

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.

<u>A I</u>	For the	2022 calendar year, or tax year beginning	and	ending			
	Check if applicable	PUBLISHERS INTERNATIONAL LINKING			D Employ	er identifi	cation number
X	Addre:	ASSOCIATION, INC.					
	Name chang	D GDOGGDEE			04-	3502255	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telepho	ne numbe	er
F	Final return	50 SALEM STREET, BUILDING A	,	304		295-0072	
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross rece	ipts\$	11,987,890.
	Ameno		J 1		H(a) Is this	a group re	eturn
	Applic	F Name and address of principal officer: EDWAR	D PENTZ			oordinates	
	pendir	g SAME AS C ABOVE			1		ncluded? Yes No
Τ.	Гах-ех	empt status: 501(c)(3) X 501(c) (6)	(insert no.) 4947(a)(1)	or 527	⊣ `´		list. See instructions
	Websit				H(c) Group		
			sociation Other	L Year	of formation:		VI State of legal domicile; MA
	art I	Summary					<u> </u>
	1	Briefly describe the organization's mission or most	significant activities: CROSSR	EF MAKES	RESEARCH	OUTPUTS	
Governance		EASY TO FIND, CITE, LINK, ASSESS, AND	REUSE.				
na I	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	e than 25% of	its net as:	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			з	16
	4	Number of independent voting members of the gov					16
જ		Total number of individuals employed in calendar ye					25
Ìŧ		Total number of volunteers (estimate if necessary)					0
Activities		Total unrelated business revenue from Part VIII, col					0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.
					Prior Ye	ar	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)			1	71,447.	0.
ž	9	Program service revenue (Part VIII, line 2g)			11,1	26,416.	11,666,155.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			54,971.	90,934.	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		11,3	52,834.	11,757,089.
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A)), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (P			6,1	6,409,195.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line	· ·	0.			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d,				88,660.	2,743,381.
		Total expenses. Add lines 13-17 (must equal Part IX				99,483.	9,152,576.
	19	Revenue less expenses. Subtract line 18 from line 1	l2			53,351.	2,604,513.
Net Assets or				В	eginning of Cur		End of Year
Sset	20	Total assets (Part X, line 16)				37,833.	19,261,691.
at A	21					92,237.	2,787,808.
Ž	22 art II	Net assets or fund balances. Subtract line 21 from	line 20		14,3	45,596.	16,473,883.
		Signature Block	Santa d'anna anna anna da anna da da da				The soule days and ball of the
		Ities of perjury, I declare that I have examined this return,			•		y knowledge and belief, it is
uue	, correc	t, and complete. Declaration of preparer (other than office	1) IS Daseu on an iniormation of wi	ilicii preparei	Thas any known	euge.	
C:~	_	Signature of officer			Dat	е	
Sig		EDWARD PENTZ, EXECUTIVE DIRECTOR					
Her	е	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	1	*	SANDY ROSS	1	10/30/23	if L	
	parer	Firm's name KAHN, LITWIN, RENZA & CO.,		P		self-employ n's EIN	05-0409384
-	Only	Firm's address 951 NORTH MAIN STREET	•		11111	II 3 LIIV	
	,	PROVIDENCE, RI 02904			Pho	ne no 401	274-2001
May	, the IF	RS discuss this return with the preparer shown above	ve? See instructions				X Yes No

Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CROSSREF'S GENERAL PURPOSE IS TO PROMOTE THE DEVELOPMENT AND		
	COOPERATIVE USE OF NEW AND INNOVATIVE TECHNOLOGIES TO SPEED AND		
	FACILITATE SCHOLARLY RESEARCH. CROSSREF'S SPECIFIC MANDATE IS TO BE		
	THE CITATION LINKING BACKBONE FOR ALL SCHOLARLY INFORMATION IN		
2	Did the organization undertake any significant program services during the year which were no	ot listed on the	
	prior Form 990 or 990-EZ?		Yes 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 p	program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest pro	ogram services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7 ,125 ,713. including grants of \$) (Revenue \$	11,666,155.)
	PROMOTE DEVELOPMENT AND COOPERATIVE USE OF NEW AND INNOVATIVE		
	TECHNOLOGIES TO SPEED AND FACILITATE SCIENTIFIC AND OTHER SCHOLARLY		
	RESEARCH.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		, , (
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
	(Code:) (Experiess & mondaing grains of &) (Novelide ¢	
4d	Other program services (Describe on Schedule O.)		
TU	,	enue \$)
4e	Total program service expenses 7,125,713.	пис у	,
	, , , , , , , , , , , , , , , , , , ,		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ū	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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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				
	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	
h	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		х
14a		14a	Х	
		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		_
15		4.5		x
46	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	15		- " -
16		40		
<i>_</i> -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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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Pai	Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui				
	Check if Schedule O contains a response or note to any line in this Part V			NI -
۔ ف	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the hamber reported in box of the first of the capping and			
	Efficient the number of Points W-2G included of fine 1a. Efficience applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
22200		1c Form		(2022)
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04 - 3502255Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2	:5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action (Control of Foreign Bank) and Financial (C	counts (FBAR).			
5a				 	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			—	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			l
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	—	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).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			+-	
b			7b	+	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	-110	7e		
e f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contra		7 6	+	
g	If the organization received a contribution of qualified intellectual property, did the organization file For				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the agree of the control of the control of the distribution and the distribution of the distribution o		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
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:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the second of the second o	100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Scheduli				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Form 990 (2022) ASSOCIATION, INC.

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.

<u> </u>	·					X					
Sec	tion A. Governing Body and Management					_					
			ı	-	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	6							
	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	1	6							
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										
Ū	of officers disables to the state of the sta			3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 99		o filod?	4		x					
4						X					
5	Did the organization become aware during the year of a significant diversion of the organization's assi			5 6	x						
6											
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?										
8											
а	a The governing body?										
b											
9											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			•	•	•					
	This occion b requests information about policies not required by the internal ne	venue	Code./		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			100							
				10b							
110			ro filing the form?	11a	х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schodule O the process, if any used by the organization to review this Form 990.										
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	, , , , , , , , , , , , , , , , , , ,										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -		١	37						
	on Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	rith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990)-T (section 501(c)(3)	s only)	availa	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 Si	chedule (0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		•	d finan	cial						
	statements available to the public during the tax year.		po, an								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records								
	LUCY OFIESH - 434-825-5886	c uii	500, 40								
	800 2ND STREET NE, CHARLOTTESVILLE, VA 22902										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box, unless person is both an officer and a director/trustee)					th an stee) from	(E) Reportable compensation from related	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		trom the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) EDWARD PENTZ	40.00									
EXECUTIVE DIRECTOR, ASST SECRETARY	10.00			Х				298,214.	0.	38,594.
(2) GEOFFREY BILDER	40.00	-						050 001	_	47.006
DIRECTOR OF TECHNOLOGY AND RESEARCH	40.00		_		Х			252,081.	0.	47,026.
(3) GINNY HENDRICKS DIRECTOR OF MEMBERSHIP AND COMMUNITY	40.00	1			х			222 515	0.	22 625
(4) LUCY OFIESH	40.00				^			233,515.	0.	23,625.
DIRECTOR OF FINANCE AND OPERATIONS	40.00	1		Х				218,183.	0.	23 737
(5) BRYAN VICKERY	40.00			Α.				210,103.	<u> </u>	23,737.
DIRECTOR OF PRODUCT (TO 5/22)	40.00	1			х			187,318.	0.	0.
(6) RACHAEL LAMMEY	40.00							107,310.	••	•
DIRECTOR OF PRODUCT	13.55	1			х			159,597.	0.	15,833.
(7) MIKE YALTER	40.00									
SOFTWARE DEVELOPER		1				x		145,768.	0.	20,070.
(8) TIM PICKARD	40.00							,		,
SYSTEM SUPPORT ANALYST		1				x		144,686.	0.	20,071.
(9) JON STARK	40.00							·		,
SOFTWARE DEVELOPER						x		133,703.	0.	18,607.
(10) ESHA DATTA	40.00									
PRINCIPAL R&D DEVELOPER						x		133,550.	0.	15,062.
(11) JENNIFER KEMP	40.00									
OUTREACH MANAGER						х		133,894.	0.	14,591.
(12) RESHMA SHAIKH	1.00									
CHAIR		Х		Х				0.	0.	0.
(13) DAMIAN PATTINSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(14) PENELOPE LEWIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) NICI PFEIFFER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) AARON WOOD	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(17) WENDY PATTERSON	1.00	4								
BOARD MEMBER		Х						0.	0.	0. Form 990 (2022)

Form 990 (2022) ASSOCIATION, INC. 04-3502255 Page **8**

Part VII Section A. Officers, Directors, 7 (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) LISA SCHIFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) NANDITA QUADERI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) ROSE L'HUILLIER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) KIHONG KIM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) MARC HURLBERT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) MARIN DACOS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) JAMES PHILLPOTTS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) ABEL PACKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) LIZ ALLEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								2,040,509.	0.	237,216.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								2,040,509.	0.	237,216.

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

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

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

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

5 X

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services	(C) Compensation							
PIERCE ATWOOD LLP									
254 COMMERCIAL STREET, PORTLAND, ME 04101	LEGAL SERVICES	158,666.							
2 Total number of independent contractors (including but not limited to those listed									

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2022)

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Form 990 ASSOCIATION, INC. 04-3502255

Part VII Section A. Officers, Directors, T										255
Section A. Officers, Directors, I	rustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	Average Position hours (check all that					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) TODD TOLER	1.00									
DARD MEMBER		Х						0.	0.	0

Form 990 (2022) ASSOCIATION Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns	1a					
ant			Membership dues	1b					
⊉ है			Fundraising events	1c					
ifts ir A			Related organizations	1d					
nik G			Government grants (contributions)	1e					
Sis			All other contributions, gifts, grants, and						
ber			similar amounts not included above	1f					
텵		a	Noncash contributions included in lines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f						
					Business Code				
Ð	2	а	CONTENT REGISTRATION		513190	6,443,126.	6,443,126.		
, vic		b	SUBSCRIBER FEES		513190	4,267,064.	4,267,064.		
Ser		С	DOCUMENT CHECK FEES		513190	785,795.	785,795.		
Program Service Revenue		d	CONTRACT REVENUE		513190	170,170.	170,170.		
ngc Be		е							
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f			11,666,155.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			108,572.			108,572.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	()	ecurities	(ii) Other				
			assets other than inventory 7a 2	206,266.	6,897.				
		b	Less: cost or other basis						
ne			12	214,802.	15,999.				
Ver			Gain or (loss) 7c	-8,536.	-9,102.				
her Revenue			Net gain or (loss)			-17,638.			-17,638.
the l	8	а	Gross income from fundraising events (r	not					
δ			including \$	-					
			contributions reported on line 1c). S						
		_	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	Ю	а	Gross sales of inventory, less returns						
		h	and allowances						
			Less: cost of goods sold Net income or (loss) from sales of in						
			Net income of (loss) from sales of in	veritory	Business Code				
sno	11	а							
neo	••	b							
ella		c							
Miscellaneous Revenue			All other revenue						
≥			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			11,757,089.	11,666,155.	0.	90,934.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) org	anizations must complete all columi	ns. All other organizations must co	omplete column (A)
00011011001(0)(0) 4114 001(0)(1) 019	arnzatione made complete an ediami	no. 7 in othor organizations made of	mpiete column (r.y.

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		Слропава	goriorai experises	САРСПОСО
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	589,653.	67,362.	522,291.	
6	Compensation not included above to disqualified	,	,	,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,402,449.	3,942,638.	459,811.	
8	Pension plan accruals and contributions (include	, ,	, ,	, -	
_	section 401(k) and 403(b) employer contributions)	423,972.	406,353.	17,619.	
9	Other employee benefits	494,250.	435,484.	58,766.	
0	Payroll taxes	498,871.	438,483.	60,388.	
1	Fees for services (nonemployees):	,	,	,	
а	Management				
b	Legal	187,297.	498.	186,799.	
С	Accounting	47,179.		47,179.	
d	Lobbying	·		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,437.		4,437.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)	321,923.	212,113.	109,810.	
2	Advertising and promotion				
3	Office expenses	77,741.	56,948.	20,793.	
4	Information technology	1,060,391.	915,287.	145,104.	
5	Royalties				
16	Occupancy	119,401.	95,098.	24,303.	
7	Travel	10,916.	7,258.	3,658.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	63,500.	42,221.	21,279.	
20	Interest				
1	Payments to affiliates	275,808.	275,808.		
2	Depreciation, depletion, and amortization	50,594.	41,134.	9,460.	
3	Insurance	26,876.	21,851.	5,025.	
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	PRODUCT TRAINING, DEVEL	206,574.	165,809.	40,765.	
b	BANK FEES	188,719.		188,719.	
С	DUES & SUBSCRIPTIONS	54,200.		54,200.	
d	BAD DEBT EXPENSE	46,142.		46,142.	
е	All other expenses	1,683.	1,368.	315.	
5	Total functional expenses. Add lines 1 through 24e	9,152,576.	7,125,713.	2,026,863.	
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 (2022) Part X Balance Sheet

ι Λ	Check if Schedule O contains a response or no	ote to any	ine in this Part X			
	STREET TO STREET STREET STREET STREET STREET	nto to uny	THE WAR THE TAKEN	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			2,395,267.	1	2,812,373.
2				9,141,182.	2	10,796,707.
3				52,347.	3	16,019.
4				3,661,305.	4	4,403,004.
5						
	trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
	controlled entity or family member of any of the	ese persor	s		5	
6	Loans and other receivables from other disqua	lified perso	ons (as defined			
	under section 4958(f)(1)), and persons describe	ed in section	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			370,125.	7	378,375.
8					8	
9				410,962.	9	386,850.
10a						
	basis. Complete Part VI of Schedule D	10a	1,882,783.			
b			1,871,647.	77,729.	10c	11,136.
11				316,276.	11	277,793.
12					12	
13			13			
		12,640.		179,434.		
				16,437,833.	16	19,261,691.
17		1,941,644.	17	2,494,977.		
18			18			
19				150,593.	19	137,250.
20					20	
	•					
			_		22	
23		-	F			
24					24	
25						
	of Schedule D	,	.	0.	25	155,581.
26	Total liabilities. Add lines 17 through 25			2,092,237.	26	2,787,808.
			Х			
27				14,286,721.	27	16,405,560.
28				58,875.	28	68,323.
	and complete lines 29 through 33.					
29		S			29	
30					30	
31	Retained earnings, endowment, accumulated i				31	
O I						
32	Total net assets or fund balances			14,345,596.	32	16,473,883.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the 6 Loans and other receivables from other disquate under section 4958(f)(1)), and persons describe 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal to trustee) and other payables to any current or for trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Secured mortgages and notes payable to unrelated unrelated in the payable to unrelated to the liabilities (including federal income tax, payarties, and other liabilities not included on line of Schedule D 10 Total liabilities. Add lines 17 through 25 11 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. 12 Net assets with donor restrictions 12 Organizations that do not follow FASB ASC and complete lines 29 through 33. 13 Capital stock or trust principal, or current funds	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former or trustee, key employee, creator or founder, substantial corrections and other receivables from other disqualified personal controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot be controlled entity or family member of any of these personal cannot controlled entity or family member of any of these personal cannot cannot be controlled entity or family member of any of these personal cannot cannot be controlled entity or family member of any of these personal cannot liabilities. And lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,882,783. b Less: accumulated depreciation 10b 1,871,647. 11 Investments · publicly traded securities 12 Investments · publicly traded securities 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 8 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. 27 Net assets withour donor restrictions Net assets withour onor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	Cash - non-interest-bearing	Cash - non-interest-bearing 2,395,2671, 1

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

	1990 (2022) ASSOCIATION, INC.	04-35	02255	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,757,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,152,	,576.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,604,	,513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,345,	,596.
5	Net unrealized gains (losses) on investments	5		-444,	,106.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-32,	,120.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	,473,	,883.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	\perp
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			

Form 990 (2022)

За

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ASSOCIATION, INC. 04-3502255 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

PUBLISHERS INTERNATIONAL LINKING

Total number at end of year		organization answered "Yes" on Form 990, Part IV, lin	e 6.		,
2 Aggregate value of contributions to (during year) 4 Aggregate value of and for year 5 Icid the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal contror? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Persenvation or Easements. Complete if the organization check all that apply). Presenvation or for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pens pace Complete lines 2 atmorps (3 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements and a certified historic structure included in (a) 2 Total acreage restricted by conservation easements. 5 Total acreage restricted by conservation easements in 2 to this preservation of conservation easements in an acretified historic structure included in (a) 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easements in blocated 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements durin			(a) Donor advised funds	(b) Fun	ds and other accounts
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	9				
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X					
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X			•		
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2	, , , , , , , , , , , , , , , , , , , ,		l gain, provide	·
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	_			ga, provide	
b Assets included in Form 990, Part X \$	a	-	-		\$

232051 09-01-22

13070071

Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

organization by:

complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Description of property	(a) Cost or other basis (investment) (b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,882,783.	1,871,647.	11,136.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	Form 990. Part X. colun	nn (B). line 10c.)		11,136.

Schedule D (Form 990) 2022

3a(i)

3a(ii)

No

04 - 3502255

ASSOCIATION, INC.

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	_
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE PAYABLE			155,581
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7)			
(7) (8)			155,581

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ASSOCIATION, INC.			04-35022	55 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.			
1	Total revenue, gains, and other support per audited financial statements			1	11,308,546.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-444,106.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-444,106.
3	Subtract line 2e from line 1			3	11,752,652.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,437.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	4,437.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,757,089.
Pa	T XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per P	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.			
1	Total expenses and losses per audited financial statements			1	9,106,917.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,106,917.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		4,437.		
b	Other (Describe in Part XIII.)	. 4b	41,222.		
С	Add lines 4a and 4b			4c	45,659.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,152,576.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	•		; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informa	tion.		
PARI	X, LINE 2:				
	AGGGGTATION TO THE PROPERTY OF THE TAXABLE TAX				
THE	ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UND	EK			
a Er an	NION FOI/GIGI OF MUE INMEDIAL DEVENUE GODE (IDG). BEEG OF OMU	ED			
SECT	CION 501(C)6) OF THE INTERNAL REVENUE CODE (IRC). FEES OR OTH	EK			
D 3 3/3	EDNING MADE NO MILE ACCOCTANTON ADE NOM DEDUCMIDIE AC CUADIMADIE				
PAIM	MENTS MADE TO THE ASSOCIATION ARE NOT DEDUCTIBLE AS CHARITABLE				
COM	RIBUTIONS FOR INCOME TAX PURPOSES. HOWEVER THE PAYMENTS MAY	DE			
CONT	RIBUTIONS FOR INCOME TAX PURPOSES. HOWEVER, THE PAIMENTS MAY	BE			
DEDI	CONTRE & CORDINARY AND NECECCARY DUCTMESS EVERNOES MO MUE EVE	ENII			
טעשע	ICTIBLE AS ORDINARY AND NECESSARY BUSINESS EXPENSES TO THE EXT	EN.I.			
7 T T C	MUED DV MUE IDC				
АГГС	WED BY THE IRC.				
שטט	ACCOCTAMION ANNITATIV DIEC IDC DODM 000 - DEMIDN OF ODCANITAAM	TON			
THE	ASSOCIATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZAT	ION			
FAER	IDM FDOM TNCOME MAY DEDODMING WADIONG INDODUMENTON MUSE HER	מ זומהט שט			
ALM	IPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IR	UT משמט מ			
M∩N™	TOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS	ARE			
TONI	TON THE ACTIVITIES OF TAX-BARMET ENTITIES. THESE TAX RETURNS	WIL			
GIID	ECA AU BEAlem BA AVAING FILIANCHULEG GENEGRILA EVO V DEGLOS VE	ਧਸ਼ਰਸ਼ਾ			
POBO	ECT TO REVIEW BY TAXING AUTHORITIES GENERALLY FOR A PERIOD OF	TUVEE			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identif	ication number
PUBLISHERS INTERNATION	AL LINKING					
ASSOCIATION, INC.			etal de la la de la companya de la c		04-3502255	
		ctivities Out	side the United States. Comple	ete if the organ	ization answered "`	Yes" on
Form 990, Part I'						
			ds to substantiate the amount of its gra			V N.
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
2 Fax aventmelsers Door	wiha in Dart V/the	ovacnization's	are and tree for manifesting the tree of its	aranta and at	har acciatonas auto	ida tha
2 For grantmakers. Description United States.	ribe in Part V the	e organization s	procedures for monitoring the use of its	s grants and ot	ner assistance outs	ide trie
	ho following Part	· L lino 3 table co	an be duplicated if additional space is n	oodod)		
(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hogion	offices	employees	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent contractors	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING		in the region		TO PROMOTE	DEVELOPMENT	+
ICELAND &					ATIVE USE OF	
GREENLAND) - ALBANIA,			PROGRAM SERVICES, BUSINESS	NEW AND IN		
ANDORRA, AUSTRIA,	1	18	TRANSACTIONS	TECHNOLOGIA		409,090.
	_					100,000.
3 a Subtotal	1	18				409,090.
b Total from continuation		10				100,000.
sheets to Part I	0	0				0.
c Totals (add lines 3a		<u> </u>				<u> </u>
and 3h)	1	18				409 090.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the for counsel has provided a sect			>		1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(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)

Schedule F (Form 990) 2022 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) 2022

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 3, COLUMN (E):
(A) REGION:
EUROPE (INCLUDING ICELAND & GREENLAND)- ALBANIA, ANDORRA, AUSTRIA, BELGIUM
(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROMOTE DEVELOPMENT AND
COOPERATIVE USE OF NEW AND INNOVATIVE TECHNOLOGIES TO SPEED AND
FACILITATE SCIENTIFIC AND OTHER SCHOLARLY RESEARCH.

Schedule F (Form 990) 2022

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.
PUBLISHERS INTERNATIONAL LINKING
ASSOCIATION, INC.

Employer identification number 04-3502255

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	a 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 us	se		
	Travel for companions Payments for business use of personal residen	ice		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, che	ef)		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation comm	ittee		
4				
	organization or a related organization:	4-		х
	Receive a severance payment or change-of-control payment?			X
b				X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		A
	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				
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?			
	If "Yes" on line 5a or 5b, describe in Part III.			
6				
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	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		
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EDWARD PENTZ	(i)	240,144.	58,070.	0.	38,594.	0.	336,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEOFFREY BILDER	(i)	206,887.	45,194.	0.	44,296.	2,730.	299,107.	0.
DIRECTOR OF TECHNOLOGY AND RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GINNY HENDRICKS	(i)	169,408.	64,107.	0.	23,625.	0.	257,140.	0.
DIRECTOR OF MEMBERSHIP AND COMMUNITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LUCY OFIESH	(i)	182,175.	36,008.	0.	20,678.	3,059.	241,920.	10,925.
DIRECTOR OF FINANCE AND OPERATIONS,	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRYAN VICKERY	(i)	53,365.	31,147.	102,806.	0.	0.	187,318.	0.
DIRECTOR OF PRODUCT (TO 5/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RACHAEL LAMMEY	(i)	138,409.	21,188.	0.	15,833.	0.	175,430.	0.
DIRECTOR OF PRODUCT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MIKE YALTER	(i)	136,710.	9,058.	0.	14,540.	5,530.	165,838.	8,485.
SOFTWARE DEVELOPER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TIM PICKARD	(i)	135,729.	8,957.	0.	14,564.	5,507.	164,757.	0.
SYSTEM SUPPORT ANALYST	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JON STARK	(i)	125,194.	8,509.	0.	13,534.	5,073.	152,310.	0.
SOFTWARE DEVELOPER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Page 3

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

PUBLISHERS INTERNATIONAL LINKING

Employer identification number 04-3502255

ASSOCIATION, INC. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ELECTRONIC FORM. CROSSREF IS A COLLABORATIVE REFERENCE LINKING SERVICE THAT FUNCTIONS AS A SORT OF DIGITAL SWITCHBOARD. IT HOLDS NO FULL TEXT BUT RATHER EFFECTS LINKAGES THROUGH CROSSREF DIGITAL OBJECT CONTENT IDENTIFIERS (CROSSREF DOI), WHICH ARE TAGGED TO ARTICLE METADATA SUPPLIED BY THE PARTICIPATING PUBLISHERS. THE END RESULT IS AN SCALABLE LINKING SYSTEM THROUGH WHICH A RESEARCHER CAN CLICK EFFICIENT. ON A REFERENCE CITATION IN A JOURNAL AND ACCESS THE CITED ARTICLE FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE CLASS OF MEMBERS WHO MAY ELECT THE MEMBERS OF THE GOVERNING BOARD. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS ONE CLASS OF MEMBERS WHO MAY ELECT THE MEMBERS OF THE GOVERNING BOARD, FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND EMAILED TO THE BOARD OF DIRECTORS FOR COMMENT BEFORE FILING, FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES EACH BOARD MEMBER, COMMITTEE CHAIR AND KEY STAFF TO SIGN A CONFLICT OF INTEREST COMPLIANCE STATEMENT ANNUALLY. THIS POLICY IS STATED IN THE ORGANIZATION'S BYLAWS.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization PUBLISHERS INTERNATIONAL LINKING **Employer identification number** ASSOCIATION, INC. 04-3502255 FORM 990, PART VI, SECTION B, LINE 15: IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL POLICIES AND REVIEWED BY THE BOARD. "SALARIES AND OTHER COMPENSATION OF ALL NON-OFFICER PERSONS WHO REPORT DIRECTLY TO THE EXECUTIVE DIRECTOR MUST BE JOINTLY APPROVED BY THE EXECUTIVE DIRECTOR, TREASURER AND PRESIDENT. UPON RECOMMENDATION OF THE TREASURER AND PRESIDENT, THE EXECUTIVE COMMITTEE MUST APPROVE SALARIES AND OTHER COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER OFFICERS. ALL SUCH SALARIES AND OTHER COMPENSATION SHALL BE DETERMINED THROUGH A PROCESS THAT INCLUDES THE REVIEW OF COMPARABILITY DATA AND SUBSTANTIATION OF THE DELIBERATION AND DECISION IN THE FORM OF NOTES TAKEN AT THE MEETING WHERE THE COMPENSATION IS APPROVED. THE ANNUAL MERIT INCREASE STRUCTURE WILL BE APPROVED AS PART OF THE BUDGET PROCESS. THE TREASURER MUST APPROVE ALL EMPLOYEE INCENTIVE/BONUS PLANS." FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BYLAWS ARE POSTED ON THE ORGANIZATION'S WEBSITE. POLICIES ARE LOCATED ON DROPBOX OR GOOGLEDOCS AND FINANCIALS ARE INCLUDED IN THE ANNUAL REPORT WHICH IS ALSO POSTED ON THE ORGANIZATION'S WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON FOREIGN EXCHANGE -32,120.

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES TO EITHER ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

Name of the organization	PUBLISHERS INTERNATIONAL LINKING	 Employer identification number
	ASSOCIATION, INC.	04-3502255

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

PUBLISHERS INTERNATIONAL LINKING

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION, INC.						04-3502255		
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes'	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			(e) me End-of-year		Direct c	(f) ontrolling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
INTERNATIONAL DOI FOUNDATION - 52-2065453 1 GOLDEN COURT	TO SUPPORT AND REGULATE THE NEEDS OF INTELLECTUAL							
, RICHMOND SURREY, UNITED KINGDOM TW91EU	PROPERTY COMMUNITY	UNITED KINGDOM	501(C)(6)					Х
	_							
	_							

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(b)	(c)	(d)	(e)	(f)	(g)	(h)								(i)			(k)
Primary activity	domicile (state or foreign foreign extity	(related, unrelated, lexcluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	entity (related, unrelated, excluded from tax unde	income	end-of-year	Disproportionate allocations?		amount in box		Code V-UBI amount in box 20 of Schedule		ral or lging ner?	Percentage ownership	
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No							
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign Greek or foreign Compared to the comp	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of Discognostionata			Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnicionate Code V-I IRI General of						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity i	is listed in Parts II, III, or IV of this schedule.					Yes	No
	ganization engage in any of the following transactions						
a Receipt of (i) interest, (ii) annu	uities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х
b Gift, grant, or capital contribut	ion to related organization(s)				1 b		Х
c Gift, grant, or capital contribut	ion from related organization(s)				1c		Х
d Loans or loan guarantees to o	r for related organization(s)				1d		Х
	elated organization(s)				1e		Х
					4.0		х
Dividends from related organize	zation(s)				1f		X
	nization(s)				1g		X
h Purchase of assets from relate	ed organization(s)				1h		X
i Exchange of assets with relate	ed organization(s)				1i		
J Lease of facilities, equipment,	or other assets to related organization(s)				1 <u>j</u>		Х
k Lagge of facilities, equipment	or other assets from related erganization(a)				1k		Х
	or other assets from related organization(s)embership or fundraising solicitations for related organ				11		х
	embership or fundraising solicitations for related organ				1m		х
					1n		х
	t, mailing lists, or other assets with related organization						X
 Sharing of paid employees with 	in related organization(s)				10		
n Reimbursement haid to relate	d organization(s) for expenses				1p	х	
	d organization(s) for expenses				1a		Х
Treimbursement paid by relate	d organization(s) for expenses				19		
r Other transfer of cash or prope	erty to related organization(s)				1r		х
s Other transfer of cash or proper					1s		х
	ove is "Yes," see the instructions for information on whether the instructions for information on whether the instructions for information on whether the instructions for information on which is the instruction of the inst				13	1	
•	(a) of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	ivolved		
1) INTERNATIONAL DOI FOUNDA	ATION	P	275,808.	COST			
2)							
3)							
4)							
T)							
5)							
•							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022