | | | | al a destatata | | | .· | | |
| (ii) unrelated organizations (iii) related organizations (| за | | ssion of the organiza | ition that a | are neid ar | ia aaministei | rea for the | organiza | tion | Г | /aa Na |
| (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 basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 2,786,162. 2,221,666. 564,496. e Other | | - | | | | | | | | | res 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 d Equipment 2,786,162, 2,221,666, 564,496, e Other 947,818, 947,818, 0. | | (m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | |
| 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 c Other 2,786,162. 2,221,666. 564,496. e Other | L | | | | | | | | | | |
| 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 e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 806, 297. 292, 954. 292, 954. 947, 818. 947, 818. | | | | | | | | | | 30 | |
| 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 basis (other) (c) Accumulated depreciation 1a Land Buildings Equipment 1,099,251. 806,297. 292,954. 6 Equipment 2,786,162. 2,221,666. 564,496. e Other 947,818. 947,818. 947,818. | | | | willelit lui | ius. | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | | | |) Part IV | line 11a S | ee Form 990 | Part X li | ne 10 | | | |
| tall Land basis (investment) basis (other) depreciation b Buildings C Leasehold improvements 1,099,251. 806,297. 292,954. d Equipment 2,786,162. 2,221,666. 564,496. e Other 947,818. 947,818. 0. | | | | | | | | | <u> </u> | (d) Book | value |
| 1a Land b Buildings c Leasehold improvements 1,099,251. 806,297. 292,954. d Equipment 2,786,162. 2,221,666. 564,496. e Other 947,818. 947,818. 0. | | Description of property | 1 ' ' | | | | | | ~ | (u) DOOK | value |
| b Buildings 1,099,251. 806,297. 292,954. c Leasehold improvements 2,786,162. 2,221,666. 564,496. e Other 947,818. 947,818. 947,818. 0. | | Land | · · | , | | | | | | | |
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| d Equipment 2,786,162. 2,221,666. 564,496. e Other 947,818. 947,818. 0. | | | | | 1 | ,099,251. | | 806 2 | 297. | 2 | 292,954. |
| e Other 947,818. 947,818. 0. | | | | | | | | | | | |
| | | | | | | - | | | | | |
| | | | | X. column | (B), line 10 | | | | | 8 | |

| Part VII Investments - Other Securities. | | | <u> </u> |
|--|---|---|------------------------|
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | d of voor morket value |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | a-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | e 11d. See Form 990, Part X, line 15. | T |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u>: 15.) </u> | _ | |
| | on Form 000 Dort IV line | a 11 a ar 11f Caa Farm 000 Part V lina 05 | |
| Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | (b) Book value | |
| ., , , , , , , , , , , , , , , , , , , | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | |
| | | | |
| (9) | | | |
| Total (Caliumn /h) must actual Farm 000 Port V and (P) line | 05) | | |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Sche | dule D (Form 990) 2018 PUBLIC LIBRARY OF SCIENCE | | | 68-04920 | 65 Pag | ge 4 |
|----------|---|-----------------|---------------|----------------|-------------|-------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With R | evenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 31,675,6 | 52. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -735,706. | | | |
| b | Donated services and use of facilities | | | | | |
| С | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | 1 1 | -85,979. | | | |
| е | Add lines 2a through 2d | | - | 2e | -821,6 | 85. |
| 3 | Subtract line 2e from line 1 | | | 3 | 32,497,3 | 37. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | · · · · · | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 20,000. | | | |
| b | Other (Describe in Part XIII.) | | , | | | |
| | Add lines 4a and 4b | | | 4c | 20,0 | 00. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 5 | 32,517,3 | |
| | t XII Reconciliation of Expenses per Audited Financial Stateme | | xpenses per F | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | • | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 37,960,1 | 51. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | ,,- | |
| | Donated services and use of facilities | 2a | | | | |
| a | | 1 1 | | | | |
| b | Prior year adjustments | 1 _ 1 | | | | |
| C | Other losses | | | - | | |
| d | Other (Describe in Part XIII.) | | | - | | 0. |
| _ | Add lines 2a through 2d | | | 2e | 27 060 1 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 37,960,1 | 51. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | 20.000 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | 20,000. | - | | |
| | Other (Describe in Part XIII.) | 4b | | | 00.0 | 0.0 |
| | Add lines 4a and 4b | | | 4c | 20,0 | |
| Dai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. | | | 5 | 37,980,1 | эт. |
| | | | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | | | ; Part X, line | 2; Part XI, | |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add | itional informa | tion. | | | |
| | | | | | | |
| D 3 D 00 | V ITHE 1. | | | | | |
| PART | X, LINE 2: | | | | | |
| DT O | UNC DECETTED NOMIETCAMION DOOR MUD INMEDIAL DEVENUE CEDUTCE | AND DUE | | | | |
| PLOS | HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE A | AND THE | | | | |
| C T 3 T | D OF GALLEDONIA WHAT IT OUR LETTE FOR MAY DVENDE GERMING UNDER | GEGET ON | | | | |
| STAT | E OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER | SECTION | | | | |
| E01/ | G)/2) OF THE TATERNAL REVENUE GODE AND GEGETON OF THE | | | | | |
| 501(| C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF THE | | | | | |
| ~ | | | | | | |
| CALI | FORNIA REVENUE AND TAXATION CODE. THE EXEMPTIONS ARE SUBJECT ! | I'O | | | | |
| | | | | | | |
| PERI | ODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES, AND | | | | | |
| | | | | | | |
| MANA | GEMENT IS CONFIDENT THAT PLOS CONTINUES TO SATISFY ALL FEDERAL | L AND | | | | |
| | | | | | | |
| STAT | E STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STA | ATUS. | | | | |
| | | | | | | |
| PLOS | MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME (SUCH AS | | | | | |
| | | | | | | |
| ADVE | RTISING INCOME, ETC.) REQUIRING PLOS TO FILE SEPARATE TAX RETU | URNS | | | | |
| | | | | | | |
| UNDE | R FEDERAL AND STATE STATUTES. PLOS ALSO HAS CERTAIN TRANSACTIO | ONS | | | | |
| | | | | | | |
| REQU | IRING THE PAYMENT OF ADDITIONAL EMPLOYER TAXES TO HM REVENUE A | AND | | | | |

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

PUBLIC LIBRARY OF SCIENCE 68-0492065 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, 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.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and describe specific type in the region gram services, investments, grants to investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) ALBANIA, ANDORRA, EDITORIAL SUPPORT TO AUSTRIA, BELGIUM PROGRAM SERVICES SERVE U.S. OPERATIONS. 3,523,629. 1 54 3,523,629. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 3,523,629. and 3b)

Schedule F (Form 990) 2018 PUBLIC LIBRARY OF

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) 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) | |
|---|---|------------|---------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|--|
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| | | | ecognized as charities by the f | | | | | | |
| | by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | |
| B Enter total number of other organizations or entities | | | | | | | | | |

Page 3

| Part III can be duplicated if ad | (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 |
|----------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 4

Schedule F (Form 990) 2018 Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2018

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.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number PUBLIC LIBRARY OF SCIENCE 68-0492065 Part I Questions Regarding Compensation

| | | | Yes | No |
|----|---|----|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions 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) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | 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 | Х | |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| | 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. | | | |
| | | | | |
| | 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: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 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: | | | |
| а | The organization? | 6a | | Х |
| | 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 | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 (4958-6/c)? | a | | |

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 PUBLIC LIBRARY OF SCIENCE 68-0492065 Page 2

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-MIS | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | berients | (6)(1)-(0) | reported as deferred on prior Form 990 |
| (1) ALISON MUDDITT | (i) | 343,999. | 0. | 0. | 14,072. | 17,593. | 375,664. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) RICHARD HEWITT | (i) | 322,402. | 0. | 0. | 11,832. | 24,001. | 358,235. | 0. |
| CHIEF FINANCIAL OFFICER (THRU 12/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) RAY CAMPBELL | (i) | 179,064. | 0. | 0. | 7,083. | 15,160. | 201,307. | 0. |
| GENERAL COUNSEL & SEC. (THRU 12/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) LOUISE PAGE | (i) | 246,260. | 0. | 66,016. | 9,407. | 0. | 321,683. | 0. |
| CHIEF INNOVATION OFFICER (THRU 10/18 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) VERONIQUE KIERMER | (i) | 281,864. | 0. | 0. | 11,000. | 15,109. | 307,973. | 0. |
| PUBLISHER & EXEC EDITOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) REBEKAH DARKSMITH | (i) | 211,790. | 0. | 0. | 7,934. | 12,606. | 232,330. | 0. |
| CHIEF MARKETING OFFICER (START 2/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) CATHERINE RAYHILL | (i) | 105,046. | 0. | 88,512. | 3,823. | 5,864. | 203,245. | 0. |
| CHIEF TECHNOLOGY OFFICER (THRU 4/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) AARON DODDS | (i) | 199,765. | 0. | 0. | 7,693. | 16,123. | 223,581. | 0. |
| DIRECTOR PRODUCT MGMT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) SUSAN AU | (i) | 193,541. | 0. | 0. | 6,175. | 6,871. | 206,587. | 0. |
| DIRECTOR, FINANCE & ACCOUNTING | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) LAURENCE PEIPERL | (i) | 199,765. | 0. | 0. | 7,642. | 17,541. | 224,948. | 0. |
| CHIEF EDITOR (THRU 12/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) CLARK E. HARTSOCK III | (i) | 156,974. | 0. | 29,356. | 0. | 24,051. | 210,381. | 0. |
| SR MANAGER IT SERVICES (THRU 12/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) JOERG D. HERBER | (i) | 185,522. | 0. | 0. | 7,726. | 22,471. | 215,719. | 0. |
| EDITOR-IN-CHIEF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** PUBLIC LIBRARY OF SCIENCE 68-0492065 PART I, LINE 1 PLOS (PUBLIC LIBRARY OF SCIENCE) IS A LEADING NONPROFIT OPEN ACCESS (OA) PUBLISHER DEDICATED TO ACCELERATING PROGRESS IN SCIENCE AND MEDICINE BY LEADING A TRANSFORMATION IN HOW RESEARCHERS COMMUNICATE WITH ONE ANOTHER AND THE PUBLIC. THE PLOS SUITE OF JOURNALS CONTAINS RIGOROUSLY PEER-REVIEWED OA RESEARCH ARTICLES FROM ALL AREAS OF SCIENCE AND MEDICINE, TOGETHER WITH EXPERT COMMENTARY AND ANALYSIS. PLOS BELIEVES SCIENTIFIC IDEAS AND DISCOVERIES ARE A PUBLIC GOOD AND SUPPORTS OA TO MAKE SCIENTIFIC ARTICLES IMMEDIATELY AND FREELY AVAILABLE WITHOUT CHARGE OR OTHER BARRIERS. WE SEEK TO OPTIMIZE THE OPENNESS AND INTEGRITY OF THE PUBLICATION PROCESS TO ENSURE THAT RESEARCH OUTCOMES ARE DISCOVERABLE, ACCESSIBLE AND AVAILABLE FOR DISCUSSION AND THAT SCIENCE COMMUNICATION IS CONSTRUCTIVE. TRANSPARENT AND VERIFIABLE. WE STRIVE TO IMPLEMENT POLICIES AND INNOVATIONS THAT PROMOTE REPRODUCIBILITY. CREDIT AND ACCOUNTABILITY IN ORDER TO FOSTER A CULTURE OF OPEN SCIENCE, WITH OPEN DATA, EARLY SHARING OF WORK AND CLEAR CONTRIBUTOR RECOGNITION. OUR WORK IN THESE AREAS IS SUPPORTED BY THE EFFORTS OF A HIGHLY DIVERSE, INTERNATIONAL COMMUNITY OF SCIENTIFIC RESEARCHERS FROM HUNDREDS OF RESEARCH AREAS WHO PUBLISH AND REVIEW RIGOROUS RESEARCH OF ENSURING THAT IT IS MADE ACCESSIBLE TO THE WORLD. SINCE 2003 PLOS HAS PUBLISHED MORE THAN 236 000 ARTICLES. IN 2018 ALONE PLOS PUBLISHED SLIGHTLY MORE THAN 20,000 RESEARCH ARTICLES DOCUMENTING THE

OBSERVATIONS AND DISCOVERIES OF A DIVERSE SCIENTIFIC COMMUNITY. A

| Name of the organization PUBLIC LIBRARY OF SCIENCE | Employer identification number 68-0492065 |
|---|---|
| GLOBAL POOL OF MORE THAN 11,000 ACADEMIC EDITORS AND 65,000 REVIEWERS | |
| CONTRIBUTED TO BRINGING THIS WORK TO THE PUBLIC. | |
| | |
| | |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: | |
| PLOS COMPUTATIONAL BIOLOGY, PUBLISHING WORK THAT FURTHERS THE | |
| UNDERSTANDING OF LIVING SYSTEMS AT ALL SCALES THROUGH THE APPLICATION | |
| OF COMPUTATIONAL METHODS. | |
| PLOS GENETICS, FOCUSED ON ORIGINAL CONTRIBUTIONS IN GENETICS AND | |
| GENOMICS THAT REFLECT THE FULL BREADTH, INTERDISCIPLINARY NATURE AND | |
| IMPACT OF THESE FIELDS ON SCIENCE AND MEDICINE. | |
| PLOS NEGLECTED TROPICAL DISEASES, THE FIRST JOURNAL SOLELY DEVOTED | |
| TO CHRONIC AND POVERTY-PROMOTING INFECTIOUS DISEASES, PUBLISHES | |
| RESEARCH ON ALL ASPECTS OF NTDS. | |
| PLOS PATHOGENS, FIRST OA JOURNAL FOR BREAKTHROUGHS IN UNDERSTANDING | |
| PATHOGENS AND THEIR INTERACTIONS WITH HOST ORGANISMS. | |
| IN 2018 PLOS CONTINUED ITS FOCUS ON EASING AND MODERNIZING PROCESSES | |
| FOR OUR INTERNATIONAL COMMUNITY OF CONTRIBUTORS TO MORE QUICKLY BRING | |
| WORK TO THE PUBLIC; EXPANDING OPPORTUNITIES FOR AUTHORS AND READERS TO | |
| PARTICIPATE IN THE SCIENTIFIC DISCOURSE; AND UPDATING POLICIES AND | |
| PRACTICES TO IMPROVE RECOGNITION, CREDIT AND REPRODUCIBILITY. THE | |
| FOLLOWING ARE KEY HIGHLIGHTS FROM OUR WORK IN 2018: | |
| PLOS CONTINUED ITS STRONG SUPPORT FOR INCREASED TRANSPARENCY BY | |
| ESTABLISHING POLICIES TO GIVE CREDIT FOR EACH AUTHOR'S ROLE IN THE | |
| RESEARCH PROCESS. A MORE SYSTEMATIC DESCRIPTION OF AUTHOR CONTRIBUTIONS | |
| IS A PREREQUISITE TO PROVIDING DUE CREDIT FOR ROLES THAT ARE | |
| INSTRUMENTAL TO THE RESEARCH ENTERPRISE, ESPECIALLY THOSE ROLES THAT | |

| Name of the organization PUBLIC LIBRARY OF SCIENCE | Employer identification number 68-0492065 |
|---|---|
| ARE TOO OFTEN IGNORED OR DEVALUED. PLOS JOURNALS HAVE ADOPTED BOTH | |
| ORCID AND CREDIT SINCE 2016, WHICH HELP FACILITATE BEST PRACTICES FOR | |
| AUTHOR CREDIT. | |
| TO EXPEDITE DISCOVERY AND ACCESS TO PLOS RESEARCH ARTICLES, WE | |
| WORKED WITH GOOGLE SCHOLAR TO INCLUDE PLOS ABSTRACTS IN THEIR NEW QUICK | |
| ABSTRACTS FEATURE. RESEARCHERS AROUND THE WORLD CAN NOW VIEW COMPLETE | |
| ABSTRACTS AND EXPLORE CITATIONS QUICKLY AND EFFICIENTLY FROM ANY MOBILE | |
| DEVICE. FOR SCIENTISTS, EDUCATORS, POLICY MAKERS AND JOURNALISTS, THIS | |
| MEANS MORE EFFICIENT AND TIMELY ACCESS TO THE ACADEMIC LITERATURE. | |
| PLOS ENABLED AUTHORS TO HAVE A CHOICE OF POSTING THEIR SUBMITTED | |
| MANUSCRIPT ON THE BIORXIV PREPRINT SERVER THANKS TO OUR PARTNERSHIP | |
| WITH BIORXIV. PREPRINTS ENABLE AUTHORS TO ACCELERATE THE DISSEMINATION | |
| OF THEIR WORK AND INVITE COMMENTARY BY A BROADER COMMUNITY, WHICH PLOS | |
| EDITORS WILL EVALUATE AS PART OF PEER REVIEW. | |
| PLOS BEGAN ITS WORK TO HELP PROVIDE A FRAMEWORK FOR MINIMAL | |
| REPORTING STANDARDS IN THE LIFE SCIENCES. TRANSPARENCY IN REPORTING | |
| BENEFITS SCIENTIFIC COMMUNICATION ON MANY LEVELS. WHILE SPECIFIC NEEDS | |
| AND EXPECTATIONS VARY ACROSS FIELDS, THE EFFECTIVE USE OF RESEARCH | |
| FINDINGS RELIES ON THE AVAILABILITY OF CORE INFORMATION ABOUT RESEARCH | |
| MATERIALS, DATA, AND ANALYSIS. THESE ARE THE UNDERLYING PRINCIPLES THAT | |
| LED TO THE DESIGN OF THE TOP GUIDELINES, WHICH OUTLINE A FRAMEWORK THAT | |
| OVER 1,000 JOURNALS AND PUBLISHERS HAVE ELECTED TO FOLLOW. | |
| WE MADE SIGNIFICANT PROGRESS TOWARDS A NETWORKED ECOSYSTEM WITH | |
| MORE THAN 170,000 AUTHENTICATED ORCID USERS IN OUR SYSTEM. ORCID | |
| ENABLES CONNECTIONS BETWEEN PUBLICATIONS, GRANTS AND RESEARCHERS, AND | |
| PROVIDES ACCURATE RECOGNITION, APPROPRIATE CREDIT AND EASIER DISCOVERY | |
| OF AUTHORS' WORK BY POTENTIAL COLLABORATORS, FUNDERS AND EMPLOYERS. | |
| WE ADDED A NEW EBOLA OUTBREAK CHANNEL IN RESPONSE TO AN OUTBREAK IN | |

| Name of the organization PUBLIC LIBRARY OF SCIENCE | Employer identification number 68-0492065 |
|---|---|
| CONGO. CHANNELS FOSTER DISCOVERY, EXPLORATION AND CONTEXTUAL INSIGHTS | |
| BY COMBINING CURATED, QUALITY RESEARCH; FACTUAL NEWS FROM RELIABLE WEB | |
| SOURCES; AND EXPERT COMMENTARY. | |
| WE CONTINUED OUR PUBLICATION FEE ASSISTANCE PROGRAMS, DESIGNED TO | |
| OVERCOME BARRIERS TO IMMEDIATE AVAILABILITY, ACCESS AND USE OF | _ |
| RESEARCH. IN 2018 PLOS PROVIDED \$1.9 MILLION IN PARTIAL OR FULL ARTICLE | |
| PROCESSING CHARGE (APC) WAIVERS TO AUTHORS. THIS MAJOR PROGRAM EXPENSE, | |
| WHICH APPEARS AS A CONTRA-REVENUE FOR FINANCIAL REPORTING PURPOSES, | |
| DEMONSTRATES OUR SUPPORT TO SCIENCE AND THE GLOBAL RESEARCH COMMUNITY. | |
| DEMONSTRATES OUR SUTTORY TO SCIENCE AND THE GEODAL RESEARCH COMMONTY. | |
| FORM 000 DARM VI CECHION D. LINE 11D. | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL WITH ASSISTANCE FROM | |
| THE ORGANIZATION. THE FORM IS THEN REVIEWED BY THE CFO AND MEMBERS FROM THE | |
| AUDIT COMMITTEE. AFTER REVIEW AND MODIFICATIONS WHERE NECESSARY, THE FINAL | |
| VERSION OF THE TAX RETURN IS PROVIDED TO THE BOARD OF DIRECTORS. THE CFO | |
| SIGNS AND FILES ALL REQUIRED TAX FILINGS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| THE GENERAL COUNSEL AND SECRETARY OVERSEES THE ANNUAL CONFLICT OF INTEREST | |
| DISCLOSURE PROCESS. A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL | |
| POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE CEO AND ALL BOARD | |
| MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY | |
| RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF | |
| MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS | |
| FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR | |
| APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE | |
| ORGANIZATION'S POLICIES AND PROCEDURES. | |
| | |

| Name of the organization PUBLIC LIBRARY OF SCIENCE | Employer identification number 68-0492065 |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE | |
| COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS | |
| RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM | |
| INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS | |
| OF SALARIES AND BENEFITS. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS | |
| IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH APPROPRIATE GOVERNANCE AND | |
| REGULATORY COMPLIANCE. THIS IS PERFORMED ANNUALLY AND THE PROCESS IS | |
| MANAGED BY THE HR DIRECTOR. REVIEW ENCOMPASSES CEO, CFO, EXECUTIVES AND KEY | |
| EMPLOYEES. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| PLOS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND | |
| FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THESE DOCUMENTS ARE ALSO | |
| POSTED ON OUR WEBSITE. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| LOSS ON EXCHANGE RATE -85,979. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. | |
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