Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2023 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	© CENTER FOR SCIENTIFIC INTEGRITY INC			
	Name	e Doing business as		47-24851	33
	Initial return		Room/suite	E Telephone number	
	Final	121 W. 36 STREET, SUITE 209		917-359-	
_	termir ated	, , , ,		G Gross receipts \$	533,904.
	Amen	NEW TORK, NI 10010		H(a) Is this a group re	
	Applie tion pendi			for subordinates	
	-	116 ROCKLAND HEIGHTS ROAD, NORTHAMPTON		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🛄 527	1 [′]	list. See instructions
	Websi			H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2014 N	State of legal domicile: NY
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: TO PI INTEGRITY IN SCIENCE AND SCIENTIFIC PUBL	ISHING	TRANSPAREN	CY AND
srne	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
Ϋ́t	6	Total number of volunteers (estimate if necessary)	6	0	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		209,516.	214,156.
Revenue	9	Program service revenue (Part VIII, line 2g)		107,564.	316,206.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		58.	3,542.
-	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 Part VIII, column (A), line 12)		317,138.	533,904.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		159,861.	328,518.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	18 0.40	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,243.	26,218.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		177,104.	354,736.
<u>, (</u>	19	Revenue less expenses. Subtract line 18 from line 12		140,034.	179,168.
Net Assets or Fund Balances			ве	ginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)		258,609.	437,620.
et A	21	Total liabilities (Part X, line 26)		0.	0.
_		Net assets or fund balances. Subtract line 21 from line 20		258,609.	437,620.
		Signature Block			
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	y 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.

	yo-a		11/15/2024
Sign	Signature of officer		Date
Here	IVAN ORANSKY, PRESIDENT		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JESSE M. GABER, CPA	JESSE M. GABER, CPA	11/15/24 ^{ff} P01668925
Preparer	Firm's name GABER & ASSOCIATE		Firm's EIN 84-3534892
Use Only	Firm's address 365 ROUTE 304 SUI	TE 202	
	BARDONIA, NY 1095	4	Phone no. 845-623-4500
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23	Form 990 (2023)

Form	990 (2023) CENTER FOR SCIENTIFIC INTEGRITY INC 47-2485	133	Page 2
	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:	_	
	THE MISSION OF THE CENTER FOR SCIENTIFIC INTEGRITY IS TO PROMOTI		
	TRANSPARENCY AND INTEGRITY IN SCIENCE AND SCIENTIFIC PUBLISHING TO DISSEMINATE BEST PRACTICES AND INCREASE EFFICIENCY IN SCIENCE	-)
	TO DISSEMINATE BEST PRACTICES AND INCREASE EFFICIENCY IN SCIENCE	L.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 ex	kpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, ar	nd
	revenue, if any, for each program service reported.		
4a		120,1	
	WRITING ARTICLES THAT EXPOSE INACCURACIES IN SCIENTIFIC FINDING	S FOR	-
	THE WEBSITE RETRACTIONWATCH.COM		
4b	(Code:) (Expenses \$33,709. including grants of \$) (Revenue \$)	6,3	24.)
	WRITE ARTICLES FOR OTHER NEWS OUTLETS		
4c		189,7	24.)
	CONTINUE TO UPDATE DATABASE OF RETRACTIONS FROM THE SCIENTIFIC		
	COMMUNITY AND PERFORM SCHOLARLY RESEARCH ON SCIENTIFIC INTEGRITY	Y	
	ISSUES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 337,092.		
			A (0.0.0)

Farm	000	(0000)
⊢orm	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
•	If "Yes," complete Schedule A	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- -		
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		<u> </u>
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	5		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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		X
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		X
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			x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x

Form	990	(2023)
	330	

			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		X
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			v
~ ~	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
Ŀ	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 .1 0		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			x
~~	"Yes," complete Schedule L, Part IV	28c		A X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	51		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
	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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		v	
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		

023)	CENTER	FOR	SCIENTIFIC	INTEGRITY	INC
Statements R	Regarding C	Other II	RS Filings and Ta	ax Compliance	continued)

2a Enter the number of employees reported on from W-3, Tranmittal of Wage and Tax Statements. 2a 0 b If a teast one is reported on fine 2a, did the organization file all required federal employment tax returns? 2b b If a teast one is reported on fine 2a, did the organization file all required federal employment tax returns? 2b b If the organization have employees reported on one carupt employees on schedule 0 3b b If the organization have entropic county schedules as bank account, securities account, or other financial accounts (FEAP). 3a b If "vis, 'nest the name of the foreign county. See instructions for tiling requirements for FInCEN Form 114. Report of Foreign Bank and Financial Accounts (FEAP). 5a X b Was the organization fare from 8886 77 5a X 5b X c) If vis, 'no tile organization fare from 8886 77 6a X 5a X c) Organization shart my receive deductible contributions sa contributions or gifts divers not tax doductible as pharitale contributions? 6a X c) Tras, 'tax doductible? Tras, 'tax douctible? 7a X c) Tras, 'tax douctible? Tras, 'tax douctible						Yes	No
b If least one is reported on line 2a, dd the organization file all required tedral employment tax returns? 2b 3a Did the organization have unsisted business gross income of \$1,000 or more during the year? 3a X 4A At any time during the calindar year, dd the organization have an interest in, or a signature or other authority over, a financial account is certificate and account, securities account, or other financial accounts (ERAF). 4a X b If "hes," enter the name of the foreign country less of as bank account, securities account, or other financial accounts (ERAF). 5a X 5b Did any taxable party notify the organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 6b Did any taxable party notify the organization that was or is a party to a prohibited tax sheller transaction? 5b X ch If "ves," if did ne organization that was or is a party to a prohibited tax sheller transaction? 6b X ch If "ves," if did ne organization nature tax develocitible contributions? 6b X ch If "ves," if did ne organization nature tax develocitible contributions and party for goods and services provided to the paro? 7a X fit "ves," if did the organization nature tax develocitible contributions and party for goods and services provided? 7c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4 A any time during the calendar year, diff the organization have an interest in, or a signature or other authonly over, a financial accountly such as a bank account, securities accountly, or the signature or other authonly over, a financial accountly field. 4a b If "Yes, 'instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Was the organization in aptro to organization film from 8861-7 5c 5c c If "Yes,' indicate party routly the organization film from 8861-7 5c 5c c If "Yes,' indicate new routly due the even solicitation an express statement that such contributions or gifts were not tax deductible ac intributions? 6a X d If the organization include with even solicitation and party for goods and services provided to the party? 7a X d If the organization relations of the film and party as a contributions or gifts were not tax deductible activitation and party for goods and services provided? 7b 7a X d If the organization networe account, or due or othe value of the goods or services provided? 7c X d If the organization in and party as a contrubuint on qualifie provinfor which it was required		filed for the calendar year ending with or within the year covered by this return	2a	0			
b If Yas, 'has it filled a Form 390.7 for the year? // 'No't of ine 30, provide an explanation on Schedule O 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transcui account in a tonig country (such as a bark account, sourhies account, or other financial account? 4a X b If Yas, 'atte the name of the foreign country (such as a bark account, sourhies account, or other financial account? 5a X 56 Was the organization the organization that was or is a party to a prohibited tax shelfer transaction? 5a X 61 Did any taxability party notify the organization that was or is a party to a prohibited tax shelfer transaction? 5a X 16 Vers' to line 5a or 50, did the organization that was or is a party to a prohibited tax shelfer transaction? 6a X 16 Vers' to ine 5a or 50, did the organization that was or is a party to a prohibited tax shelfer transaction? 6b 7a X 16 Vers' to ine 5a or 50, did the organization neckles all other was acclinitubion and party for goods and services provided to the payo? 7a X 16 Vers', 'did the organization neckles of 57 mads party as acclinitubion and party for goods and services provided 'To' 7b X 17 Vers', 'did	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
4a At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a different star interval in or a signature or other authority over, a different star interval in organization in a period back account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country scale as a bank account, securities account, or other financial accounts (FBAR). 5a X b Use any toxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5a X cill "Yes": I old the organization in form B8BB 7: Come B8BB 7: Co					3a		X
If instancial account is foreign country (such as a bank account, securities account, or other financial account)? 4a X b If it'se, "enter the name of the foreign country 5a X 5a Was the organization and a party to a prohibited tax shefter transaction at any time during the tax year? 5a X 5b Od any taxabitation a party to a prohibited tax shefter transaction? 5c X 6b Obes the organization that aro unall gross receipts that are normally greater than \$100,000, and did the organization that aro unall gross receipts that are normally greater than \$100,000, and did the organization that are normally greater than \$100,000, and did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization setue appoint in excess of \$37\$ mide party as a contribution and party for goods and services provided to the payor? 7a X 10 If the organization neitive setups are promised in the during the year 7d 7a X 11 If 'ves,' idid the organization neitive setup appromised in the secue approximation file a form 19862 are required? 7b X 11 If 'ves,' idid the organization neitive approximate, directly or indirectly, on a personal benefit contract? 7e X 11 If 'ves,' idid the organization neitive approximate, directly or indirectly or a dowisex dived und maintaned orders. 7a <	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	еO		3b		
b If "Yes," enter the name of the toraign country See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Francial Accounts (FBAR). 5a X b Old any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5b X cl If "Yes," toil the organization in the organization in the row seeks that are normally greater than \$100,000, and did the organization is clear tax deductibles or a charable contributions? 5a X cl If "Yes," toil the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles carbrable contributions? 6a X 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles carbrable contributions? 7a X 7 Ta X Ta X 11**se," did the organization include with every solicitation and party for goods and services provided to the payor? 7a X 7 Ta X Ta X 11**se," indicate the number of Forms 8282? Hed during the year Zd Ta X 11**se," indicate the number of Forms 8282? Hed during the year Zd Ta X 11**se," inditation receved a contributorin or quarkies, or other ve	4a						
See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tas shelter transactions at any time during the tax year? 5a Sa Did any taxable party notify the organization flie form 8886-17. 5a B Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scient and upcomposite that are normally greater than \$100,000, and did the organization scient and upcomposite that are normally greater than \$100,000, and did the organization science that accountibutions? 5a D If Yes, ' did the organization neights expendent that use of the goods or services provided? 7a X D Id the organization neights and upcomparization science science and upcerty for which it was required to the Form 8282? 7a X D Id the organization neights and upcomparization science any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X D If the organization neceive a payment in science should be did the organization file Form 8822? 7a 7a 7a D Id the organization science any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7a			accou	int)?	4a		X
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 X c 11*Yes' to lune Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c d Dest to organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductible: 5c X b If *Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible: 5c X b If *Yes," did the organization necessol \$76 male party is a contribution and partly for goods and services provided? 7c X d If *Yes," indicate the number of Forms 8826? field during the year 7d 7c X d If *Yes," indicate the number of Forms 8826? field during the year? 7d	b						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c a 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: 6a X 9 If "Yes," idl the organization include with every solicitation an express statement that such contributions or gifts 6b X 9 If "Yes," idl the organization include with every solicitation an express statement that such contributions or gifts 7a X 9 If "Yes," idl the organization include with every solicitation an express tatement that such contributions or gifts 7a X 10 If "Yes," idl the organization sele, expressing a secontribution and parity for goots and services provided to the payor? 7a X 11 If "Yes," indicate the number of Forms 8282 filed during the year Td 7d Z 12 Did the organization sele, expression form expression banefit contract? 7t Z Z 14 If "Yes," indicate the number of Forms 8282 filed during the year? 7a Z Z 15 Did the organization sele, expression borne contract? 7t Td <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>37</th></t<>							37
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitit any contributions that were not tax deductible as charitable contributions? 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If "Yes," did the organization include with every solicitation and partly for goods and services provided T 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided T 7b 7c c Did the organization receive apyment in socess of \$75 mde partly as a contribution and partly for goods and services provided T 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7d d If the organization neceve are substanting donor advised funds. Did a donor advised fund maintained by the sponsoring organization have ary taxable distributions under section 49667 9a 9 Sponsoring organization make ary taxable distributions under section 49667 9a 9 Sponsoring organization make ary taxable distributions under secures against amounts due or neal solut on the sources. Unor adviser, or rel	5a						
Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6a X c Organizations that may receive deductible contributions under section 170(c). b 16 7a X d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X d If "Yes," did the organization neceive apyment in excess of \$25 made partly as a contribution and partly for goods and services provided? 7a X d If "Yes," did the organization neceive any tunks, directly or indirectly, to pay premiums on a personal benefit contract? 7e X d If the organization received a contribution of qualified insilenctial property, did the organization file a Form 1098-C7 71 7 f Ib dithe organization make any taxable distributions under section 4906? 9a 9a 9a 9 Sponsoring organization make any taxable distributions under section 4906? 9a 9a 9a 9 Sponsoring organization make any taxable distributions under section 4906? 9a 9a 9a 9 Solid the sogonalization make any taxable distributions							X
any contributions that were not tax deductible as chartable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b 7 Organizations that may receive deductible contributions under section 170(c). 7c 10 Ut the organization notice appreent in excess of \$75\$ made party as a contribution and party for gradies and services provided to the payor? 7c 2 Vid the organization notice appreent excess of \$75\$ made party as a contribution and party for gradies and services provided to the payor? 7c 2 Vid the organization notice appreent excess of \$75\$ made party as a contribution and party for gradies contract? 7c X 3 Did the organization receive a contribution of qualified intellectual property, did the organization file Form 1088-C? 7d 7d 4 If "Yes," indicate the exceess business holdings at any time during the year? 8a 9b 9 3 Section 501(c)(7) organizations maintaining door advised funds. 10a 10a 10a 4 Grass income from onthe sacues. (Do not net	С				5c		
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). 10 a 101 the organization receive a gayment 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 doors of the value of the goods or services provided? 7b 7c X did the organization receive any tunks, directly or indirectly, no a personal benefit contract? 7c X did the organization received a contribution of qualified intelectual property, did the organization file a Form 108e/C7 71 7 f Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108e/C7 71 7 g Sponsoring organization make any taxable distributions under section 49667 9a 9a 9a g Social contributions included on Part VIII, line 12, for public use of club facilities 10a 10a 10a 10a f Section 501(c)(27) organizations. Enter: 10a 10a 10a 10a 10a 10a 10a 10a 10a 10a <t< th=""><th>6a</th><th></th><th></th><th></th><th></th><th></th><th>v</th></t<>	6a						v
were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a 8 Did the organization receive a payment in excess of 57 made parity as a contribution and parity for goods and services provided? 7a 2 Did the organization notify the donor of the value of the goods or services provided? 7a 2 Did the organization notify the donor of the value of the goods or services provided? 7a 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 1 If the organization receive a contribution of cars, boats, applanes, or other vehicles, did the organization file Form 8289 as required? 7g 3 Sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions on davisor, or related person? 9a 9 Did the sponsoring organization make any taxable distributions under secton 4966? 9a 9 Did the sponsoring organization make any taxable distributions on davisor, or related person? 9a 9 Did the sponsoring organization make any taxable distributions and during the year 10a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b <					6a		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c). a a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payof. 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d Did the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7t 7t g If the organization during the year, apy premiums, directly or indirectly, on a personal benefit contract? 7t 7t g Sponsoring organization maintaining donor advised funds. Did a donor advised fund anintalined by the sponsoring organization make any taxable distributions under section 4966? 8a 9 g Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 9b 9b 9b 9b 9b 9b 9b	b			-	C 1-		
a 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 7c X b Did the organization notify the donor of the value of the goods or services provided? 7c X d H"Yes," indicate the number of Form 8282 filed during the year [7d] 7c X d H"Yes," indicate the number of Form 8282 filed during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8289 arequired? 7d 1 h If the organization neceive any thunds, directly or indirectly, to a personal benefit contract? 7f 1 d If the organization neceive any three divised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 10 10a	7				60		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums, on a personal benefit contract? 7c X d If the organization, diring the year, pay premiums, oin a personal benefit contract? 7c X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 Cf 7h X Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Yes 10 d the sponsoring organization. Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10a 10b 10b 12 Section 501(c)(2) organizations. Enter: 11a 12a 12a 12a 12a 12a 12a 12a			nuinne	provided to the pover?	7-		v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X d If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e 7e f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C7 7h 7h f Bit be organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C7 7h 7h sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9b 9							
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year Td Td Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 7f g If the organization received a contribution of cars, boats, alplanes, or other vehicles, did the organization file Form 1098-C? 7h 7f 8 Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds. 8 9 9 Sponsoring organization maintaining door advised funds. 9a 9a 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Did the sponsoring organizations. Enter: 10a 10a 10a 11 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 10a 10b 10b 10c 10c 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 11a 10a 10b 10b 10c 10c 10c 10c <th></th> <th></th> <th></th> <th></th> <th>70</th> <th></th> <th></th>					70		
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d e Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f g Sponsoring organizations maintaining door advised funds. 8 g Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations make a distribution to a donor advisor, or related person? 9b G cross income from other sources. Enter: 10a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them). 12a 12a Section 501(c)(2) granizations. Enter: 11a 12a g Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them). 12a 12a Section 501(c)(2) granizations. Enter: 11a 12a 13b Gross income from other sources. (Do not net amounts due or paid to other sou	С				70		x
e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8a 9 Sponsoring organizations maintaining donor advised funds. 8a 10 Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 12 Section 501(c)(7) organizations. Enter: 10b 10b a Gross income from members or shareholders 11a 10b 12a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a 13 Section 501(c)(2) qualified nonprofit health insurance issues: 13a 13a 13a 14a <	A		1	1	70		- 23
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 5 9 Sponsoring organizations maintaining doon advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations. Enter: 10a 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(7) organizations. Enter: 10b 10b 12 Section 501(c)(12) organizations. Enter: 10a 10b 13 Section 501(c)(12) organizations. Enter: 11a 10b 13 Section 501(c)(2) organizations. Enter: 12a 12a 14 Section 501(c)(2) organizations. Enter: 12b 12a 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 12a 16 Gross income from members or shareholders 11a 12a 16 Secti					70		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 di the sponsoring organization make a distribution to a donor, donor advised runds. 9a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 128 Section 501(c)(12) organization interest received or accrued during the year 12b 138 Section 501(c)(2) qualified nonproft health insurance issuers. 12a a Is the organization insequence issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it filed a Form 720 to report these apayments? If "No," provide an expl							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization. Enter: 10a a 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)(7) organizations. Enter: 11a 10b a Gross income from members or shareholders 11a 12a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a 12a bif "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 14 Did the organization licensed to issue qualified health plans in more than one state? 14a X							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9							
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a 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: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross income from members or shareholders 11a 10b 10b 12 Section 4947(a) (1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it lied a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 X 16 If "Yes," see the instructions and file Form 4720, Schedule	-						
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 9 0 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 forces receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders 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 501(c)(22) qualified nonprofit health insurance issuers. a 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 icensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," ase the instructions and file Form 4720, Schedule N. 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization and file Form 4720, Schedule N. 17 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization and elucational instif	Ŭ				8		
a 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: 10a a 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: 11a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X 14 13b 13c 14a X 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation or Schedule O 14b 15 <tr< th=""><th>9</th><th></th><th></th><th></th><th></th><th></th><th></th></tr<>	9						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12					9a		
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization and education all inform 4200 schedule N. 14b 14b 14b 15 Is the organization and file Form 4720, Schedule N. 16 X 16 X							
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13a 13b 13c 14a X	10						
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: 11a a 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 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a 14 Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 0 Enter the amount of reserves on hand 13b 13a 14a X 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 14 Did the organization and file Form 4720, Schedule N. 16 X 15 X 16 X 16 X 16	а		10a				
a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a X 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Is "Yes," see the instructions of file Form 4720, Schedule O. 16 X 17 17	b		10b				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 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 organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," sait filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Yes," complete Form 4720, Sch	11	Section 501(c)(12) organizations. Enter:					
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 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 organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," sait filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Yes," complete Form 4720, Sch	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 144 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 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. 16 X 17	b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X 17		amounts due or received from them.)	11b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 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? <i>If "No," provide an explanation on Schedule O</i> 14b 15 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 17	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a 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. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: See the instructions of reserves on hand c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17	b		12b				
Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the image: the organization is licensed to issue qualified health plans Image: the organization of the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the organization and file Form 4720, Schedule N. Image: the organization an educational institution subject to the section 4968 excise tax on net investment income? Image: the organization and file Form 4720, Schedule O. Image: the organization and the trust, or any disqualified or other person e							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 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 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17	а				13a		
organization is licensed to issue qualified health plans 13b 13b 13c c Enter the amount of reserves on hand 13c 14a X 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 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 If "Yes," complete Form 4720, Schedule O. 17							
c Enter the amount of reserves on hand 13c 14a 14a 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 X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	b	- · · ·	1	1			
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? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			<u> </u>		-		
 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 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 Is the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			13c				v
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17							
excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17					14b		
If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	15				15		x
16 X 17 If "Yes," complete Form 4720, Schedule O. 18 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					15		17
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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		at inc-	2 2	16		x
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	10		IL II ICC	, , , , , , , , , , , , , , , , , , ,	10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		-tiviti-	c			
	.,				17		
					- <i>''</i>		

Form 990 (2023)

Part V

CENTER FOR SCIENTIFIC INTEGRITY INC

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

Х

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.

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	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 relationsh	ip wit	n 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	ne dire	ect 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				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. [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 a						
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
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 read	achec	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 R	Reven	ie Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			_ <u> 1</u>	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such o						
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$. [1	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bet	ore filing the form?	1	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. [1	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. [1	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	on Schedule O how this was done			. [1	12c	Х	
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 approv		independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. [<u>1</u>	15a		X
b	Other officers or key employees of the organization			. [1	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 arrange	ement	with a				
	taxable entity during the year?			. [1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's				
	exempt status with respect to such arrangements?			1	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE						
17			0 T (+	(0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 99	90-1 (section 501(c)	(3)S	only)	availa	apie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflic	t of interest policy, a	and	finar	icial	
	and the second						

	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
	IVAN ORANSKY - 917-359-2113

116 ROCKLAND HEIGHTS ROAD, NORTHAMPTON, MA 01060

records

Part VII	Co	mpensation o	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated
	์ Em	ployees, and	Independe	ent Contra	ctors			

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-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per vex Description bit data (starw) bit any bit organization organization (w2) 1090-NEC) Reportable compensation from organization (w2) 1090-NEC) Estimated compensation from the organization (w2) 1090-NEC) (1) IVAN ORANSKY 20.00 X X 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 20.00 X X 0. 0. 0. (1) IVAN ORANSKY 1.000 X X 0. 0. 0. <	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any pours for related organization below line)box, unless person is both officer and a direct/trustee)compensation from for organization (W-2/1099-MISC/ 1099-NEC)amount of other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organization organizations(1) IVAN ORANSKY20.00 yeexx0.0.0.(2) ADAM MARCUS SECRETARY20.00 yeexx0.0.0.(3) FERRIC FANG DIRECTOR1.00 xx0.0.0.0.(4) JASIN MARKOVAC DIRECTOR1.00 xx0.0.0.0.(5) MIGUEL ROIG DIRECTOR1.00 xx0.0.0.0.(6) STEVEN SHAFER DIRECTOR1.00 xx0.0.0.0.(7) MARY SIMMERLING DIRECTOR1.00 xx0.0.0.0.(6) STEVEN SHAFER (9) DAVID YAUX1.00 xx0.0.0.0.(7) MARY SIMMERLING (9) DAVID YAUX1.00x0.0.0.0.	Name and title	Average	(do	not c	Pos heck		1 than	one	Reportable	Reportable	Estimated
(ist any hours for related organizations below line)and and 			box	, unle	ss pe	erson	is bot	h an			
(1) IVAN ORANSKY 20.00 X X 0. 0. 0. PRESIDENT X X X 0. 0. 0. 0. (2) ADAM MARCUS 20.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (3) FERRIC FANG 1.00 X X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 X 0.		(list any									
(1) IVAN ORANSKY 20.00 X X 0. 0. 0. PRESIDENT X X X 0. 0. 0. 0. (2) ADAM MARCUS 20.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (3) FERRIC FANG 1.00 X X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 X 0.		hours for	r direc				eq			(W-2/1099-MISC/	
(1) IVAN ORANSKY 20.00 X X 0. 0. 0. PRESIDENT X X X 0. 0. 0. 0. (2) ADAM MARCUS 20.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (3) FERRIC FANG 1.00 X X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 X 0.		related	stee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	
(1) IVAN ORANSKY 20.00 X X 0. 0. 0. PRESIDENT X X X 0. 0. 0. 0. (2) ADAM MARCUS 20.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (3) FERRIC FANG 1.00 X X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 X 0.		organizations	al trus	onal tr		loyee	comp		1099-NEC)		
(1) IVAN ORANSKY 20.00 X X 0. 0. 0. PRESIDENT X X X 0. 0. 0. 0. (2) ADAM MARCUS 20.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (3) FERRIC FANG 1.00 X X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 X 0.		below line)	dividu	stituti	fficer	e mi	ghest	rmer			organizations
PRESIDENT X X X X 0.	(1) TVAN ORANSKY	20,00	트	<u> </u>	5	ž	Ξə	2			
(2) ADAM MARCUS 20.00 X X 0. 0. 0. (3) FERRIC FANG 1.00 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (5) MIGUEL ROIG 1.00 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 01RECTOR X 0.			x		x				0.	0.	0.
(3) FERRIC FANG 1.00 X 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. (4) JASNA MARKOVAC 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (5) MIGUEL ROIG 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (6) STEVEN SHAFER 1.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0.	(2) ADAM MARCUS	20.00									
DIRECTOR X 0. <t< td=""><td>SECRETARY</td><td></td><td>x</td><td></td><td>x</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	SECRETARY		x		x				0.	0.	0.
(4) JASNA MARKOVAC 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (5) MIGUEL ROIG 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (6) STEVEN SHAFER 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (7) MARY SIMMERLING 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (8) RICHARD SMITH 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0.	(3) FERRIC FANG	1.00									
DIRECTOR X 0. 0. 0. (5) MIGUEL ROIG 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (6) STEVEN SHAFER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (7) MARY SIMMERLING 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (8) RICHARD SMITH 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (9) DAVID VAUX 1.00 1.00 1.00 1.00 1.00	DIRECTOR		X						0.	0.	0.
(5) MIGUEL ROIG 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(4) JASNA MARKOVAC	1.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
1.00 0.0.0.0 DIRECTOR X 0.0.0.0.0.0 (7) MARY SIMMERLING 1.00 0.0.0.0.0 DIRECTOR X 0.0.0.0.0 (8) RICHARD SMITH 1.00 0.0.0.0.0 DIRECTOR X 0.0.0.0.0 (9) DAVID VAUX 1.00 0.0.00		1.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(7) MARY SIMMERLING 1.00 X 0. 0. 0. 0. DIRECTOR X 0.		1.00								0	0
DIRECTORX0.0.0.(8) RICHARD SMITH1.000.0.0.DIRECTORX0.0.0.(9) DAVID VAUX1.000.0.0.		1 0 0	X						0.	0.	0.
(8) RICHARD SMITH 1.00 0.00 0.00 DIRECTOR X 0.00 0.00 (9) DAVID VAUX 1.00 0 0		1.00	v						0	0	0
DIRECTOR X 0. <t< td=""><td></td><td>1 00</td><td>^</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00	^						0.	0.	0.
(9) DAVID VAUX 1.00 1.00		1.00	x						0.	0.	0.
		1.00	11								<u></u>
			x						0.	0.	0.
			-								
			1								
			1								
			1				1				L
			1								

	990 (20	D23) CENTER F	OR SCIEN	1 T]	[F]	[C	IN	NTE	EGI	RITY INC	47-248	5133	Page 8
Par	t VII s	Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hig	ghe	st C	Compensated Employe	es (continued)		
		(A) Name and title	(B) Average hours per week	box offic	not c , unle	heck ss pe	ition more rson i	than o is botl pr/trus	h an	from	(E) Reportable compensation from related	Estir amo ot	F) mated unt of ther
			(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)	fror organ and r	ensation n the nization related izations
												<u> </u>	
												+	
										0.	0	<u> </u>	0.
с	Total f	tal from continuation sheets to Part V add lines 1b and 1c)	II, Section A							0.	0	•	0.
	Total n	number of individuals (including but r ensation from the organization								received more than \$100	0,000 of reportable		0
3		e organization list any former officer, ? If "Yes," complete Schedule J for s	,				,			, , ,	,	Y	Yes No
4	For any	y individual listed on line 1a, is the su lated organizations greater than \$15	um of reportabl	le co	omp	ensa	ation	n and	d otl	her compensation from		4	x
	render	y person listed on line 1a receive or ed to the organization? <i>If "Yes," con</i>	=				-			-		5	x
		Independent Contractors ete this table for your five highest co	mponsated inc	done	ondo	nt c	ontr	racto	vrc t	that received more than	\$100,000 of compos	eation fro	
		ganization. Report compensation for (A)	-									(C)	
		Name and business	address	NC	ONE	3				Description of s	services	Compens	ation
									_				
2		umber of independent contractors ()00 of compensation from the organ		ot li	mite	d to		se lis)	stec	d above) who received n	nore than		

				1TE	R FOR	SC	IENTIFIC	INTEGRITY	INC	47-2485	133 Page 9
Ра				ever	nue						
			Check if Schedule O	cont	ains a respo	nse	or note to any lin	e in this Part VIII			
					•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
									lanotion revenue		sections 512 - 514
its	1	а	Federated campaigns		1a						
on		b	Membership dues		1b						
Am		с	Fundraising events								
and Other Similar Amounts					1d						
mi.			Government grants (cont								
r S		f	All other contributions, gifts,	gran	ts, and						
the			similar amounts not included	l abo	ve 1f		214,156.				
0 p		g	Noncash contributions included in	n lines	1a-1f 1g \$						
an		h	Total. Add lines 1a-1f					214,156.			
							Business Code				
	2	а	LICENSING FEE	2			900099	304,958.	304,958.		
e		b	WRITING FEES				900099	8,263.	8,263.		
Revenue		с	SPEAKING FEES	3			900099	2,985.	2,985.		
eve		d									
, a		е									
		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					316,206.			
	3		Investment income (inclu								
				-				3,542.			3,542
	4		Income from investment				r				
	5		Royalties		·····						
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
	_		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss								
	7		Gross amount from sales of	" <u></u>	(i) Securiti		(ii) Other				
			assets other than inventory	7a							
		h	Less: cost or other basis	<u> </u>							
		2	and sales expenses	7b							
		~	Gain or (loss)	7c							
			Net gain or (loss)								
	0		Gross income from fundraisi			<u> </u>					
	0	u									
			including \$ contributions reported or								
			Part IV, line 18		-	0					
		h	Less: direct expenses			oa 8b					
			Net income or (loss) from								
			Gross income from gamir								
	9	d									
		b	Part IV, line 19			9a 9b					
			Less: direct expenses								
	10		Net income or (loss) from			<u>,</u>					
	10	а	Gross sales of inventory,			-					
			and allowances								
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sale	s of inventor	у					
							Business Code				
en	11										
Ven		b									
Revenue		С	<u> </u>								ļ
			All other revenue								
		е	Total. Add lines 11a-11d					F 2 2 2 2 2 2	216 225		2 5 4 2
	12	2	Total revenue. See instruction	ons				533,904.	316,206.	0.	3,542.

CENTER FOR SCIENTIFIC INTEGRITY INC

47-2485133

Page **9**

CENTER FOR SCIENTIFIC INTEGRITY INC

Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	277,409.	277,409.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	211,4020	411,403.		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,821.	5,821.		
10	Payroll taxes	45,288.	45,288.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	1,000.		1,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	1,812.		1,812.	
14	Information technology	8,574.	8,574.		
15	Royalties				
16	Occupancy	1 000		1 000	
17	Travel	1,090.		1,090.	
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 22	Depreciation, depletion, and amortization	11,500.		11,500.	
23 24	Other expenses. Itemize expenses not covered	11,500.		11,500.	
24	above. (List miscellaneous expenses not love 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL EXPENSES	2,242.		2,242.	
b		-			
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	354,736.	337,092.	17,644.	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)				

47-2485133 Page 11

Form 990 (2023)	CENTER	FOR	SCIENTIFIC	INTEGRITY	INC
Part X	Balance Sheet	1				

		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		258,609.	1	42,620.
	2	Savings and temporary cash investments			2	395,000.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current o	r former officer, director,			
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disqual	ified persons (as defined			
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net			7	
Assets	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				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		050 600	15	
	16	Total assets. Add lines 1 through 15 (must equ		258,609.	16	437,620.
	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	
ies	22	Loans and other payables to any current or forr	mer officer, director,			
Liabilities		trustee, key employee, creator or founder, subs				
.iat		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line				
		of Schedule D			25	0
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ŝ		Organizations that follow FASB ASC 958, che	eck here X			
nce		and complete lines 27, 28, 32, and 33.		250 600		427 620
ala	27	Net assets without donor restrictions		258,609.	27	437,620.
ЧB	28	Net assets with donor restrictions			28	
'n		Organizations that do not follow FASB ASC 9	958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ets	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or ed			30	
et ⊿	31	Retained earnings, endowment, accumulated in		250 600	31	127 620
ž	32	Total net assets or fund balances		258,609.		437,620. 437,620.
	33	Total liabilities and net assets/fund balances		258,609.	33	i 4,0∠0•

Form **990** (2023)

332012	12-21-23				

Form 990 (2023)

1

2

3

4

5

6

7

8

Part XI Reconciliation of Net Assets

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	43	7,6	20.
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 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:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

CENTER	FOR	SCIENTIFIC	INTEGRITY	INC	

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

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

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

Revenue less expenses. Subtract line 2 from line 1

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

Net unrealized gains (losses) on investments

Donated services and use of facilities

Investment expenses

Prior period adjustments

47-2485133 Page **12**

1

2

3

4 5

6

7

8

533,904.

354,736.

179,168.

258,609.

-157

Form **990** (2023)

SCHEDULE A	١
------------	---

(Form 990)

<u>Tot</u>al

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-FZ.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			formation.		Open to Public Inspection
Name of the organization									Employer	identification number
Itan		and digunizati		ידים דרים פריד	ENTIFIC INTE	ᢙ᠌ᢧ᠊᠋ᠴᡎᢦ	TNC			7-2485133
Da	rt I	Beason			(All organizations must c					7 2403133
									15.	
	organ		•		(For lines 1 through 12, c					
1	\square				on of churches described		on 170(b)(1)(A)(I).		
2					Attach Schedule E (Form					
3		•	•		anization described in se					
4			-	ation operated in co	njunction with a hospital	describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat								
5		An organizati	on operated f	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	ally receives a substa	antial part of its support f	rom a gov	vernmenta	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultura	al research or	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state c	of the colleg	e or
		university:								
10	Х	An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fro	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
		the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must d	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	iving
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d] Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)
		that is not f	functionally inf	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
					nplete Part IV, Sections					
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	S that it is a	a Type I, Type	e II, Type III	
		functionally	/ integrated, o	r Type III non-functio	nally integrated supporti	ing organi	zation.			
f	Ente									
g				n about the supporte						
	((i) Name of supp	orted	(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Schedule A	(Form 990) 2023	CENTER FC	OR SCIENT	IFIC INTEG	RITY INC	47-2485133	Page 2
Part II	Support Schedule for	or Organizatio	ns Described	d in Sections 17	0(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total	
	Amounts from line 4	(4) 2010	(1) 2020			1	0/2020	(1) Fotal	
8	Gross income from interest,								
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
9	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.) Total support. Add lines 7 through 10								
	••					10		<u> </u>	
	Gross receipts from related activities First 5 years. If the Form 990 is for the					12	(0)		
13	•	0	, , ,		5	. ,	()	Г	
Sec	organization, check this box and stor ction C. Computation of Publ							<u></u>	_
-	Public support percentage for 2023 (column (f))		14			%
	Public support percentage from 2022								%
						· · · · · ·	check this he		/0
104	I6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17~	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
178	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
Ь									
D D	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
	organization meets the facts-and-circ							Г	
10									\dashv
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

CENTER FOR SCIENTIFIC INTEGRITY INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		loto r art il.)				
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(6) 2020	(0) 2021	(4) 2022	(0) 2020	() 10101
•	membership fees received. (Do not						
	include any "unusual grants.")	64,215.	73,728.	67 954.	209,516.	214 156.	629,569.
•		04,213.	15,120.	07,5540	205,510.	214,150.	025,505.
	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	14,110.	76,700.	111,805.	107,564.	316,206.	626,385.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	78,325.	150,428.	179,759.	317,080.	530,362.	1255954.
	Amounts included on lines 1, 2, and	· · ·	-				
	3 received from disgualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1255954.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	78,325.	150,428.	179,759.	317,080.	(e) 2023 530,362.	1255954.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58.	6.	28.	58.	3,542.	3,692.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	58.	6.	28.	58.	3,542.	3,692.
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.)	78,383.	150,434.	179,787.	317.138.	533,904.	1259646.
	First 5 years. If the Form 990 is for th	-					
	check this box and stop here	C C					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2023 (I			column (f))		15	99.71 %
16	Public support percentage from 2022					16	99.98 %
	ction D. Computation of Invest						,,,
17	Investment income percentage for 20			ne 13. column (fl)		17	.29 %
18	Investment income percentage from 2					18	• 02 %
	33 1/3% support tests - 2023. If the						7 -
	more than 33 1/3%, check this box a						X
h	33 1/3% support tests - 2022. If the						
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
-		an and not one of a					(Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
-		
4a		
4b		
ы		
4c		
F -		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9c		
10a		
100		
10b		
1. A /E		

Schedule A (Form 990) 2023 CENTER FOR SCIENTIFIC INTEGRITY INC Part

	 - 10	
t IV Supporting Organizations (continued)		
	Yes	
Has the organization accepted a gift or contribution from any of the following persons?		

		-	÷ ·
а	A person who directly or indirectly controls,	, either alone or together with	persons described on lines 11b and
	11c below, the governing body of a suppor	ted organization?	

b A family member of a person described on line 11a above?

Section B. Type I Supporting Organizations

11

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
--

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II	Supporting	Organizat	tions

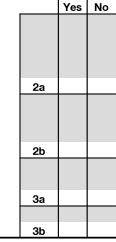
			Yes	NC
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.



11a

11b

11c

1

2

1.4 Т

Yes

No

No

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	(Form 990)	
Part V	Type III	Non

CENTER FOR SCIENTIFIC INTEGRITY INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	•		Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	CE				
Part V	Type III Non-F	unctional			
Section D - Distributions					

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Section D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exe		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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	he organization is responsiv	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 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) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
c	: From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Sobodulo A	(Form 990) 2023	CENTER FOR	SCIENTIFIC	INTEGRITY INC	47-2485133 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	explanations required 6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a , and 11c; Part IV, Section B, line 2b, 3a, and 3b; Part V, line 1; Pa so complete this part for any add	a or 17b; Part III, line 12; ss 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

3

Employer identification number

-		
	CENTER FOR SCIENTIFIC INTEGRITY INC	47-248513
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

____ 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), 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 for an *exclusively* set in the set of the parts unless the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	(c) Total contributions	(d) Type of contribution
_	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
_		Schedule B (Form 990) (2023)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE SIMONS FOUNDATION		Person X
<u>+</u>	160 5TH AVE	\$ 6,000.	Person A
	NEW YORK, NY 10010	\$	(Complete Part II for noncash contributions.)
			nonousir contributions.y
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARVEY MOTULSKY		Person X
	1007 WELLESLEY AVE	\$20,000.	Payroll Noncash
	LOA ANGELES, CA 90049		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KARL LEHENBAUER		Person X
	15823 HIDDEN COVE	\$10,000.	Payroll Noncash
	HOUSTON, TX 77079		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GORDON-HERRING FAMILY FUND		Person X
	PO BOX 770001	\$7,000.	Payroll Noncash
	CICINNATI, OH 45277		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FOUNDATION SOURCE		Person X
	501 SILVERSIDE ROAD	\$5,000.	Payroll Noncash
	WILMINGTON, DE 19809		(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.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

Name of organization

Part I

47-2485133

Employer identification number

Name of organization

CENTER FOR SCIENTIFIC INTEGRITY INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Page 3

Employer identification number

47-2485133

Schedule I	B (Form 990) (2023)			Page 4	
Name of o	rganization			Employer identification number	
CENTE	R FOR SCIENTIFIC INTEGR	ITY INC		47-2485133	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	ons to organizations described in s through (e) and the following line ent haritable, etc., contributions of \$1,000 or l	ry For organizations		
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gif	 t		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-	(e) Transfer of gift				
	Transferee's name, address, ar			ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription 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) Des	cription of how gift is held	
		(e) Transfer of gif	 +		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

CENTER FOR SCIENTIFIC INTEGRITY INC

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



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.