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ARMANINO LLP

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	01 111	e 2020 Calendar year, or tax year beginning	ana	enung	7		
B	Check if applicab	C Name of organization			D Employer iden	tification number	
	Addre	PUBLIC LIBRARY OF SCIENCE					
	Name				68-04920	55	
	□ Initial □ returr □ Final	Number and street (or P.O. box if mail is not delivered to street 1265 BATTERY STREET, STE	,	Room/suite 200	E Telephone num (415) 624-		
	lreturr	7		200			200
	terminated	, ,	postal code		G Gross receipts \$	35,932	,389.
	Amer	SAN FRANCISCO, CA 94111			H(a) Is this a group		_
	Appliation pendi		BA .		for subordina	tes? Yes 🗵	No
		SAME AS C ABOVE			H(b) Are all subordinate	es included? Yes	No
<u> 1 '</u>	Гах-ех	empt status: $X = 501(c)(3) = 501(c)()$ (insert no.)	4947(a)(1)	or 527	If "No," attach	n a list. See instruction	ns
<u>J \</u>	Nebsi	te: WWW.PLOS.ORG			H(c) Group exemp	tion number	
		f organization: X Corporation Trust Association	Other >	L Year	of formation: 2001	M State of legal domic	ile: CA
Pa	art I	Summary					
4	1	Briefly describe the organization's mission or most significant ac	tivities: PLEASE	SEE SCHE	DULE O FOR		
Governance		COMPLETE DESCRIPTION OF THE ORGANIZATION'S MISS					
ř	2	Check this box if the organization discontinued its ope	erations or dispos	sed of more	than 25% of its net	assets.	
ŏ	3	Number of voting members of the governing body (Part VI, line 1	,			3	9
<u>ت</u> ~	4	Number of independent voting members of the governing body (4	8
Se	5	Total number of individuals employed in calendar year 2020 (Par	t V, line 2a)			5	153
ξį	6	Total number of volunteers (estimate if necessary)				6	11000
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line	12			7a 261	,704.
_	b	Net unrelated business taxable income from Form 990-T, Part I, I	ine 11			7b 42	,875.
					Prior Year	Current Year	r
ø	8	Contributions and grants (Part VIII, line 1h)		158,00	6. 60	,366.	
Revenue	9	Program service revenue (Part VIII, line 2g)		30,118,27	32,747	,234.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		279,09	4. 428	,897.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)		1,11	9. 1	,318.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colu		30,556,49	2. 33,237	,815.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			ı	0.	0.
	14	5 5 1 1 5 1 75 1 75 1 76 1 76 1 76			1	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column	n (A), lines 5-10)		18,744,12	8. 18,774	,597.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			(0.	0.
e e	b	Total fundraising expenses (Part IX, column (D), line 25)		0.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			11,800,97	2. 12,320	,632.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A),			30,545,10	0. 31,095	,229.
	19	Revenue less expenses. Subtract line 18 from line 12			11,39	2. 2,142	,586.
Net Assets or		•			ginning of Current Yea	r End of Year	
ets	20	Total assets (Part X, line 16)			15,651,52		
ASS	21	Total liabilities (Part X, line 26)			3,851,15	8. 7,229	,308.
Net	22	Net assets or fund balances. Subtract line 21 from line 20			11,800,36	9. 14,833	,360.
Pá	art II	Signature Block				•	
Und	er pen	alties of perjury, I declare that I have examined this return, including accor	npanying schedule	s and stateme	ents, and to the best of	my knowledge and belief	f, it is
		ct, and complete. Declaration of preparer (other than officer) is based on a					
Sig	n	Signature of officer			Date		
Her		KATHYRN MOTONAGA, CFO					
		Type or print name and title					
		Print/Type preparer's name Preparer's sign	nature] [Date Check	PTIN	
Paid	i	KATY BROWN KATY BROWN		1	1/12/21 if self-em	P00650274	
	arer	Firm's name ARMANINO LLP			Firm's EIN		
	Only	Firm's address 12657 ALCOSTA BLVD, STE. 500					
	,	SAN RAMON, CA 94583-4600			Phone no 9	25-790-2600	
May	/ the I	RS discuss this return with the preparer shown above? See instru	ıctions		1	Yes	No

	1990 (2020) PUBLIC LIBRARY OF SCIENCE	68-0492065	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: PLEASE SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF THE ORGANIZATION'S		
	MISSION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	s 🔼 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	8
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	nue \$32,4	85,530.
	SCIENCE AND MEDICAL PUBLISHING ARE THE CORE OF PLOS PROGRAM EXPENSE AT		
	OVER \$30 MILLION. THE ACTIVITIES INVOLVED IN OUR PUBLISHING OPERATION INCLUDE:		
	- EDITORIAL AND PRODUCTION WORK - RECEIPT AND TRIAGE OF SUBMISSIONS;		
	PERFORMING/COORDINATING THEIR PEER REVIEW; AND PRODUCTION AND ONLINE		
	PUBLICATION OF ACCEPTED ARTICLES.		
	- MARKETING AND OUTREACH - PROMOTING ARTICLES, INVITING SUBMISSIONS,		
	PROMOTING INITIATIVES SUCH AS CALLS FOR PAPERS, AND CREATING RESOURCES		
	FOR AUTHORS AND REVIEWERS.		
	- PUBLISHING ETHICS - HANDLING ETHICAL AND SCIENTIFIC CONCERNS		
	INVOLVING SUBMISSIONS AND PUBLISHED ARTICLES.		
	- ENGAGEMENT WITH RESEARCH COMMUNITIES (E.G. BY ATTENDING/ORGANIZING		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$,
40	(Code:) (Expenses #) (Never	nue φ	
4d	Other program services (Describe on Schedule O.)		
-t u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 27,773,602.		
		Form	990 (2020

Form 990 (2020) 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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		
D	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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			•
40	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2020) Public Library of Science Part IV Checklist of Required Schedules (continued)

	· (continued)		V	Nia
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"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			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	ļ		
O_	, ,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	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	30		
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	100		
	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?	100		
-	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			
٠.	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75		. 55	.,,5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	10	х	

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Form 990 (2020) Public Library of Science Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)				
0-	Enter the number of ampleyons reported an Form W.A. Transmittel of Wage and Tay Statements			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 153			
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	24	2b	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		ZU		
32			За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a	х	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services.	vices provided to the payor?	7a		Х
b	, , , , , , , , , , , , , , , , , , , ,		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received as a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received as a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, and the cars are received as a contribution of cars, and the cars are received as a cars are recei		7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by trie	8		
9	Sponsoring organizations maintaining donor advised funds.		-		
а	Did the company to the company to the company to the did the the time of the company to the comp		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			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	401-			
_	organization is licensed to issue qualified health plans	13b			
C 1/12	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tay year?	13c	14a		Х
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule.		14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14D		\vdash
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
·	If "Yes," complete Form 4720, Schedule O.		_		
	•		Гоги	990	(2020

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		х
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	├		
1 a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		0.	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Na
10-	Did the expenientian have level chanters branches as offiliates?	10a	res	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	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	
l la b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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	120		
·		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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	100		
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):	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
.5	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			
_5	KATHRYN MOTONAGA, CFO - (415) 624-1200			
	1265 BATTERY STREET, STE, NO. 200, SAN FRANCISCO, CA 94111			

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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	tional	١.	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) ALISON MUDDITT	40.00	_	 	Ť						
CHIEF EXECUTIVE OFFICER		х		х				395,189.	0.	36,237.
(2) VERONIQUE KIERMER	40.00									
PUBLISHER & EXEC EDITOR					Х			288,624.	0.	32,436.
(3) REBEKAH DARKSMITH	40.00									
CHIEF MARKETING OFFICER					Х			253,614.	0.	27,337.
(4) TODOR I. GRIGOROV	40.00									
CHIEF FINANCIAL OFFICER				Х				258,935.	0.	4,998.
(5) KRISTINA MARTIN	40.00									
CHIEF PEOPLE & CULTURE(START 01/20)					Х			232,543.	0.	25,479.
(6) JOERG D. HEBER	40.00									
EDITOR-IN-CHIEF						Х		216,585.	0.	35,990.
(7) NIAMH O'CONNOR	40.00									
CHIEF PUBLISHING OFFICER					Х			195,078.	0.	33,735.
(8) ANN MICHAEL	40.00									
CHIEF DIGITAL OFFICER (THRU 08/20)					Х			197,386.	0.	22,100.
(9) CLARE E. DEAN	40.00									
DIR, JOURNAL MKT & OUTREACH MKT						Х		182,420.	0.	36,991.
(10) AARON DODDS	40.00									
DIRECTOR PRODUCT MGMT						Х		200,636.	0.	17,714.
(11) MIDORI BAER	40.00									
DIRECTOR OF PUBLISHING SERVICES						Х		178,062.	0.	36,072.
(12) CHRISTIAN A. HAUMESSER	40.00								_	
DIRECTOR, PLATFORM & ENGINEERING						Х		185,898.	0.	13,808.
(13) JAQUELINE J. MORALES	40.00								_	
SECRETARY				Х				121,688.	0.	3,651.
(14) MICHAEL W. CARROLL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROBIN LOVELL-BADGE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MEREDITH T. NILES	5.00								-	_
BOARD MEMBER	F 00	Х	-	_	-	-		0.	0.	0.
(17) JENNY MACHIDA	5.00								•	_
BOARD MEMBER		X	l			<u> </u>]	0.	0.	0.
032007 12-23-20										Form 990 (2020)

FORM 990 (2020) 1 0 D D T C D D D T C	INI OI BEILIN	СП							00 043200		Г	aye 🗸
Part VII Section A. Officers, Directors, Tru	ıstees, Key Emp	oloy	ees,	and	d Hi	ghes	t C	ompensated Employee	S (continued)			
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensar rom the ganizati d relate anizatio	e ion ed
(18) ALASTAIR ADAM	5.00											
BOARD MEMBER		Х						0.	0.			0.
(19) SURESH BHAT BOARD MEMBER	5.00	х						0.	0.			0.
(20) VICTORIA COLEMAN	5.00											
BOARD MEMBER (THROUGH 8/20)		Х						0.	0.			0.
(21) SIMINE VAZIRE	5.00											
BOARD MEMBER		Х						0.	0.			0.
(22) KEITH YAMAMOTO	5.00											
BOARD MEMBER		х						0.	0.			0.
1b Subtotal								2,906,658.	0.	<u> </u>	326,	
c Total from continuation sheets to Part	VII, Section A							0.	0.	<u> </u>		0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	2,906,658.	0.		326,	548.
 Total number of individuals (including but compensation from the organization 	not limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			40
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			-	-	-		_	hest compensated empl	-	3		х
4 For any individual listed on line 1a, is the	sum of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from the	ne organization			

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.

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
APEX COVANTAGE, LLC, 4045 SHERIDAN AVENUE,		
SUITE 266, MIAMI, FL 33140	COMPOSITION	1,596,493.
EDITORIAL OFFICE LTD, AVEBURY HOUSE, 6 ST		
PETER ST, WINCHESTER, UNITED KINGDOM SO2	EDITORIAL SERVICES	1,142,223.
J&J EDITORIAL		
201 SHANNON OAKS CIR. #124, CARY, NC 27511	EDITORIAL SERVICES	826,624.
ARIES SYSTEMS CORPORATION, 50 HIGH STREET,	MANUSCRIPT SUBMISSION &	
SUITE 21, NORTH ANDOVER, MA 01845	TRACKING SYSTEM	820,920.
CLARIVATE ANALYTICS (US) LLC, 1500 SPRING		
GARDEN STREET, PHILADELPHIA, PA 19130	AUTHOR CONNECT SERVICES	638,273.
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	13	
		000

Form 990 (2020)
Part VIII Statement of Revenue

			Check if Schedule O contains	s a response o	or note to any lin	e in this Part VIII			
			Shock ii Gonodale G comaine	за гооропос	or rioto to driy iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
ir al		b	Membership dues	1b					
δ,ς Am		С	Fundraising events	1c					
ii.		d	Related organizations	1d					
nij.		е	Government grants (contributions	s) 1e					
Sign		f	All other contributions, gifts, grants, a	and					
ber Ei			similar amounts not included above	I I	60,366.				
호텔		~	Noncash contributions included in lines 1a-1		, , , , , , , , , , , , , , , , , , ,				
οg		_	Total. Add lines 1a-1f			60,366.			
0 10		<u>'''</u>	Total. Add lines 1a-11		Business Code				
	_		DIDITONION PEEC NEM		519130	22 420 621	22 420 621		
<u>:</u>			PUBLICATION FEES, NET			32,428,621.	32,428,621.	0.61 7.04	
er v			ADVERTISING		519130	261,704.		261,704.	
S c			SUBSCRIPTIONS		519130	45,000.	45,000.		
Program Service Revenue		d	REPRINTS		519130	11,909.	11,909.		
og H		е							
P		f	All other program service revenue	·					
		g	Total. Add lines 2a-2f			32,747,234.			
	3		Investment income (including div						
		other similar amounts)				413,937.			413,937.
	4		Income from investment of tax-ex			, -			, -
	5				_	1,318.			1,318.
	3		Royalties	(i) Real	(ii) Personal	1,310.			1,510.
	_			(i) Neai	(II) Fersonal				
			Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		<u>,</u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	2,709,034.	500.				
		b	Less: cost or other basis						
ē			and sales expenses 7b	2,547,500.	147,074.				
en		С	Gain or (loss) 7c	161,534.	-146,574.				
Ş			Net gain or (loss)	-	•	14,960.			14,960.
her Revenue			Gross income from fundraising event			,			,
	o	u	including \$	I					
Ò									
			contributions reported on line 1c)	I					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundrais	-	D				
	9	а	Gross income from gaming activi	I .					
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less retu	ırns					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of						
					Business Code				
ns	44	_							
e e	11								
Miscellaneous Revenue		b							
sce Be		с							
Ξ			All other revenue						
		e	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			33,237,815.	32,485,530.	261,704.	430,215.

032009 12-23-20

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

	Check if Schedule O contains a respons	(A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total 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,	2,129,028.	1,904,811.	224,217.	
_	trustees, and key employees	2,123,020.	1,304,011.	224,217.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	13,636,611.	12,200,483.	1,436,128.	
, 8	Pension plan accruals and contributions (include	13,030,011.	12,200,103.	1,130,120.	
0	section 401(k) and 403(b) employer contributions)	324,179.	290,038.	34,141.	
9	Other employee benefits	1,479,702.	1,323,868.	155,834.	
0	Payroll taxes	1,205,077.	1,078,165.	126,912.	
1	Fees for services (nonemployees):	=,===,===	_,,		
' a	Management				
b	Legal	131,980.	79,062.	52,918.	
c	Accounting	81,282.	48,691.	32,591.	
d	Lobbying	,	,	,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,000.		20,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,	·			
Ĭ	column (A) amount, list line 11g expenses on Sch 0.)	1,145,139.	685,987.	459,152.	
2	Advertising and promotion	691,445.	691,445.		
3	Office expenses	751,383.	199,492.	551,891.	
4	Information technology	1,334,550.	1,228,790.	105,760.	
5	Royalties				
6	Occupancy	1,368,768.	1,296,004.	72,764.	
7	Travel	166,930.	137,333.	29,597.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	274,985.	260,367.	14,618.	
3	Insurance	95,253.	90,189.	5,064.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION COSTS	6,007,825.	6,007,825.		
b	TRAINING & RECRUITMENT	251,092.	251,052.	40.	
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	31,095,229.	27,773,602.	3,321,627.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	765,342.	1	2,724,775		
	2	Savings and temporary cash investments		145,976.	2	175,976	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	1,664,364.	4	4,153,521		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net			62,407.	7	64,140
Assets	8	Inventories for sale or use				8	
¥ ∣	9	Description of the second seco			741,470.	9	1,138,285
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	3,716,547.			
	b	Less: accumulated depreciation	502,699.	10c	93,302		
	11	Investments - publicly traded securities	11,760,867.	11	13,704,26		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,402.	15	8,40		
	16	Total assets. Add lines 1 through 15 (must ed	1	15,651,527.	16	22,062,66	
	17	Accounts payable and accrued expenses			3,440,890.	17	4,110,669
	18	Grants payable		18			
	19	Deferred revenue	410,268.	19	340,95		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		1		21	
ا ي	22	Loans and other payables to any current or for					
Ë		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
ן≝	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p	oayables				
		parties, and other liabilities not included on lin					
		of Schedule D	•		0.	25	2,777,683
	26	Total Colours Add Cons. 47 November 05			3,851,158.	26	7,229,308
		Organizations that follow FASB ASC 958, cl	neck her	e 🕨 X			
ès		and complete lines 27, 28, 32, and 33.					
a a	27	Net assets without donor restrictions			11,800,369.	27	14,833,360
ga	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC					
ᄀ		and complete lines 29 through 33.					
<u>,</u>	29	Capital stock or trust principal, or current fund	ls			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,800,369.	32	14,833,360
-	33				15,651,527.	33	22,062,668

2

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

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))

Net unrealized gains (losses) on investments

Donated services and use of facilities

Investment expenses

Prior period adjustments

Other changes in net assets or fund balances (explain on Schedule O)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

column (B))
Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII

Part XI Reconciliation of Net Assets

			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 basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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. 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 n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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.						
	•••	(-) 0040	(1-) 0047	(-) 0040	(4) 0040	(-) 0000	(f) T-+-!
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶ □
b	10% -facts-and-circumstances test	-	•				
	more, and if the organization meets the	-					
	organization meets the facts-and-circle						▶ □
18	Private foundation. If the organization		-	• •			• • • • • • • • • • • • • • • • • • •
			,,	, ,, 11 ~		dule A (Form 990	

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

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,215.	4,732.	3,606.	158,006.	60,366.	233,925.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	26, 002, 026	35,000,000	21 (00 220	20, 050, 566	22 405 520	165 001 017
	organization's tax-exempt purpose	36,882,826.	35,082,866.	31,689,229.	29,850,566.	32,485,530.	165,991,017.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	36,890,041.	35,087,598.	31,692,835.	30,008,572.	32,545,896.	166,224,942.
7	Amounts included on lines 1, 2, and						0
i	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						166,224,942.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,	36,890,041.	35,087,598.	31,692,835.	30,008,572.	32,545,896.	166,224,942.
10	dividends, payments received on securities loans, rents, royalties, and income from similar sources	933,692.	564,541.	414,755.	421,974.	415,255.	2,750,217.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	933,692.	564,541.	414,755.	421,974.	415,255.	2,750,217.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	37,823,733.	35,652,139.	32,107,590.	30,430,546.	32,961,151.	168,975,159.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
							>
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	98.37 %
16			•			16	97.94 %
	ction D. Computation of Inves						
	Investment income percentage for 20					17	1.63 %
	Investment income percentage from 2					18	1.96 %
19	a 33 1/3% support tests - 2020. If the	organization did ne	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						X
•	33 1/3% support tests - 2019. If the	•		·		·	na ⊾ □
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio			•		•	

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Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
Ŧċ.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	`		
· a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	notruotion	201	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a			103	140
u	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		2-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2020 PUBLIC LIBRARY OF SCIENCE			68-0492065	Page 6
Pai		ng Organ	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations mu		·	,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	xempt	purposes of supported			
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exempt pur	rposes	of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Scriedule A	(Form 990 or 990-EZ) 2020 1355113 11514141 31 551514151 990 or 990-EZ) 2020 135513 1154411 31 551514151
Part 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.)
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

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

	PUBLIC LIBRARY OF SCIENCE	68-0492065				
Organization t	rganization type (check one):					
Filers of:	Section:					
Form 990 or 99	D-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
•	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
section any or	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, e contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 990-EZ, line 1. Complete Parts I and II.	or 16b, and that received from				
contrit literary	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, so, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (on column (b) instead of the contributor name and address), II, and III.	cientific,				
year, c is chec purpo:	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled not ked, enter here the total contributions that were received during the year for an exclusively religiouse. Don't complete any of the parts unless the General Rule applies to this organization because it is, charitable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received nonexclusively				
but it must ans	religious, charitable, etc., contributions totaling \$5,000 or more during the year **Lation: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to tify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization

Employer identification number

PUBLIC LIBRARY OF SCIENCE

68-0492065

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, dudi 655, dilu Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PUBLIC LIBRARY OF SCIENCE

68-0492065

art II Noi	ncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om irt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		S	1

Name of or	rganization			Employer identification number		
PUBLIC L	IBRARY OF SCIENCE			68-0492065		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry For organizations	10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held		
-		(e) Transfer of g	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held		
-		(e) Transfer of g	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held		
-		(e) Transfer of g	ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held		
		(e) Transfer of g	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PUBLIC LIBRARY OF SCIENCE

Employer identification number 68 - 0492065

Par	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 advise	ed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year	nament is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially cons	orvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	▶ \$		ion cacomonic daming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Sim	ilar Asset	S (conti	nued)	
3	Usin	g the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	make si	gnifica	nt use of its			
	colle	ection items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	ım					
b		Scholarly research	е	,	Other							
С		Preservation for future generations										
4	Prov	ride a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	npt pui	rpose in Par	t XIII.		
5		ng the year, did the organization solicit o							_	_		_
_		e sold to raise funds rather than to be ma								Yes		No
Pai	t IV			ete if the	organizatio	n answered "	Yes" on	Form 9	990, Part IV,	line 9, or	•	
		reported an amount on Form 990, Pa	·									
1a		e organization an agent, trustee, custodi							_	_	_	_
		form 990, Part X?							L	Yes		_ No
b	If "Y	es," explain the arrangement in Part XIII	and complete the fol	lowing to	able:							
								\vdash		Amour	<u>it</u>	
С.		inning balance										
d		itions during the year							d			
e		ributions during the year										
f		ing balance								7		٦
		the organization include an amount on Fo		•					∟	Yes	H	∐ No
Par		es," explain the arrangement in Part XIII. Endowment Funds. Complete i										
		Oomplete	(a) Current year		rior year	(c) Two year			aa yaare hack	(a) Four	r voare	hack
10	Pogi	inning of year balance	(a) Current year	(D) F	noi yeai	(C) TWO year	5 Dack	(u) 1111	ee years back	(e) 1 0u	i years	Dack
1a h												
b		tributions investment earnings, gains, and losses										
d		• • • • • • • • • • • • • • • • • • • •										
u		nts or scholarships er expenditures for facilities										
•		programs										
f		ninistrative expenses										
g		of year balance										
2		ride the estimated percentage of the curr	ent vear end balance	e (line 1c	column (a) held as:	<u> </u>			1		
a		rd designated or quasi-endowment	•	% %	,, ooiaiiii (a,	ny mora ao.						
b		manent endowment	%									
c			<u></u> ,									
_		percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За		there endowment funds not in the posse	•	tion that	t are held ar	nd administer	ed for the	e orga	nization			
	by:	·	J					Ū			Yes	No
		Unrelated organizations								3a(i)		
		Related organizations										
b		es" on line 3a(ii), are the related organiza										
4		cribe in Part XIII the intended uses of the										
Par	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990,	, Part X, I	line 10				
		Description of property	(a) Cost or o basis (investr			or other (other)		ccumu oreciat	II	(d) Boo	k valu	ie
1a	Lanc	d										
b		dings										
С		sehold improvements				326,286.		32	6,286.			0.
d	Equi	pment			2	,442,443.			9,141.		93,	302.
	Othe	er				947,818.			7,818.			0.
Total	. Add	l lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X, colum	nn (B), line 1	0c.)			▶		93,	302.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
(4) Financial desirations	(5) 20011 14140	(c) meaned or variations does or one	or your marries raids
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" or	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	- F 000 D+ IV I'	44 d. O. a. Farras 2000, Part V. Bras 45	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Deels velve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15 \	.	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	on Form 000 Part IV line	110 or 11f Soo Form 000 Bart V line 25	
(a) Description of liability.	on Form 990, Fart IV, line	The of Thi. See Form 990, Part X, line 25.	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) Dook value
(1) Federal income taxes			0 565 155
(2) PPP LOAN			2,567,157
(3) DEFERRED RENT			210,526
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0E \		2,777,683

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

Schedule D (Form 990) 2020

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

Complete if the organization answered "Yes" on Form 990, Part IV, li 1 Total revenue, gains, and other support per audited financial statements	110 124.		1	34,108,220.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	890,405.		
b Donated services and use of facilities		·		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	890,405.
3 Subtract line 2e from line 1			3	33,217,815.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,000.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	20,000.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	.)		5	33,237,815.
Part XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
			1	31,075,229.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities			-	
b Prior year adjustments				
c Other losses	2c			
d Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	31,075,229.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	00.000		
a Investment expenses not included on Form 990, Part VIII, line 7b		20,000.	-	
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	20,000.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	<u> 18.)</u>		5	31,095,229.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, Fait A, II	ne z, Fait Ai,
PART X, LINE 2:				
PLOS HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SER	VICE AND THE			
STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS	UNDER SECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF	THE			
CALIFORNIA REVENUE AND TAXATION CODE. THE EXEMPTIONS ARE SUB	JECT TO			
PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES,	AND			
MANAGEMENT IS CONFIDENT THAT PLOS CONTINUES TO SATISFY ALL F	EDERAL AND			
STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTI	ON STATUS.			
PLOS MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME (SUC	H AS			
ADVERTISING INCOME, ETC.) REQUIRING PLOS TO FILE SEPARATE TA	X RETURNS			
UNDER FEDERAL AND STATE STATUTES. PLOS ALSO HAS CERTAIN TRAN	SACTIONS			
REQUIRING THE PAYMENT OF ADDITIONAL EMPLOYER TAXES TO HM REV	ENUE AND			
032054 12-01-20			Schedule	e D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury

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.

2020
Open to Public Inspection

Internal Revenue Service

Employer identification number

name of the organi	ization					Employer Identii	ication number
UBLIC LIBRARY	OF SCIE	NCE				68-0492065	
			ctivities Out	side the United States. Comple	ete if the organ		res" on
Form	990, Part I\	/, line 14b.					
				ds to substantiate the amount of its gra			
the grantees'	' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
0	deser Deser	uile e in Deut Vale					: - - - -
2 For grantma United States		ribe in Part v the	organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outs	ide the
		ne following Part	L line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Regio		(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
			in the region	realplants located in the region)	01 301 1100		in the region
UROPE (INCLUD							
CELAND & GREE ALBANIA, AND					EDITORIAL S	חי ייארטקווי	
USTRIA, BELGI	•	1	65			OPERATIONS.	3,631,738.
,		_				•	
							1
3 a Subtotal		1	65				3,631,738.
b Total from co		_	_				
sheets to Par		0	0				0.
c Totals (add li	ines 3a	1	65				3,631,738.
and our							

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

Schedule F (Form 990) 2020

Part II

PUBLIC LIBRARY OF SCIENCE

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Y	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 r	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)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2020	PUBLIC LIBRARY OF	SCIENCE			68-0492065		Page
Part III Grants and Other Assistan	ce to Individuals Outsid	de the United Sta	ites. Complete i	f the organization answered "Yes"	on Form 990, Part	: IV, line 16.	
Part III can be duplicated if a	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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) 2020

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PUBLIC LIBRARY OF SCIENCE

Employer identification number 68-0492065

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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 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 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
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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
b	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)?	اما		1

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	```		compensation	Deficits	(6)(1)-(0)	reported as deferred on prior Form 990
(1) ALISON MUDDITT	(i)	360,190.	34,999.	0.	15,100.	21,137.	431,426.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VERONIQUE KIERMER	(i)	288,024.	600.	0.	11,299.	21,137.	321,060.	0.
PUBLISHER & EXEC EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBEKAH DARKSMITH	(i)	253,014.	600.	0.	8,677.	18,660.	280,951.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TODOR I. GRIGOROV	(i)	258,335.	600.	0.	3,050.	1,948.	263,933.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTINA MARTIN	(i)	232,543.	0.	0.	9,003.	16,476.	258,022.	0.
CHIEF PEOPLE & CULTURE(START 01/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOERG D. HEBER	(i)	215,985.	600.	0.	8,991.	26,999.	252,575.	0.
EDITOR-IN-CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NIAMH O'CONNOR	(i)	194,434.	644.	0.	9,753.	23,982.	228,813.	0.
CHIEF PUBLISHING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANN MICHAEL	(i)	196,786.	600.	0.	8,009.	14,091.	219,486.	0.
CHIEF DIGITAL OFFICER (THRU 08/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLARE E. DEAN	(i)	181,820.	600.	0.	7,537.	29,454.	219,411.	0.
DIR, JOURNAL MKT & OUTREACH MKT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AARON DODDS	(i)	200,036.	600.	0.	8,103.	9,611.	218,350.	0.
DIRECTOR PRODUCT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MIDORI BAER	(i)	178,062.	0.	0.	6,618.	29,454.	214,134.	0.
DIRECTOR OF PUBLISHING SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTIAN A. HAUMESSER	(i)	185,048.	850.	0.	4,197.	9,611.	199,706.	0.
DIRECTOR, PLATFORM & ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
PART I, LINE 7:				
THE ORGANIZATION'S CEO (ALISON MUDDITT) RECEIVES NON-FIXED BONUS PAYMENTS.				
THESE AMOUNTS ARE BASED ON BOARD APPROVAL.				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PUBLIC LIBRARY OF SCIENCE

Employer identification number 68-0492065

PART I, LINE 1 PLOS (PUBLIC LIBRARY OF SCIENCE) IS A NONPROFIT. OPEN ACCESS PUBLISHER EMPOWERING RESEARCHERS TO ACCELERATE PROGRESS IN SCIENCE AND MEDICINE BY LEADING A TRANSFORMATION IN RESEARCH COMMUNICATION. WE HAVE BEEN BREAKING BOUNDARIES SINCE OUR FOUNDING IN 2001. PLOS JOURNALS PROPELLED THE MOVEMENT FOR OA ALTERNATIVES TO SUBSCRIPTION JOURNALS. WE ESTABLISHED THE FIRST MULTI-DISCIPLINARY PUBLICATION INCLUSIVE OF ALL EXCELLENT RESEARCH REGARDLESS OF NOVELTY OR IMPACT AND DEMONSTRATED THE IMPORTANCE OF OPEN DATA AVAILABILITY. AS OPEN SCIENCE ADVANCES, CONTINUE TO EXPERIMENT TO PROVIDE MORE OPPORTUNITIES. CHOICE. AND CONTEXT FOR READERS AND RESEARCHERS. PLOS PUBLISHES A SUITE OF INFLUENTIAL OPEN ACCESS JOURNALS ACROSS ALL AREAS OF SCIENCE AND MEDICINE, RIGOROUSLY REPORTED, PEER REVIEWED, AND IMMEDIATELY AVAILABLE WITHOUT RESTRICTIONS. THE JOURNALS PROMOTE THE WIDEST READERSHIP AND IMPACT POSSIBLE. WE STRIVE TO IMPLEMENT POLICIES AND INNOVATIONS THAT PROMOTE REPRODUCIBILITY, CREDIT, AND ACCOUNTABILITY TO FOSTER A CULTURE OF OPEN SCIENCE, OUR WORK IN THESE AREAS IS SUPPORTED BY THE EFFORTS OF A DIVERSE INTERNATIONAL COMMUNITY OF SCIENTIFIC RESEARCHERS FROM HUNDREDS OF RESEARCH AREAS WHO PUBLISH AND REVIEW RIGOROUS RESEARCH OF ALL TYPES. SINCE 2003, PLOS HAS PUBLISHED MORE THAN 260,000 RESEARCH ARTICLES. IN 2020 ALONE PLOS PUBLISHED MORE THAN 19,000 RESEARCH ARTICLES DOCUMENTING THE OBSERVATIONS AND DISCOVERIES OF A DIVERSE SCIENTIFIC COMMUNITY. THOUSANDS OF RESEARCHERS ACROSS THE GLOBE DEDICATED THEIR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PUBLIC LIBRARY OF SCIENCE	Employer identification number 68-0492065
TIME AS ACADEMIC EDITORS AND REVIEWERS TO BRINGING THIS WORK TO THE	·
PUBLIC.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
CONFERENCES/EVENTS/WORKSHOPS) - TO ENSURE THE JOURNALS AND THEIR	
POLICIES REFLECT THE RESEARCH INTERESTS AND VALUES OF THESE FIELDS AND	
COMMUNITIES.	
MEDIA - COLLABORATING WITH AUTHORS, INSTITUTIONS, SCIENCE MEDIA CENTERS	
AND JOURNALISTS TO COMMUNICATE RESEARCH TO BOTH SCIENTISTS AND SOCIETY.	
THE SCOPE OF PLOS JOURNALS PUBLISHING IN 2020 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.	
- 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	

Name of the organization PUBLIC LIBRARY OF SCIENCE	Employer identification number 68-0492065
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 ADDITION TO MANAGING THE ABOVE PORTFOLIO OF JOURNALS, IN 2020 PLOS	
CONTINUED ITS FOCUS ON TWO BROAD AREAS: (1) OPEN SCIENCE PRACTICES AND	
INITIATIVES AROUND TRANSPARENCY, RECOGNITION, EXPANDED OPPORTUNITIES	
FOR PEER REVIEW, FIGHTING PUBLICATION BIAS, AND REPRODUCIBILITY; AND	
(2) DEVELOPING MORE EQUITABLE BUSINESS MODELS TO ENABLE A DIVERSE AND	
SUSTAINABLE PUBLISHING ECOSYSTEM. THE FOLLOWING ARE KEY HIGHLIGHTS FROM	
OUR WORK IN 2020:	
- PLOS INTRODUCED A NEW LOGO AND VISUAL BRAND UPDATES TO REFLECT THE	
VIBRANCY OF OUR MISSION OUR RESEARCH COMMUNITIES ACROSS OUR DIGITAL	
PROGRAM.	
- PLOS PARTNERED WITH INSTITUTIONS TO DEVELOP AND IMPLEMENT TWO NEW	
OPEN ACCESS BUSINESS MODELS TO REDUCE OR ELIMINATE AUTHOR PUBLICATION	
FEES. COMMUNITY ACTION PUBLISHING, AVAILABLE FOR PLOS BIOLOGY AND PLOS	
MEDICINE AIMS TO MAKE HIGHLY-SELECTIVE OA PUBLISHING MORE AFFORDABLE BY	
DISTRIBUTING COSTS ACROSS THE INSTITUTIONS IN THE JOURNAL COMMUNITY.	
FLAT FEES STREAMLINE AND SIMPLIFY INSTITUTIONAL APC SUPPORT FOR AUTHORS	
PUBLISHING IN ANY OF THE OTHER FIVE PLOS JOURNALS.	
- PLOS ALSO PARTNERED WITH LIBLYNX TO DEVELOP ANALYTICS THAT BETTER	
REFLECT THE IMPACT AND USAGE OF OPEN ACCESS CONTENT FOR A RANGE OF	
STAKEHOLDERS SUCH AS INSTITUTIONAL PARTNERS, FUNDERS, AND AUTHORS WHOSE	
SUPPORT IS CRITICAL TO THE DEVELOPMENT OF NEW OA PUBLISHING MODELS.	
- PLOS PARTICIPATED IN THE PLAN S PRICE & SERVICE TRANSPARENCY	
FRAMEWORK, PUBLICLY REPORTING OUR PRICING BREAKDOWN ON OUR BLOG.	

Name of the organization PUBLIC LIBRARY OF SCIENCE	Employer identification number 68-0492065
- ALL PLOS JOURNALS IMPLEMENTED A NEW POLICY HONORING REQUESTS FROM	
TRANSGENDER AND NON-BINARY AUTHORS TO UPDATE THEIR NAMES ON PUBLISHED	
PAPERS AND CORRESPONDING INDEXING METADATA.	
- PLOS ADDED NEW ARTICLE TYPES TO INCREASE THE TRANSPARENCY OF RESEARCH	
REPORTING THROUGHOUT THE RESEARCH PROCESS. REGISTERED REPORTS AT PLOS	
ONE AND PREREGISTERED RESEARCH ARTICLES AT PLOS BIOLOGY ENABLE	
RESEARCHERS TO REPORT AND RECEIVE PEER REVIEW FEEDBACK ON THEIR STUDY	
DESIGNS BEFORE CARRYING OUT EXPERIMENTS, WITH THE OPTION TO PUBLISH	
FULL RESULTS IN THE JOURNAL WHEN THEIR WORK IS COMPLETE. UPDATE	
ARTICLES AND DISCOVERY REPORTS AT PLOS BIOLOGY OFFER ADDITIONAL	
PUBLISHING OPTIONS FOR RESEARCHERS TO SHARE IMPORTANT FINDINGS AS THEIR	
WORK PROGRESSES.	
- PLOS EXPANDED ITS COMPLEMENTARY RESEARCH POLICY (INITIALLY INTRODUCED	
AT PLOS BIOLOGY) ACROSS ALL JOURNALS THAT ARE SELECTIVE FOR NOVELTY.	
THE POLICY WAIVES NOVELTY CRITERIA FOR WORK SUBMITTED WITHIN SIX MONTHS	
OF A SIMILAR STUDY HAVING BEEN PUBLISHED, GIVING AUTHORS WHO HAVE BEEN	
"SCOOPED" TIME TO RIGOROUSLY COMPLETE AND SUBMIT THEIR WORK WITHOUT	
BEING PENALIZED.	
- DUE TO THE EMERGENCE OF THE COVID-19 PANDEMIC, PLOS DEDICATED	
RESOURCES TO UNDERSTANDING THE EFFECTS OF LARGE-SCALE DISRUPTIONS TO	
RESEARCHERS' WORK AND LEARNING HOW WE COULD BETTER-SUPPORT THEIR	
CHANGING NEEDS. WE JOINED OTHER PUBLISHERS IN COMMITTING TO RAPID	
REVIEW AND SHARING OF COVID-19 RESEARCH IN ORDER TO ACCELERATE PROGRESS	
AND FACILITATE OPEN-SHARING OF KNOWLEDGE.	
- PLOS CONTINUED OUR PUBLICATION FEE ASSISTANCE PROGRAMS, DESIGNED TO	
OVERCOME BARRIERS TO IMMEDIATE AVAILABILITY, ACCESS AND USE OF	
RESEARCH. IN 2020 PLOS PROVIDED \$1.7 MILLION IN PARTIAL OR FULL ARTICLE	
PROCESSING CHARGE (APC) WAIVERS TO AUTHORS. THIS MAJOR PROGRAM EXPENSE,	Schodulo O (Form 990 or 990 F7) 2020

Name of the organization PUBLIC LIBRARY OF SCIENCE	Employer identification number 68-0492065
WHICH APPEARS AS A CONTRA-REVENUE FOR FINANCIAL REPORTING PURPOSES,	
DEMONSTRATES OUR SUPPORT TO SCIENCE AND THE GLOBAL RESEARCH COMMUNITY	
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.	
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	Schodulo () (Form 990 or 990 E7) 2020