EXTENDED TO NOVEMBER 15, 2021

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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)

OMB No. 1545-0047

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

Department of the Treasury

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

Inspection

and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CENTER FOR SCIENTIFIC INTEGRITY INC Name change 47-2485133 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 917-359-2113 121 W. 36 STREET, SUITE 209 termin-ated 150,433. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10018 H(a) Is this a group return Applica-F Name and address of principal officer: IVAN ORANSKY Yes X No for subordinates? pending H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: RETRACTIONWATCH.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2014 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE TRANSPARENCY AND Activities & Governance INTEGRITY IN SCIENCE AND SCIENTIFIC PUBLISHING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 64,215. 73,727. Contributions and grants (Part VIII, line 1h) Revenue 14,110. 76,700. Program service revenue (Part VIII, line 2g) 58. 6. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78,383. 150.433. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 70,319. 82,769. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 6,053. 10,203. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 76,372. 92,972. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,011. 57,461. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 13,530. 70,991. Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) Net/ 530. 70,991**.** Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer 11/15/2021 Sign IVAN ORANSKY, PRESIDENT Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 11/15/21 JESSE M. GABER, CPA JESSE M. GABER, CPA P01668925 Paid self-employed Firm's name GABER, BERARD & DONAHUE, Firm's EIN ▶ 13-4151413 Preparer LLPFirm's address 365 ROUTE 304 SUITE 202 Use Only Phone no. 845-623-4500 BARDONIA, NY 10954

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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Form **990** (2020)

Га	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission:	
	THE MISSION OF THE CENTER FOR SCIENTIFIC INTEGRITY IS TO PROMOTE	
	TRANSPARENCY AND INTEGRITY IN SCIENCE AND SCIENTIFIC PUBLISHING,	AND
	TO DISSEMINATE BEST PRACTICES AND INCREASE EFFICIENCY IN SCIENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		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 program services, as measured by exper	nses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
	revenue, if any, for each program service reported.	ics, and
40	10.010	0,682.)
4a	(Code:) (Expenses \$	
	THE WEBSITE RETRACTIONWATCH.COM	ron
	THE WEBSITE RETRACTIONWATCH.COM	
4b	(Code:) (Expenses \$ 8,907. including grants of \$) (Revenue \$	7,671.
7.0	WRITE ARTICLES FOR OTHER NEWS OUTLETS	· / • · <u> </u>
	THE THE PARTY OF T	
4c	(Code:) (Expenses \$ 62,353. including grants of \$) (Revenue \$	8,353.)
	CONTINUE TO UPDATE DATABASE OF RETRACTIONS FROM THE SCIENTIFIC	
	COMMUNITY AND PERFORM SCHOLARLY RESEARCH ON SCIENTIFIC INTEGRITY	
	ISSUES.	
	1000101	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 89 - 075 -	

Form 990 (2020) CENTER FOR SCIENTIFIC INTEGRITY INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	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			. v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		X
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) CENTER FOR SCIENTI Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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 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>			
-	"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?			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		-25
34		34		х
25.0		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2Eh		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		- ^`
38		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 **T V Statements Regarding Other IRS Filings and Tax Compliance	აძ	22	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Solidadio O contains a response of note to any line in this rail v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	10		
	Garming withings to prize withers:	_1c	000	

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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			.,,						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			3,7						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		v						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- -		х						
	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
Ü	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
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.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			17						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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	 		
	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	9		
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			
	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	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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 IVAN ORANSKY - 917-359-2113			

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.

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

(A)	(B)	l g	ganization compensated any current officer, director, or trustee. (C) (D) (E)							(F)		
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated		
Name and the	hours per					than is bot		compensation	compensation	amount of		
	week					or/trus		from	from related	other		
	(list any	ctor						the	organizations	compensation		
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the		
	related	stee (ruste		a.	beusa		(W-2/1099-MISC)		organization		
	organizations	nal tru	onal t		ploye	co m				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) ADAM MARCUS	20.00	드	드	6	포	王岩	윤					
SECRETARY	20.00	Х		х				3,000.	0.	0.		
(2) IVAN ORANSKY	20.00	^		<u>^`</u>				3,000.	0.	•		
PRESIDENT	20.00	Х		x				0.	0.	0.		
(3) FERRIC FANG	1.00	^		^				0.	0.	0.		
	1.00	Х						0.	0.	0.		
DIRECTOR	1.00	^						0.	0.	0.		
(4) JASNA MARKOVAC	1.00	Х						0.	0.	0.		
DIRECTOR (5) MIGUIL BOIG	1.00	Δ						0.	0.	0.		
(5) MIGUEL ROIG	1.00	Х						0.	0.	0		
DIRECTOR	1.00	^						0.	0.	0.		
(6) STEVEN SHAFER	1.00	\ \							0	0		
DIRECTOR	1 00	Х						0.	0.	0.		
(7) MARY SIMMERLING	1.00	٦,							0	0		
DIRECTOR	1 00	Х						0.	0.	0.		
(8) RICHARD SMITH	1.00	٠,,							0	0		
DIRECTOR	1 00	Х						0.	0.	0.		
(9) DAVID VAUX	1.00	,,							•	0		
DIRECTOR		Х						0.	0.	0.		
	ļ											
	ļ											
		L	L	L	L_		L					

032007 12-23-20 Form **990** (2020)

Form 990 (2020)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck ss pe	c) ition more erson		one h an	(D) Reportable	(E) Reportable compensation from related organizations		an	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	rom the janizat d relat anizatie	ion ed	
		,	드	u	10	Ke	표명	2						
1b	Subtotal		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	3,000.		0.			0
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<u> </u>	3,000.	2000 ()	0.			0 .
	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed ai	bove	e) wi	no r	eceived more than \$100	1,000 of reportable	e 		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•	,	•	•	•		_	ghest compensated emp	•		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J t	for such individual			4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors	•				•						5		X
1	Complete this table for your five highest co the organization. Report compensation for		-								pens	ation	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	services	С		C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				

CENTER FOR SCIENTIFIC INTEGRITY INC

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Form 990 (2020) CENTER 1
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a re	sponse	or note to any lin	ne in this Part VIII			
						•	,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
gσ	_		Cadavatad assessings		14						
lr ar	'		Federated campaigns			+					
윤 텔			Membership dues			_					
Ţέ,			Fundraising events			<u> </u>					
اقِقَ		d	Related organizations		1 <u>1</u>	d					
ii,		е	Government grants (contr	ribut	ions) 1	Э					
흔띪		f	All other contributions, gifts,	gran	ts, and						
를			similar amounts not included	labo	ve 1	f	73,727.				
일		g	Noncash contributions included in	lines	1a-1f 1	g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f					73,727.			
							Business Code				
o l	2	2 a	RESEARCH FEE				900099	50,150.	50,150.		
<u> </u>	_	b.	LICENSING FEE	7.			900099	21,500.	21,500.		
Program Service Revenue		C	WRITING FEES				900099	2,800.	2,800.		
E P		ا	ADVERTISING S	ΙΔΙ	.FC		900099	1,075.	1,075.		
Ba		u	SYNDICATION SYNDICATION	7231	100		900099	625.	625.		
입		e					900099	550.	550.		
-			All other program service						330.		
			Total. Add lines 2a-2f					76,700.			
	3	3	Investment income (include					_	_		
			other similar amounts)					6.	6.		
	4	ŀ	Income from investment of	of tax	x-exempt	bond p	proceeds				
	5	5	Royalties	. <u></u>							
					(i) R	eal	(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
			Net rental income or (loss				•				
	7		Gross amount from sales of	<u> </u>	(i) Sec		(ii) Other				
	•	_	assets other than inventory	7a			()				
		h	Less: cost or other basis	/ a							
<u>o</u>		D		7.							
Revenue			and sales expenses	7b							
ě (Gain or (loss)	7с			L				
<u>آ</u> ا			Net gain or (loss)				b				
ther	8	a	Gross income from fundraisi	ng ev	rents (not						
0			including \$		°						
			contributions reported on		,						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	func	draising e	vents					
	9	a	Gross income from gamin	ng ac	tivities. S	See					
			Part IV, line 19			9a					
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory,								
			and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from								
\neg			Net income or (loss) from	Sale	3 OI IIIVEI	itory	Business Code				
Snc	11	la									
Miscellaneous Revenue	"										
le la		b									
Re		C	All alls an								
Ξ			All other revenue								
			Total. Add lines 11a-11d					150 422	76 706	_	
	12	2	Total revenue. See instruction	ons				150,433.	76,706.	0.	0.

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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				
	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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	70 400	50 400		
7	Other salaries and wages	70,429.	70,429.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 242	10 240		
10	Payroll taxes	12,340.	12,340.		
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,000.		1,000.	
C	Accounting	1,000.		1,000.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	584.		584.	
14	Information technology	6,306.	6,306.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			84.0	
23	Insurance	719.		719.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL EXPENSES	1,594.		1,594.	
b					
С					
d					
е	All other expenses	00 070	00 075	2 000	^
25	Total functional expenses. Add lines 1 through 24e	92,972.	89,075.	3,897.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 5	
2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 5	991.
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 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 5	
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 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 5	
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 5	
controlled entity or family member of any of these persons 5	
controlled entity or family member of any of these persons 5	
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) 6	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8	
9 Prepaid expenses and deferred charges 9	
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a	
b Less: accumulated depreciation 10b 10c	
11 Investments - publicly traded securities 11	-
12 Investments - other securities. See Part IV, line 11 12	
13 Investments - program-related. See Part IV, line 11 13	
14 Intangible assets 14	
15 Other assets. See Part IV, line 11 15	
16 Total assets. Add lines 1 through 15 (must equal line 33) 13,530. 16 70,	991.
17 Accounts payable and accrued expenses 17	
18 Grants payable 18	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
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 22	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
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 25	
26 Total liabilities. Add lines 17 through 25	0.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
Provided the second sec	991.
28 Net assets with donor restrictions 28	-
Organizations that do not follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 13,530 • 27 70,	
29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
31 Retained earnings, endowment, accumulated income, or other funds 31	
32 Total net assets or fund balances 13,530. 32 70,	991.
	991.

Form **990** (2020)

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

Both consolidated and separate basis

Consolidated basis

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

10

consolidated basis, or both: Separate basis

orm	1 990 (2020) CENTER FOR SCIENTIFIC INTEGRITY INC	47-24	35133	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1),4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9'	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	3,5	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7(9, 9	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	anno alidate di basis, sui batta.				

Form 990 (2020)

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За

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CENTER FOR SCIENTIFIC INTEGRITY INC Employer identification number 47-2485133

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.	
1	organ	nization is not a private found A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(⁻		
2 3 4		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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:						
5		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						
•		-	-	intial part of its support	ioiii a gov	CiriiriCiritai	diffe of from the general	public accombca in
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	F II \			
9	一	An agricultural research org				ed in coni	inction with a land-grant	college
		or university or a non-land-quiversity:	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	le or
10	X	An organization that normal activities related to its exensincome and unrelated businesee section 509(a)(2). (Constitution of the section of	npt functions, subject ness taxable income	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	ıfety.See s	section 50)9(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box in
	_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		☐ Type I. A supporting organical interpretation in the properties of the proper	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving /
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b		☐ Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С							• •	ed with,
d		Type III non-functionally		•				ization(s)
u		that is not functionally int					• • • • •	
		requirement (see instruct	-	· ·	•		·	
е		Check this box if the orga	•	•	•			
•		functionally integrated, or					, po ., . , po, . , po	
f	Ente	er the number of supported o		, 3	5 5			
g		vide the following information		ed organization(s).				
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tata								

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.)

Set	tion 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						
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		<u> </u>		r	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ						
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					·
	meets the facts-and-circumstances te				•		•
h	10% -facts-and-circumstances tes	-	•	*	-	17a. and line 15 is	
	more, and if the organization meets the	-					
	organization meets the facts-and-circle		ŕ		•		
1Ω	•		-	•			
10	Private foundation. If the organization	ii did fiot crieck a	DON OUT HITE TO, TO	u, 100, 11a, 01 111	o, oriect this bux a	114 300 1131140110113	········

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

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

Se	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(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.")	156,846.	426,262.	61,561.	64,215.	73,728.	782,612.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46,244.	38,818.	43,335.	14,110.	76.700.	219,207.
3	Gross receipts from activities that		00,0201			7077000	
	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	203,090.	465,080.	104,896.	78,325.	150,428.	1001819.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1001819.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	203,090.	465,080.	104,896.	78,325.	150,428.	1001819.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	232.	139.	3.	58.	6.	438.
ŀ	Unrelated business taxable income						
_	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	232.	139.	3.	58.	6.	438.
	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.)	203,322.	465,219.	104,899.	78,383.	150,434.	1002257.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	601(c)(3) organizati	ion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						00.06
	Public support percentage for 2020 (I		•			15	99.96 %
	Public support percentage from 2019					16	99.96 %
	ction D. Computation of Inves						0.4
	Investment income percentage for 20					17	.04 %
	Investment income percentage from 2					18	.04 %
19a	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box at						► X
k	33 1/3% support tests - 2019. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						

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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
-			
2	2		
3	а		
3	b		
3	С		
4	а		
4	b		
4	С		
5	а		
5	b		
5	С		
-	6		
_			
7			
8	3		
9	а		
9	b		
9	С		
10)a		
10 m 990 c)b	\	

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	ction 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,	_		
800	supervised, or controlled the supporting organization.	2		Щ
Sec	ction 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	ction D. All Type III Supporting Organizations	<u>'</u>		<u> </u>
	acon 2.7 m 1,7 po m europerung engumentum		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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	ction 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 yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	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	Oh		
2	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	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	Ju		
	O restauration for the following for the first of the fir			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1 C	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions
A	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other g	gross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Deprec	iation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
	on of gross income or for management, conservation, or			
mainter	nance of property held for production of income (see instructions)	6		
7 Other e	expenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - N	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	ate fair market value of all non-exempt-use assets (see			
instruct	tions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair ma	arket value of other non-exempt-use assets	1c		
d Total (a	add lines 1a, 1b, and 1c)	1d		
e Discou	Int claimed for blockage or other factors			
(explain	n in detail in Part VI):			
2 Acquisi	ition indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	ct line 2 from line 1d.	3		
4 Cash d	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ins	tructions).	4		
5 Net val	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
	y line 5 by 0.035.	6		
7 Recove	eries of prior-year distributions	7		
8 Minimu	um Asset Amount (add line 7 to line 6)	8		
Section C - I	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0	.85 of line 1.	2		
3 Minimu	ım asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter g	reater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
	utable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions).	6		
-	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	ıs	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

2020

CENTER FOR SCIENTIFIC INTEGRITY INC

Employer identification number

47-2485133

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

CENTER FOR SCIENTIFIC INTEGRITY INC

47-2485133

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	C.K. GUNSALUS AND MICHAEL WALKER	\$8,000.	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	IVAN ORANSKY	\$11,925.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HARVEY MOTULSKY	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 ROBERT MARCUS	\$ 5,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	INGING, AUGI 655, AND ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CENTER FOR SCIENTIFIC INTEGRITY INC

47-2485133

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number CENTER FOR SCIENTIFIC INTEGRITY INC 47-2485133 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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 Open to Public

Inspection

Name of the organization

CENTER FOR SCIENTIFIC INTEGRITY INC

Employer identification number 47-2485133

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PERFORM SCHOLARLY RESEARCH ON SCIENTIFIC INTEGRITY ISSUES
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS AFTER SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORED DISCLOSURES IN PUBLICATIONS OF BOARD MEMBERS,
ALL OF WHOM REGULARLY PUBLISH.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.