

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 8/01, 2017, and ending 7/31, 2018

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> PHYSICIANS COMMITTEE FOR RESPONSIBLE MED 5100 WISCONSIN AVENUE, NW #400 WASHINGTON, DC 20016	<b>D</b> Employer identification number 52-1394893
		<b>E</b> Telephone number (202) 686-2210

<b>F</b> Name and address of principal officer: NEAL D. BARNARD, M.D. SAME AS C ABOVE	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)

<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ 23,061,258.
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<b>J</b> Website: WWW.PCRM.ORG	<b>H(c)</b> Group exemption number ▶
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1985	<b>M</b> State of legal domicile: DE
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**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: THE PHYSICIANS COMMITTEE PROMOTES PREVENTIVE MEDICINE, PARTICULARLY GOOD NUTRITION, CONDUCTS CLINICAL RESEARCH, AND ENCOURAGES HIGHER STANDARDS FOR ETHICS AND EFFECTIVENESS IN RESEARCH.

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	84
<b>6</b> Total number of volunteers (estimate if necessary)	11
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	14,497.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	23,229.


	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	12,311,472.	19,523,422.
<b>9</b> Program service revenue (Part VIII, line 2g)	495,432.	109,832.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,315.	94,257.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,218.	61,048.
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,887,001.	19,788,559.

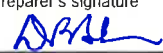
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	707,644.	1,176,118.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,824,710.	6,410,344.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	31,594.	23,835.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,161,598.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,953,113.	7,472,542.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,517,061.	15,082,839.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-630,060.	4,705,720.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	11,366,513.	17,000,669.
<b>21</b> Total liabilities (Part X, line 26)	2,214,986.	3,085,132.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,151,527.	13,915,537.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		Date 5/8/19
	NEAL D. BARNARD, M.D.	PRESIDENT
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DOUGLAS P. ARKIN	Preparer's signature 	Date 5/8/2019	Check <input type="checkbox"/> if self-employed	PTIN P00579014
	Firm's name ARKIN AND COMPANY, CHARTERED			Firm's EIN 521544293	
	Firm's address 2200 RESEARCH BLVD STE 540 ROCKVILLE, MD 20850-3289			Phone no. (301) 340-1550	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE PHYSICIANS COMMITTEE PROMOTES PREVENTIVE MEDICINE, PARTICULARLY GOOD NUTRITION,  
CONDUCTS CLINICAL RESEARCH, AND ENCOURAGES HIGHER STANDARDS FOR ETHICS AND  
EFFECTIVENESS IN RESEARCH.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,129,216. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 2,290,533. including grants of \$ 103,000. ) (Revenue \$ 50,433. )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 1,882,373. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 4,484,412. including grants of \$ ) (Revenue \$ 74,481. )

**4e** Total program service expenses **▶** 11,786,534.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
<b>6</b> 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? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
<b>9</b> 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? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	X	
<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....	X	
<b>16</b> 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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
<b>17</b> 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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions). .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form **990** (2017)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">105</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">84</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	X	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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?	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders.		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</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.		
<b>13 c</b>	Enter the amount of reserves on hand.		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... 8b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O... 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... 15b Other officers or key employees of the organization. SEE SCHEDULE O... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)... 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

THE CORPORATION 5100 WISCONSIN AVE NW SUITE #400 WASHINGTON DC 20016 (202) 686-2210

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

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

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

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
(1) MINDY KURSBAN CHAIR	0 0	X		X			0.	0.	0.	
(2) RUSSELL BUNAI, M.D. SECRETARY/TREAS	0 0	X		X			0.	0.	0.	
(3) MARK SKLAR, M.D. DIRECTOR	0 0	X					0.	0.	0.	
(4) BARBARA WASSERMAN, M.D. DIRECTOR	0 0	X					0.	0.	0.	
(5) NEAL D. BARNARD, M.D. PRESIDENT	33 7	X		X			0.	0.	0.	
(6) BETSY WASON ASST SEC & VP D	38 2			X			101,929.	0.	4,036.	
(7) STACEY GLAESER VP HUMAN RESOURCES	35 5					X	102,609.	0.	9,163.	
(8) HANA KAHLEOVA, M.D., PHD DIR CLINICAL RES.	40 0					X	121,678.	0.	4,828.	
(9) JOHN PIPPIN M.D. DIR ACEDEM AFFAIRS	40 0					X	103,272.	0.	7,426.	
(10) STEPHEN KANE CPA VP OF FINANCE	36 4					X	102,889.	0.	15,926.	
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

<b>1 b Sub-total</b> .....	532,377.	0.	41,379.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	532,377.	0.	41,379.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE MOORE COMPANIES 4500 SARELLEN ROAD RICHMOND, VA 23231	MAILING SERVICE	401,143.
LAUTMAN, MASKA, NEILL & CO 1730 RHODE ISLAND NW, STE 301 WASHINGTON,	MEMBERSHIP DEVELOPME	312,543.
DONOHUE CONSTRUCTION CO 7101 WISCONSIN AVENUE, #700 BETHESDA, MD 208	CONSTRUCTION COMPANY	252,274.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	IT SERVICES	226,938.
LEGACY MAIL 1615 E. WASHINGTON ST, STE 102 MT. PLEASANT, IA 52641	PRINTING MAILING SER	150,723.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 8



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b> 23,815.				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 41,000.				
	<b>d</b> Related organizations	<b>1 d</b> 356,291.				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 19,102,316.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,601,351.				
	<b>h Total.</b> Add lines 1a-1f	▶ 19,523,422.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>SERVICE INCOME</u>	Business Code 561000	109,832.	109,832.		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	▶ 109,832.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)	▶ 83,307.			83,307.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶ 5,781.			5,781.	
	<b>6 a</b> Gross rents	(i) Real	41,543.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	93,081.			
		<b>c</b> Rental income or (loss)	-51,538.			
	<b>d</b> Net rental income or (loss)	▶ -51,538.			-51,538.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	3,157,816.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	3,146,866.			
		<b>c</b> Gain or (loss)	10,950.			
	<b>d</b> Net gain or (loss)	▶ 10,950.	10,950.			
	<b>8 a</b> Gross income from fundraising events (not including \$41,000 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	14,745.			
		<b>b</b> Less: direct expenses	20,308.			
<b>c</b> Net income or (loss) from fundraising events		▶ -5,563.			-5,563.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	66,456.				
	<b>b</b> Less: cost of goods sold	12,444.				
	<b>c</b> Net income or (loss) from sales of inventory	▶ 54,012.	54,012.			
Miscellaneous Revenue		Business Code				
<b>11 a</b> <u>OTHER REVENUE</u>		43,859.			43,859.	
<b>b</b> <u>TRANSPORT. FRINGE BENEFIT</u>		14,497.		14,497.		
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶	58,356.				
<b>12 Total revenue.</b> See instructions	▶	19,788,559.	174,794.	14,497.	75,846.	

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	1,126,118.	1,126,118.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....	50,000.	50,000.		
<b>4</b> Benefits paid to or for members.....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.....	107,762.	54,862.	0.	52,900.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
<b>7</b> Other salaries and wages.....	5,274,365.	4,137,841.	553,891.	582,633.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	101,113.	79,185.	12,583.	9,345.
<b>9</b> Other employee benefits.....	539,084.	414,813.	60,649.	63,622.
<b>10</b> Payroll taxes.....	388,020.	302,168.	39,803.	46,049.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.....				
<b>b</b> Legal.....	83,245.	65,412.	17,792.	41.
<b>c</b> Accounting.....	65,199.		65,199.	
<b>d</b> Lobbying.....	381,045.	381,045.		
<b>e</b> Professional fundraising services. See Part IV, line 17.....	23,835.			23,835.
<b>f</b> Investment management fees.....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....	1,088,999.	917,799.	28,075.	143,125.
<b>12</b> Advertising and promotion.....	794,936.	775,674.		19,262.
<b>13</b> Office expenses.....	132,057.	124,129.	3,953.	3,975.
<b>14</b> Information technology.....				
<b>15</b> Royalties.....				
<b>16</b> Occupancy.....	679,484.	528,397.	74,973.	76,114.
<b>17</b> Travel.....	277,214.	233,281.	908.	43,025.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
<b>19</b> Conferences, conventions, and meetings.....	139,462.	94,106.	21.	45,335.
<b>20</b> Interest.....	43,400.		43,400.	
<b>21</b> Payments to affiliates.....				
<b>22</b> Depreciation, depletion, and amortization.....	124,048.	93,097.	16,201.	14,750.
<b>23</b> Insurance.....	47,801.	40,716.	3,444.	3,641.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
<b>a</b> <u>PRINTING AND PUBLICATIONS</u> .....	1,395,401.	993,838.	2,402.	399,161.
<b>b</b> <u>POSTAGE AND SHIPPING</u> .....	914,502.	523,436.	568.	390,498.
<b>c</b> <u>ELECTRONIC COMMUNICATIONS COST</u> .....	381,588.	265,322.	15,453.	100,813.
<b>d</b> <u>MAILING LIST COSTS</u> .....	278,510.	214,056.		64,454.
<b>e</b> All other expenses.....	645,651.	371,239.	195,392.	79,020.
<b>25</b> Total functional expenses. Add lines 1 through 24e. ....	15,082,839.	11,786,534.	1,134,707.	2,161,598.
<b>26</b> 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).....	1,205,453.	826,693.		378,760.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing	577,891.	<b>1</b>	572,908.
	<b>2</b> Savings and temporary cash investments	3,147,776.	<b>2</b>	7,428,963.
	<b>3</b> Pledges and grants receivable, net	96,071.	<b>3</b>	49,701.
	<b>4</b> Accounts receivable, net	50,592.	<b>4</b>	188,109.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	55,508.	<b>8</b>	118,356.
	<b>9</b> Prepaid expenses and deferred charges	440,464.	<b>9</b>	528,302.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,939,484.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 551,349.	1,201,102.	<b>10c</b> 1,388,135.
	<b>11</b> Investments – publicly traded securities	1,988,405.	<b>11</b>	2,197,683.
	<b>12</b> Investments – other securities. See Part IV, line 11	60,278.	<b>12</b>	60,278.
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	3,748,426.	<b>15</b>	4,468,234.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,366,513.	<b>16</b>	17,000,669.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,245,281.	<b>17</b>	1,423,276.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	616,968.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	969,705.	<b>25</b>	1,044,888.
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,214,986.	<b>26</b>	3,085,132.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,760,862.	<b>27</b>	9,101,376.
	<b>28</b> Temporarily restricted net assets	4,390,665.	<b>28</b>	4,814,161.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	9,151,527.	<b>33</b>	13,915,537.
	<b>34</b> Total liabilities and net assets/fund balances	11,366,513.	<b>34</b>	17,000,669.

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Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,788,559.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,082,839.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,705,720.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,151,527.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	72,787.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) <b>SEE SCHEDULE O</b>	<b>9</b>	-14,497.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,915,537.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization <b>PHYSICIANS COMMITTEE FOR RESPONSIBLE MED</b>	Employer identification number <b>52-1394893</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') <b>PT. VI</b>	7,188,730.	11,592,990.	19,024,540.	9,282,692.	18,187,565.	65,276,517.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	7,188,730.	11,592,990.	19,024,540.	9,282,692.	18,187,565.	65,276,517.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						65,276,517.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	7,188,730.	11,592,990.	19,024,540.	9,282,692.	18,187,565.	65,276,517.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	76,726.	73,282.	103,307.	113,751.	126,671.	493,737.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.		3,445.	5,296.	3,510.	3,960.	16,211.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) <b>SEE PART VI</b>	21,705.	58,656.	18,306.	17,163.	43,859.	159,689.
11 <b>Total support.</b> Add lines 7 through 10.						65,946,154.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	98.98 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	98.90 %

16a **33-1/3% support test—2017.** 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 qualifies as a publicly supported organization.

b **33-1/3% support test—2016.** 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.

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2016.** 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-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**b 33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
<b>b</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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If 'Yes,' answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

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

**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 in (2), 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**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> 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).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D – Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . . .			
<b>b</b> Excess from 2014 . . . . .			
<b>c</b> Excess from 2015 . . . . .			
<b>d</b> Excess from 2016 . . . . .			
<b>e</b> Excess from 2017 . . . . .			

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

**PART II, LINE 1 - UNUSUAL GRANTS**

2013	2014	2015	2016	2017	TOTAL
\$ 1,330,200.	\$ 1,578,293.	\$ 1,500,000.	\$ 1,156,859.	\$ 1,168,225.	\$ 6,733,577.

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2017	2016	2015	2014	2013
AWARDS AND PRIZES	\$ 22,143.				
CAR PROGRAM	3,552.	\$ 2,162.			
CREDIT CARD REWARDS	6,628.	6,078.	\$ 4,619.	\$ 6,000.	\$ 8,000.
FUNDRAISING EVENTS		3,530.			
HONORARIA	8,015.	1,283.	9,282.	1,300.	500.
REIMBURSEMENTS	3,521.	4,110.	4,405.	51,356.	2,237.
SUBLEASE INCOME					10,968.
TOTAL	\$ 43,859.	\$ 17,163.	\$ 18,306.	\$ 58,656.	\$ 21,705.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to at [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information**

**Open to Public Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>PHYSICIANS COMMITTEE FOR RESPONSIBLE MED</b>	Employer identification number <b>52-1394893</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4 a Was a correction made?  Yes  No  
b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). **SEE PART IV**
- B** Check  if the filing organization checked box A and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term 'expenditures' means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying).....		133,811.	133,811.												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....		247,234.	247,234.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b).....		381,045.	381,045.												
<b>d</b> Other exempt purpose expenditures.....		12,540,196.	13,182,709.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d).....		12,921,241.	13,563,754.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.....		796,062.	828,188.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f).....		199,016.	207,047.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-.....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-.....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total
<b>2 a</b> Lobbying nontaxable amount.....	572,950.	712,719.	760,579.	828,188.	2,874,436.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....					4,311,654.
<b>c</b> Total lobbying expenditures.....	104,484.	60,856.	43,188.	381,045.	589,573.
<b>d</b> Grassroots nontaxable amount.....	143,238.	178,180.	190,145.	207,047.	718,610.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)).....					1,077,915.
<b>f</b> Grassroots lobbying expenditures.....	17,504.	15,745.	9,557.	133,811.	176,617.

BAA

Schedule C (Form 990 or 990-EZ) 2017

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'**

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART II-A  
AFFILIATED GROUP MEMBERS**

NAME AND ADDRESS	FEIN
THE PCRM FOUNDATION 5100 WISCONSIN AVENUE NW, SUITE 400 WASHINGTON, DC 20016	73-1669893

**Part IV** Supplemental Information (continued)**SCHEDULE C, PART II-A (CONTINUED)  
AFFILIATED GROUP MEMBERS**

NAME AND ADDRESS	FEIN
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE, INC. 5100 WISCONSIN AVENUE NW, SUITE 400 WASHINGTON, DC 20016	52-1394893
PCRM CLINIC D/B/A BARNARD MEDICAL CENTER 5100 WISCONSIN AVENUE NW, SUITE 401 WASHINGTON, DC 20016	46-4057257

	PCRM	PCRM FOUNDATION	PCRM CLINIC	ELIMINATIONS	TOTAL
GRASSROOTS LOBBYING	133,811	-0-	-0-	-0-	133,811
DIRECT LOBBYING	247,234	-0-	-0-	-0-	247,234
TOTAL LOBBYING	381,045	-0-	-0-	-0-	381,045
TOTAL EXPENSES (EXCLUDING DONATED SERVICES)	15,082,839	1,599,633	1,506,123	(2,462,915)	15,725,680
TOTAL LOBBYING EXPENSES ABOVE	(381,045)	-0-	-0-	-0-	(381,045)
TOTAL FUNDRAISING EXPENSES	(2,161,598)	-0-	(328)	-0-	(2,161,926)
OTHER EXEMPT PURPOSE EXPENDITURES	12,540,196	1,599,633	1,505,795	(2,462,915)	13,182,709
TOTAL EXEMPT PURPOSE EXPENDITURES	12,921,241	1,599,633	1,505,795	(2,462,915)	13,563,754



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	6,923,840.	3,994,632.	3,997,779.	3,917,179.	3,333,068.
b Contributions	16,210.	2,602,988.	1,830.	155,383.	538,549.
c Net investment earnings, gains, and losses	428,860.	658,984.	38,728.	104,670.	324,422.
d Grants or scholarships					
e Other expenditures for facilities and programs	356,291.	266,461.		135,987.	239,470.
f Administrative expenses	67,580.	66,303.	43,705.	43,466.	39,390.
g End of year balance	6,945,039.	6,923,840.	3,994,632.	3,997,779.	3,917,179.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 63.93 %
  - b Permanent endowment ▶ 23.77 %
  - c Temporarily restricted endowment ▶ 12.30 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		545,080.		545,080.
b Buildings		500,270.	195,604.	304,666.
c Leasehold improvements		756,028.	331,274.	424,754.
d Equipment		12,198.	8,126.	4,072.
e Other		125,908.	16,345.	109,563.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,388,135.

**Part VII Investments – Other Securities.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	5,478.
(2) LEGACIES & BEQUESTS RECEIVABLE	4,462,756.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	4,468,234.

**Part X Other Liabilities.**  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	1,044,888.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	1,044,888.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

ENDOWMENT FUNDS WILL BE USED TO SUPPORT THE MISSION OF PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE, AN ORGANIZATION DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

**PART X - FIN 48 FOOTNOTE**

IN GENERAL, WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF

**Part XIII Supplemental Information** (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEETS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THE PHYSICIANS COMMITTEE HAS DETERMINED THAT NO SUCH LIABILITIES WERE REQUIRED AT JULY 31, 2018.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.) **PART V**

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
					PT V
<b>(1) EAST ASIA AND PACIFIC</b>	0	1	PROGRAM SERVICES	SEE PART V	106,000.
<b>(2) SOUTH ASIA</b>	0	1	PROGRAM SERVICES	SEE PART V	136,000.
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3 a</b> Sub-total . . . . .	0	2			242,000.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b) . . .	0	2			242,000.

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

**Schedule F (Form 990) 2017**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	PLANT-BASE D NUTRITI	50,000.	WIRE TRNSFR			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 1

3 Enter total number of other organizations or entities ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

GRANTS MADE OUTSIDE THE U.S. ARE APPROVED AND MONITORED BY A COMMITTEE MADE UP OF PHYSICIANS COMMITTEE'S PRESIDENT AND SCIENTIFIC, HEALTH, OR OTHER EXPERTS IN THE RELEVANT FIELD. GRANTEES ARE REQUIRED TO SIGN A COMPREHENSIVE GRANT AGREEMENT DETAILING RESTRICTIONS ON THE EXPENDITURE OF GRANT FUNDS, RECORDKEEPING AND PERIODIC REPORTING REQUIREMENTS. THE GRANT AGREEMENT STATES THAT ANY UNSPENT OR MISSPENT FUNDS MUST BE RETURNED TO PHYSICIANS COMMITTEE.

**PART I - ADDITIONAL SUPPLEMENTAL INFORMATION**

## EAST ASIA

IN 2018, PHYSICIANS COMMITTEE'S CHINA PROGRAM SPECIALIST COMPLETED TWO LECTURE TOURS IN CHINA AND SPOKE ABOUT THE HEALTH BENEFITS OF A PLANT-BASED DIET. HE VISITED 52 CITIES, GAVE 174 LECTURES, AND REACHED OVER 33,000 PEOPLE. THE TOURS RECEIVED COVERAGE FROM MEDIA OUTLETS INCLUDING VEGNEWS, SOUTH CHINA MORNING POST, GUANGMING NET, GUANDONG TV, XIAMEN TV, AND SOHU.COM. HE ALSO PARTICIPATED IN A 5,000 KILOMETER CYCLING EFFORT TO PROMOTE A PLANT-BASED DIET ACROSS CHINA FROM SHANGHAI TO LHASA.

## SOUTH ASIA

IN 2018, PHYSICIANS COMMITTEE'S INDIA PROGRAM SPECIALIST WENT ON TWO TOURS IN INDIA: HEALTH DOCUMENTARY, FORKS OVER KNIVES SCREENING IN NOVEMBER 2017 AND MEDICAL SCHOOLS LECTURE TOUR IN JULY 2018. THE NOVEMBER EVENT SHOWED THE POWER OF A PLANT-BASED DIET FOR DIABETES PREVENTION AND REVERSAL. THE JULY EVENT WAS FOCUSED ON EDUCATING MEDICAL STUDENTS TO USE PLANT-BASED NUTRITION IN PREVENTING AND REVERSING DIABETES AND HEART DISEASE. TOGETHER THE TWO TOURS REACHED 3,000 PEOPLE IN 7 CITIES OF INDIA. INDIAN ACTRESS MALLIKA SHERAWAT SUPPORTED THE TOUR WITH TWO BILLBOARDS IN MUMBAI. THE TOUR RECEIVED COVERAGE IN HINDI AND ENGLISH DAILY NEWSPAPERS AND NATIONAL TV CHANNELS.

**Part V Supplemental Information**

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

**PART I, LINE 3F - METHOD OF ACCOUNTING**

ACCRUAL BASIS OF ACCOUNTING WAS USED.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization: **PHYSICIANS COMMITTEE FOR RESPONSIBLE MED** Employer identification number: **52-1394893**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LAUTMAN MASKA 1730 RI AVE NW WASHINGTON DC 20036	MEMBERSHIP DEVELOPMENT		X	4,167,605.	320,862.	3,846,743.
2 DONOR SERVICES 6715 SUNSET BLV LA CA 90028	TELEMARKETING		X	17,663.	24,485.	
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				4,185,268.	345,347.	3,846,743.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK AL AR CA CO CT DC FL GA HI IL KS KY LA MA MD ME MI MN NC ND NH NJ NM NY OH OK OR  
PA RI SC TN UT VA WA WI WV MS  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	TUSCON FUNDRAI (event type)	FL FUNDRAISER (event type)	1 (total number)	(add column (a) through column (c))		
1	Gross receipts	33,000.	13,775.	8,970.	55,745.	
2	Less: Contributions	28,250.	4,900.	7,850.	41,000.	
3	Gross income (line 1 minus line 2)	4,750.	8,875.	1,120.	14,745.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	608.		610.	1,218.
	7	Food and beverages	228.	492.	4,461.	5,181.
	8	Entertainment				
	9	Other direct expenses	2,994.	6,355.	4,560.	13,909.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				20,308.
11	Net income summary. Subtract line 10 from line 3, column (d)				-5,563.	

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION**

RECONCILIATION OF SCHEDULE G, PART I, LINE 2B, COLUMN (V) WITH FORM 990, PART IX.

TOTAL AMOUNT PAID TO FUNDRAISERS ON SCHEDULE G	345,347
TOTAL PAID FOR PROFESSIONAL FUNDRAISING SERVICES, FORM 990, 11E	23,835
DIFFERENCE	321,512

THE REASON FOR THIS RECONCILIATION IS BECAUSE THE COSTS INCURRED FOR ONE FUNDRAISING COMPANY WERE CONSIDERED TO BE PART OF THE JOINT COSTS FROM COMBINED EDUCATIONAL CAMPAIGNS AND FUNDRAISING SOLICITATIONS. AS A RESULT, NOT ALL OF THESE COSTS REPORTED ON SCHEDULE G WILL BE REFLECTED AS FUNDRAISING SERVICES ON FORM 990, PART IX, LINE 11E, COLUMN D.

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION (CONTINUED)**

	AMOUNTS INCLUDED FORM 990 PART IX COLUMN B	AMOUNTS INCLUDED FORM 990 PART IX COLUMN C	AMOUNTS INCLUDED FORM 990 PART IX COLUMN D	TOTAL
PRINTING & PUBLICATIONS	22,560	-0-	55,330	77,890
POSTAGE & SHIPPING	13,410	-0-	5,917	19,327
MAILING LIST COSTS	10,000	-0-	-0-	10,000
OTHER SERVICES	115,757	750	97,638	214,145
ADVERTISING & PROMOTION	150	-0-	-0-	150
<b>TOTAL</b>	<b>161,877</b>	<b>750</b>	<b>158,885</b>	<b>321,512</b>

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**

Employer identification number  
**52-1394893**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE PCRM FOUNDATION 5100 WISCONSIN AVE., NW #400 WASHINGTON, DC 20016	73-1669893	501 (C) (3)	1,016,210.	0.			FUND NEW BUILDING & ENDOWMENT
(2) PCRM CLINIC D/B/A BARNARD MED 5100 WISCONSIN AVE., NW #401 WASHINGTON, DC 20016	46-4057257	501 (C) (3)	11,846.	47,180.	FMV		CASH FOR EXPENSES OF CLINIC
(3) THE CURA FOUNDATION P.O. BOX 5298 NEW YORK, NY 10185	26-1150435	501 (C) (3)	50,000.	0.			SPONSORSHIP 4TH INTL VATICAN CONFER
(4) ----- ----- -----							
(5) ----- ----- -----							
(6) ----- ----- -----							
(7) ----- ----- -----							
(8) ----- ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **3**

3 Enter total number of other organizations listed in the line 1 table ..... ▶ **0**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE PHYSICIANS COMMITTEE'S BOARD OF DIRECTORS APPROVES GRANTS TO THE PCRM FOUNDATION TO FUND THE PHYSICIANS COMMITTEE ENDOWMENT AND GRANTS TO PCRM CLINIC FOR DIRECT PHYSICIANS COMMITTEE PAYMENT OF PCRM CLINIC EXPENSES, AS WELL AS FOR PROFESSIONAL AND ADMINISTRATIVE SERVICES.

OTHER GRANTS, EXCEPT AS NOTED, ARE APPROVED AND MONITORED BY A COMMITTEE MADE UP OF THE PRESIDENT AND SCIENTIFIC, HEALTH, OR OTHER EXPERTS IN THE RELEVANT FIELD.

GRANTEES ARE REQUIRED TO SIGN A COMPREHENSIVE GRANT AGREEMENT. SPONSORSHIP CONTRIBUTIONS TO SCIENTIFIC AND HEALTH-RELATED CONFERENCES THAT SUPPORT THE MISSION OF PHYSICIANS COMMITTEE ARE EXEMPT FROM THE APPROVAL AND REPORTING PROCESS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	46	1,289,410.	FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (COOKWARE)	X	5	22,655.	FMV
26 Other ▶ (COOKING EQUIP)	X	8	2,800.	FMV
27 Other ▶ (CATERING)	X	1	893.	FMV
28 Other ▶ (GOOGLE ADS)	X	167,749	285,593.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

**Schedule M (Form 990) (2017)**

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990 - EXPLANATION OF AMENDED RETURN**

ON ORIGINALLY FILED RETURN, PART IX, LINE 26 WAS INADVERTENTLY OMITTED. AMENDED RETURN BEING FILED TO REPORT THE JOINT COSTS ON LINE 26, COLUMNS A, B AND D.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

RESEARCH AND REGULATORY AFFAIRS

THE PHYSICIANS COMMITTEE PROMOTES ALTERNATIVES TO ANIMAL USE IN RESEARCH, TESTING, AND EDUCATION. THE PHYSICIANS COMMITTEE HAS A FULL-TIME TEAM OF PHYSICIANS, SCIENTISTS, AND RESEARCH STAFF RAISING AWARENESS OF THE ETHICAL AND PRACTICAL RESEARCH ISSUES AND ASSISTING IN THE IMPLEMENTATION OF NONANIMAL METHODS IN RESEARCH AND EDUCATION.

THE PHYSICIANS COMMITTEE HAS BEEN INSTRUMENTAL IN ELIMINATING ANIMAL USE IN MEDICAL SCHOOL CURRICULA, TRAUMA TRAINING COURSES, AND RESIDENCIES IN NORTH AMERICA AND ABROAD. MANY MEDICAL SCHOOLS AND CENTERS OFFER POSTGRADUATE RESIDENCY OR OTHER SPECIALIZED COURSES, AND A MINORITY OF THESE PROGRAMS USE ANIMALS. THE PHYSICIANS COMMITTEE IS WORKING TO END THE USE OF ANIMALS IN THESE PROGRAMS, WHICH WILL IMPROVE PHYSICIAN AND PARAMEDIC TRAINING AND ENSURE HEALTHY PATIENT OUTCOMES. WE HAVE FOCUSED ON TRAUMA TRAINING AND ON PEDIATRICS AND EMERGENCY MEDICINE RESIDENCIES IN THE UNITED STATES AND CANADA. AS A RESULT OF OUR WORK, ONLY TWO OF THE 322 ADVANCED TRAUMA LIFE SUPPORT (ATLS) PROGRAMS CONTINUE TO USE ANIMALS. ALL OF THE KNOWN PEDIATRICS PROGRAMS IN NORTH AMERICA TEACH CRITICAL PROCEDURES WITHOUT THE USE OF ANIMALS, AND OF THE 246 RESPONSIVE EMERGENCY MEDICINE RESIDENCY PROGRAMS, 229 DO NOT USE ANIMALS TO TRAIN RESIDENTS.

THE PHYSICIANS COMMITTEE IS LEADING THE WAY IN URGING THE NATIONAL INSTITUTES OF HEALTH (NIH) TO REPLACE THE USE OF ANIMALS IN DIABETES, ALZHEIMER'S DISEASE, AND

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

NUTRITION RESEARCH. PHYSICIANS COMMITTEE SCIENTISTS AND PHYSICIANS MEET WITH NIH LEADERS, PUBLISH SCIENTIFIC REVIEWS AND COMMENTARIES, AND SPEAK AT NATIONAL AND INTERNATIONAL CONFERENCES ON THESE SUBJECTS. IN 2018, IT LAUNCHED TWO NEW INITIATIVES TO IMPROVE SCIENTIFIC RESEARCH. THE FIRST, EARLY-CAREER RESEARCHERS ADVANCING 21ST-CENTURY RESEARCH (ERA21) PROVIDES OUTREACH, ADVICE, COLLABORATIVE EVENTS, AND RESOURCES TO EARLY-CAREER RESEARCHERS LOOKING TO CONDUCT RESEARCH WITH HUMAN CELLS, TISSUES, AND OTHER HUMAN-RELEVANT MODELS. THE SECOND INITIATIVE AIMS TO ENSURE A SUSTAINABLE SUPPLY OF HIGH-QUALITY HUMAN TISSUES FOR SCIENTIFIC RESEARCH AND TESTING ACROSS THE UNITED STATES BY PARTNERING WITH ORGAN PROCUREMENT ORGANIZATIONS, THE NIH, AND SUPPLIERS AND USERS OF HUMAN TISSUE TO DEVELOP GUIDELINES FOR THE HANDLING AND TREATMENT OF TISSUES AND OTHER PROGRAMS TO ACCOMPLISH THE AIM.

THE PHYSICIANS COMMITTEE IS ACTIVE IN EFFORTS TO REPLACE, REDUCE, AND REFINE ANIMAL USE IN CHEMICAL TESTING IN THE UNITED STATES AND THROUGHOUT THE WORLD. ONE MAJOR ASPECT OF THIS EFFORT IS THE PHYSICIANS COMMITTEE'S ROLE AS THE SECRETARIAT OF THE INTERNATIONAL COALITION FOR ANIMAL PROTECTION IN OECD PROGRAMMES (ICAPO). THE ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT (OECD) IS AN INTERGOVERNMENTAL STANDARD-SETTING ORGANIZATION THAT SETS HARMONIZED CHEMICAL TESTING GUIDELINES WORLDWIDE. THE PHYSICIANS COMMITTEE COORDINATES THE ACTIVITIES OF 10 ANIMAL PROTECTION ORGANIZATIONS IN NORTH AMERICA, ASIA, AND WESTERN EUROPE IN ADDRESSING ANIMAL USE IN GLOBAL CHEMICAL TESTING PROGRAMS. IN THE PAST YEAR, THE PHYSICIANS COMMITTEE ENSURED EITHER INTERNAL OR EXTERNAL ANIMAL PROTECTION REPRESENTATION ON 10 KEY PANELS AT OECD AS INVITED EXPERTS IN EFFORTS TO REPLACE ANIMALS IN THE ASSESSMENT OF CHEMICAL HAZARDS, AND WE ORGANIZED ICAPO EXPERT COMMENTS ON MORE THAN EIGHT GUIDANCE DOCUMENTS OR TEST GUIDELINES.

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

PHYSICIANS COMMITTEE TOXICOLOGISTS ALSO ACTIVELY PROMOTE THE RECOMMENDATIONS OF THE NATIONAL RESEARCH COUNCIL'S (NRC) JUNE 2007 REPORT FOR THE DEVELOPMENT AND IMPLEMENTATION OF NONANIMAL-BASED TESTS FOR CHEMICAL TOXICITY. ONE WAY IN WHICH THIS WORK IS MANIFESTED IS IN THE CO-FOUNDING AND CONTINUED SUPPORT OF THE AMERICAN SOCIETY FOR CELLULAR AND COMPUTATIONAL TOXICOLOGY (ASCCT). THE ASCCT, WHICH HAS MORE THAN 900 SCIENTISTS ON ITS MAILING LIST, JUST HELD ITS SEVENTH ANNUAL MEETING, ATTRACTING SENIOR SCIENTISTS FROM GOVERNMENT, ACADEMIA, AND INDUSTRY, AS WELL AS STUDENT SCIENTISTS. ALL WERE PRESENTING THEIR WORK ON OR DISCUSSING ISSUES RELATED TO PREDICTIVE TOXICOLOGY, THE DISCIPLINE THAT HAS EVOLVED FROM EFFORTS STEMMING FROM THE NRC'S 2007 REPORT.

FINALLY, THIS YEAR THE PHYSICIANS COMMITTEE PROVIDED TRAINING OPPORTUNITIES TO MORE THAN 300 TOXICOLOGISTS IN NORTH AMERICA IN WEB AND IN-PERSON SESSIONS DESCRIBING NEW TEST METHODS OR APPROACHES FOR SAFETY TESTING OF CHEMICALS, PHARMACEUTICALS, AND PERSONAL CARE PRODUCTS. IN SOME CASES, WE HAVE FEEDBACK FROM SPECIFIC REGULATORS THAT THE TRAINING HAS RESULTED IN INCREASED ACCEPTANCE OF NONANIMAL TEST METHODS. THE PHYSICIANS COMMITTEE ALSO LAUNCHED THE NEW APPROACH METHODOLOGIES FOR USE IN REGULATORY TESTING (NURA) TRAINING SERIES, DESIGNED TO TEACH INDUSTRY SCIENTISTS HOW TO USE NONANIMAL APPROACHES TO ASSESS THE POTENTIAL HAZARDS OF NEW CHEMICALS THEY DESIGN THROUGH ANNUAL MULTIDAY, HANDS ON TRAINING EVENTS.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

## NUTRITION EDUCATION

THE PHYSICIANS COMMITTEE HOSTS CONTINUING EDUCATION OPPORTUNITIES FOR PHYSICIANS, NURSES, DIETITIANS, AND OTHER HEALTH CARE PROFESSIONALS AIMING TO BRING NUTRITION TO THE FOREFRONT OF HEALTH CARE AND DISEASE PREVENTION. NUTRITIONCME.ORG NOW OFFERS UP TO 50 FREE, NUTRITION-FOCUSED CONTINUING MEDICAL EDUCATION COURSES. IN FY18, WE

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

REACHED 948 MEDICAL PROFESSIONALS WHO COMPLETED 4,203 COURSES AND HOPE TO DOUBLE THIS IN THE COMING YEAR WITH A NEW SIX-COURSE SERIES: FUNDAMENTALS OF PLANT-BASED NUTRITION, IN CONJUNCTION WITH A TARGETED ONLINE AD CAMPAIGN. MORE THAN 4,200 CONTINUING EDUCATION CREDITS WERE EARNED BY HEALTH CARE PROVIDERS IN FY 2018. THE PHYSICIANS COMMITTEE ALSO HOSTED OUR SIXTH ANNUAL LIVE CONTINUING EDUCATION CONFERENCE IN WASHINGTON, D.C., WITH NEARLY 1,000 ATTENDEES.

WE ALSO OFFER A YEARLY COURSE FOR FOOD FOR LIFE INSTRUCTORS THAT AWARDS MORE THAN 18 CONTINUING EDUCATION HOURS FOR NURSES AND DIETITIANS, ACCOMMODATING 25 ATTENDEES PER SESSION. THE PHYSICIANS COMMITTEE HAS 265 INSTRUCTORS AND 19 EDUCATION ALLIANCE PROGRAM PARTNERS IN 43 STATES, PLUS THE DISTRICT OF COLUMBIA, AND 17 COUNTRIES.

FY 2018 SAW 50,217 PARTICIPANTS FOR OUR PHYSICIAN COMMITTEE'S 21-DAY VEGAN KICKSTART PROGRAM, WHICH PROMOTES A HEALTHFUL PLANT-BASED DIET WITH DAILY E-MAILS, TIPS AND RECIPES, AND WEBCASTS WITH ENCOURAGEMENT FROM CELEBRITY COACHES. WE OFFER THE PROGRAM TO BOTH ENGLISH AND SPANISH SPEAKERS WITH CULTURALLY RELEVANT RECIPES AND NUTRITION EDUCATION AS WELL AS RESOURCES IN MANDARIN AND FOR THOSE OF INDIAN ORIGIN. SINCE LAUNCHING IN 2009, MORE THAN HALF A MILLION PEOPLE HAVE PARTICIPATED IN THE 21-DAY ONLINE PROGRAM WITH MORE THAN 19,000 INSTALLS ON OUR MOBILE VERSION. LAUNCHED IN 2016, OUR SPANISH MOBILE EXPANDED OUR OUTREACH TO SPANISH SPEAKING COUNTRIES SUCH AS SPAIN, ARGENTINA, MEXICO, AND COLOMBIA. AN UPDATED VERSION OF THE PROGRAM, COMPLETE WITH A NEW APP NOW AVAILABLE FOR BOTH ANDROID AND IOS, LAUNCHES IN EARLY FY19.

THE PHYSICIANS COMMITTEE CREATES MODULES TO EDUCATE MEDICAL AND OTHER HEALTH CARE PROFESSIONAL STUDENTS ABOUT THE ROLE NUTRITION PLAYS IN CHRONIC DISEASE PREVENTION



Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

AND TREATMENT. IN FY 2018, THE PHYSICIANS COMMITTEE SPONSORED SIX LUNCH-AND-LEARN EVENTS REACHING HUNDREDS OF MEDICAL AND NURSING STUDENTS. WE LAUNCHED THE NEW NUTRITION GUIDE FOR CLINICIANS APP TO BRING EVIDENCE-BASED RESOURCES TO CLINICIANS' FINGERTIPS, AND REACHED MORE THAN 65,000 VIA THE APP. WE ATTENDED TWO MEDICAL CONFERENCES (AMERICAN MEDICAL STUDENT ASSOCIATION AND STUDENT NATIONAL MEDICAL ASSOCIATION) AND REACHED 700 MEDICAL STUDENTS. THE PHYSICIANS COMMITTEE CONTINUES TO PROMOTE ADOPTION OF NUTRITION CURRICULA VIA POWERPOINTS FOR MEDICAL STUDENTS ON DIFFERENT NUTRITION RELATED TOPICS.

OUR WORK TO ADDRESS THE DIABETES EPIDEMIC AMONG NATIVE AMERICANS CONTINUES. IN OCTOBER 2017, WE PARTNERED WITH THE OFFICE OF THE PRESIDENT AND VICE PRESIDENT OF THE NAVAJO NATION IN WINDOW ROCK, ARIZ. TWENTY-ONE EMPLOYEES PARTICIPATED IN A SUCCESSFUL FOUR-WEEK PLANT-BASED EATING CHALLENGE THAT SAW THE VICE PRESIDENT EXTEND THE CHALLENGE FOR HIS STAFF FOR AN ADDITIONAL 12 WEEKS. WEEKLY MEETINGS, SUPPORT MATERIALS, AND SUCCESS STORIES LED TO AN INVITATION TO THE PHYSICIANS COMMITTEE TO PARTNER WITH THE TSEHOOTSOOI MEDICAL CENTER IN FORT DEFIANCE, ARIZ. IN DECEMBER 2017, WE PROVIDED PLANT-BASED TRAINING TO 18 CAFETERIA COOKS RESPONSIBLE FOR PREPARING 1,000 MEALS A DAY. IN JANUARY, THIS TEAM OFFERED AN EMPLOYEE CHALLENGE AT THE HOSPITAL AND SIGNED UP 50 EMPLOYEES WITHIN AN HOUR. WEEKLY MEETINGS OFFERED OPPORTUNITIES FOR EDUCATION AND SUPPORT. PARTICIPANTS RECORDED WEIGHT LOSS AND IMPROVEMENTS IN BLOOD PRESSURE, BLOOD SUGAR, AND CHOLESTEROL. THIS HOSPITAL'S CAFETERIA NOW OFFERS PLANT-BASED MEALS DAILY. THESE EFFORTS WERE RECOGNIZED BY AN ARTICLE PUBLISHED IN THE JOURNAL OF HOSPITAL FOOD SERVICE IN THE SPRING, AND A PRESENTATION AND MATERIALS FOR 200 ATTENDEES AT THE ASSOCIATION OF AMERICAN INDIAN PHYSICIANS IN JULY.

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

THE PHYSICIANS COMMITTEE PROMOTES PLANT-BASED OPTIONS IN SCHOOL CAFETERIAS AROUND THE COUNTRY THROUGH VARIOUS CHANNELS. HEALTHYSCHOOLLUNCHES.ORG OFFERS FREE RESOURCES TO ASSIST SCHOOLS IN INTEGRATING PLANT-BASED MEALS INTO THE LUNCH LINE. IN FY 18, WE HOSTED TWO WEBINARS FOR FOOD SERVICE PROFESSIONALS ON THE BENEFITS OF BEANS AND THE RISKS OF DAIRY. AUSTIN INDEPENDENT SCHOOL DISTRICT WAS CELEBRATED AS THE LATEST RECIPIENT OF OUR GRANT-BASED GOLDEN CARROT AWARD FOR PROMOTING HEALTHFUL MENU OPTIONS AND NUTRITION EDUCATION.

THE PHYSICIANS COMMITTEE ALSO WORKS TO PROMOTE THE REMOVAL OF PROCESSED MEAT FROM SCHOOL LUNCHES THROUGH DISTRIBUTION OF OUR TOOLKIT AND SUPPORTING POLICY INITIATIVES. A NEW YORK CITY RESOLUTION TO REMOVE PROCESSED MEAT FROM SCHOOL LUNCHES SAW STRONG ENGAGEMENT FROM ACTION ALERTS AND RECEIVED 18 CO-SIGNERS WITH A SCHEDULED HEARING FROM A KEY COUNCIL MEMBER TO OCCUR NEXT FISCAL YEAR. THE AMERICAN MEDICAL ASSOCIATION ALSO AMENDED A RESOLUTION ON RACIAL BIAS WHICH HIGHLIGHTED THE OVEREMPHASIS OF MILK IN SCHOOL LUNCH PROGRAMMING AND ENCOURAGED THE U.S. DEPARTMENT OF AGRICULTURE (USDA) TO MAKE MEAT AND DAIRY OPTIONAL IN SCHOOL MEALS.

THE PHYSICIANS COMMITTEE WORKS WITH PLANT-BASED LEADERS IN VARIOUS CITIES ACROSS THE NATION TO FURTHER REACH THEIR COMMUNITIES. IN FY 2018, WE VISITED DETROIT, MICH., AND ST. LOUIS, MO., WHERE WE PARTNERED WITH LOCAL EXPERTS WHO ACTIVELY PROMOTE PLANT-BASED NUTRITION IN THEIR COMMUNITIES. WE HIGHLIGHTED THEM IN THE MEDIA, ON BILLBOARDS, AND ACROSS SEVERAL EVENTS INCLUDING A COMMUNITY HEALTH FEST, FORKS OVER KNIVES SCREENING, GRAND ROUNDS IN A HOSPITAL, FOOD FOR LIFE CLASSES, AND LUNCH-AND-LEARN SESSIONS FOR MEDICAL STUDENTS. WE REACHED LAYPERSONS, MEDICAL PROFESSIONALS, AND CITY OFFICIALS WITH THE AIM TO REMOVE BARRIERS TO NUTRITION EDUCATION AND LONG-TERM SUPPORT.

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

THE PHYSICIANS COMMITTEE'S PROGRAMS IN CHINA AND INDIA WORK TO DECREASE RISING CHRONIC DISEASE RATES WITH NUTRITION EDUCATION. IN FY 2018, PHYSICIANS COMMITTEE INDIA PROGRAM SPECIALIST, ZEESHAN ALI, PH.D., CONDUCTED TWO TOURS IN INDIA, SCREENING FORKS OVER KNIVES IN NOVEMBER 2017 AND LECTURING IN MEDICAL SCHOOLS IN JULY 2018. THE NOVEMBER EVENTS SHOWED THE POWER OF A PLANT-BASED DIET FOR DIABETES PREVENTION AND REVERSAL. THE JULY EVENTS FOCUSED ON NUTRITION EDUCATION AMONG MEDICAL STUDENTS TO USE PLANT-BASED NUTRITION DIABETES AND HEART DISEASE PREVENTION AND TREATMENT. TOGETHER THE TWO TOURS REACHED 3,000 PEOPLE ACROSS SEVEN CITIES. INDIAN ACTRESS MALLIKA SHERAWAT SUPPORTED THE TOUR WITH TWO BILLBOARDS IN MUMBAI. THE TOUR RECEIVED COVERAGE ACROSS HINDI AND ENGLISH DAILY NEWSPAPERS AND NATIONAL TELEVISION.

OUR CHINA PROGRAM SPECIALIST REACHED 34,000 PEOPLE IN HIS LECTURE TOURS IN FY18. SURVEY RESULTS SHOW THAT 73 PERCENT OF THOSE SURVEYED ARE MAKING DIETARY CHANGES AS A DIRECT RESULT OF OUR LECTURE TOUR, WITH 24 PERCENT ALREADY BEING VEGAN. AND THE GREAT MAJORITY OF THOSE WHO ANSWERED THE SURVEY AGREED OR STRONGLY AGREED THAT LOW FAT VEGAN DIET IS THE OPTIMAL DIET FOR HEALTH. THESE TOURS INCLUDED MORE THAN 800 PRESENTATIONS TO MORE THAN 110,000 PEOPLE IN 133 CITIES.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

## COMMUNICATIONS

WORKING WITH PHYSICIANS, HEALTH EXPERTS, AND CELEBRITIES WHO SERVE AS SPOKESPERSONS, WE AIM TO INFORM, PERSUADE, AND INSPIRE READERS THROUGH STRATEGIC MEDIA RELATIONS, PUBLIC RELATIONS, DIGITAL COMMUNICATIONS, CONTENT GENERATION, SOCIAL MEDIA, CELEBRITY ENGAGEMENT, AND ADVERTISEMENTS. IN THE PAST YEAR, OUR WORK WAS FEATURED AND REFERENCED IN TRADITIONAL NEWS OUTLETS, INCLUDING THE NEW YORK TIMES, USA TODAY,

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

THE WASHINGTON POST, CHICAGO TRIBUNE, LOS ANGELES TIMES, HOUSTON CHRONICLE, SEATTLE TIMES, BALTIMORE SUN, U.S. NEWS AND WORLD REPORT, ORLANDO SENTINEL, LIVE SCIENCE, AND MIAMI HERALD. OUR MESSAGE HAS BEEN REPORTED BY WIRES INCLUDING THE ASSOCIATED PRESS AND REUTERS; CAPITOL HILL PAPERS INCLUDING POLITICO AND THE HILL; AND COVERED BY MAJOR TELEVISION NETWORKS INCLUDING ABC NEWS AND CNBC. INTERNATIONAL OUTLETS SUCH AS THE DAILY MAIL AND THE TORONTO STAR HAVE COVERED OUR CAMPAIGNS. EACH MONTH, WE REACH A POTENTIAL AUDIENCE OF 224 MILLION READERS BY APPEARING IN AN AVERAGE OF 140 NEWS OUTLETS. WE FURTHER AMPLIFY THIS COVERAGE ON SOCIAL MEDIA TO EMPOWER OUR FOLLOWERS TO MAKE LASTING HEALTH CHANGES. OUR SOCIAL MEDIA CONTENT HAS CREATED CONVERSATIONS DAILY AMONG MORE THAN 1.2 MILLION FOLLOWERS ON 11 SOCIAL MEDIA ACCOUNTS. IN 2018, WE LAUNCHED THE EXAM ROOM PODCAST WHICH HAS REACHED ABOUT 1 MILLION PEOPLE. THESE COMMUNICATIONS COMBINED HAVE REACHED HUNDREDS OF MILLIONS OF PEOPLE AROUND THE GLOBE.

ON OUR WEBSITES, WE POST NEWS ABOUT OUR PEER-REVIEWED MEDICAL STUDIES, OUR MEDICAL PERSPECTIVE ON CULTURAL COMMENTARY, OUR RECOMMENDATIONS TO STRENGTHEN SCIENTIFIC RESEARCH STANDARDS, AND EXPERT-AUTHORED CONSUMER HEALTH TIPS. IN FY 2018, THE PHYSICIANS COMMITTEE'S WEBSITES RECEIVED ABOUT 4 MILLION VISITORS AND 10.5 MILLION PAGE VIEWS.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

## CLINICAL RESEARCH

THE PHYSICIANS COMMITTEE DESIGNS AND CONDUCTS CLINICAL HEALTH AND NUTRITION RESEARCH STUDIES, WITH THE GOAL OF MOTIVATING MORE ATTENTION IN DIET AND PREVENTION AMONG HEALTH CARE WORKERS, MEDICAL RESEARCHERS, POLICYMAKERS, AND PATIENTS.

THE PAPER ENTITLED 'A PLANT-BASED DIETARY INTERVENTION IMPROVES BETA-CELL FUNCTION

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

AND INSULIN RESISTANCE IN OVERWEIGHT ADULTS: A 16-WEEK RANDOMIZED CLINICAL TRIAL, PUBLISHED IN NUTRIENTS BY THE PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES, SHOWED THAT A PLANT-BASED DIET MAY IMPROVE BETA-CELL FUNCTION AND INSULIN RESISTANCE IN PEOPLE WITH EXCESSIVE BODY WEIGHT, THUS PREVENTING THE DEVELOPMENT OF DIABETES. THIS STUDY DEMONSTRATES THE POTENTIAL OF PLANT-BASED DIETS FOR THE PREVENTION AND TREATMENT OF DIABETES AND MAY INFLUENCE THE DIETARY RECOMMENDATIONS.

A PHYSICIANS COMMITTEE RESEARCHER CO-AUTHORED A SYSTEMATIC REVIEW AND META-ANALYSIS ON PORTFOLIO DIETARY PATTERNS AND CARDIOVASCULAR DISEASE, PUBLISHED IN PROGRESS IN CARDIOVASCULAR DISEASES, SHOWING THAT A COMBINATION OF SEVERAL PLANT FOOD COMPONENTS MAY REDUCE BLOOD LIPIDS AS EFFECTIVELY AS A STATIN. THIS PAPER HIGHLIGHTS THE USEFULNESS OF PLANT-BASED DIETS FOR PEOPLE WITH ELEVATED BLOOD LIPIDS.

THE PHYSICIANS COMMITTEE PUBLISHED A LETTER TO THE EDITOR OF THE LANCET, EXPOSING THE METHODOLOGICAL ISSUES IN THE PURE STUDY THAT WAS TRYING TO PROVE THAT EATING CARBOHYDRATES INCREASES MORTALITY. WE SHOWED THAT INCREASED MORTALITY LINKED TO CARBOHYDRATE CONSUMPTION IN THE PURE STUDY REFLECTED POVERTY-RELATED FACTORS LIKE INADEQUATE FOOD AVAILABILITY, POORLY VENTILATED COOKSTOVES, POLLUTION, AND LIMITED HEALTH CARE ACCESS. THE SAME STUDY SHOWED THAT EATING CARBOHYDRATE-RICH FOODS LIKE FRUITS, VEGETABLES, AND LEGUMES WAS LINKED TO DECREASED TOTAL MORTALITY, FURTHER SUGGESTING THAT REFINED CARBOHYDRATE CONSUMPTION WAS A PROXY FOR POVERTY. THEREFORE, ESCAPING POVERTY, ACCESSING MEDICAL CARE, AND EATING FRUITS, VEGETABLES, AND LEGUMES, ALL DECREASE TOTAL MORTALITY, BOTH CARDIOVASCULAR AND NON-CARDIOVASCULAR.

A PAPER IN NUTRIENTS BY THE PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES SHOWED THAT A PLANT-BASED DIET MAY PREVENT ALMOST HALF OF THE CARDIOMETABOLIC DEATHS

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

IN THE UNITED STATES, THUS RESTORING THE PEOPLE'S HEALTH, BUT ALSO SAVING A LOT OF MONEY SPENT EACH YEAR FOR THE TREATMENT OF THESE CARDIOMETABOLIC DISEASES.

ANOTHER PAPER BY THE PHYSICIANS COMMITTEE RESEARCH STAFF, ENTITLED 'VEGETARIAN DIETARY PATTERNS AND CARDIOVASCULAR DISEASE,' PUBLISHED IN PROGRESS IN CARDIOVASCULAR DISEASES, SHOWED THE PRACTICAL IMPLEMENTATION OF THE RESEARCH AND SUGGESTED THE USE OF VEGETARIAN DIETS IN THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE.

A PHYSICIANS COMMITTEE RESEARCHER CO-AUTHORED A SYSTEMATIC REVIEW AND META-ANALYSIS ON VEGETARIAN DIETARY PATTERNS AND CARDIOMETABOLIC RISK FACTORS IN DIABETES, PUBLISHED IN CLINICAL NUTRITION. PEOPLE WITH DIABETES HAVE A FOUR- TO FIVE- TIMES HIGHER RISK OF DYING FROM HEART DISEASE COMPARED WITH PEOPLE WITHOUT DIABETES. THEREFORE, PEOPLE WITH DIABETES CAN BENEFIT FROM EATING A VEGETARIAN DIET EVEN MORE THAN THE GENERAL POPULATION.

OUR CURRENT RANDOMIZED CLINICAL TRIAL TESTING THE ABILITY OF A LOW-FAT PLANT-BASED DIET TO INCREASE METABOLISM AFTER A MEAL WILL ATTEMPT TO EXPLAIN SOME OF THE MECHANISMS RESPONSIBLE FOR THE BENEFICIAL EFFECTS OF PLANT-BASED DIETS ON BODY WEIGHT. USING INDIRECT CALORIMETRY, WE ARE MEASURING METABOLISM OF OVERWEIGHT AND/OR OBESE PARTICIPANTS IN THE FASTING STATE, AND THEN FOR THREE HOURS AFTER A STANDARD MEAL. DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) IS USED TO ASSESS DETAILED BODY COMPOSITION. THE PARTICIPANTS' INSULIN SENSITIVITY AND GLUCOSE METABOLISM IS ALSO TESTED. A SUBSET OF PARTICIPANTS GETS AN MRI SPECTROSCOPY TO MEASURE THE FAT CONTENT IN THE LIVER AND MUSCLE CELLS. ALL THESE TESTS ARE PERFORMED AT BASELINE AND AFTER 16 WEEKS OF A LOW-FAT VEGAN VERSUS CONTROL DIET. TWO HUNDRED AND SEVEN PARTICIPANTS COMPLETED THE STUDY SO FAR, AND ANOTHER 21 PARTICIPANTS WERE ENROLLED AND STARTED

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

THE STUDY. THIS STUDY WILL HELP ELUCIDATE THE MECHANISMS OF INSULIN-SENSITIZING EFFECTS OF A LOW-FAT VEGAN DIET.

WE ARE CURRENTLY CONDUCTING A RANDOMIZED CROSSOVER TRIAL, EXPLORING THE POWER OF A PLANT-BASED DIET TO REDUCE PAIN AND INFLAMMATION IN RHEUMATOID ARTHRITIS. PATIENTS WITH RHEUMATOID ARTHRITIS SWITCH TO A PLANT-BASED DIET FOR 16 WEEKS. A RHEUMATOLOGIST ASSESSES THE CHANGES IN THEIR JOINT PAIN AND INFLAMMATION. TEN PARTICIPANTS ARE CURRENTLY GOING THROUGH THE STUDY. THIS STUDY WILL SHOW HOW MUCH CAN BE ACHIEVED THROUGH DIET TO RELIEVE THE RHEUMATOID ARTHRITIS SYMPTOMS.

OUR GOAL IS TO BUILD UPON THE BODY OF KNOWLEDGE OF THE VALUE OF PLANT-BASED DIETS AND GENERATE WIDER ACCEPTANCE AMONGST THE MEDICAL AND SCIENTIFIC COMMUNITIES, POLICYMAKERS, AND THE PRESS, OF THE POWER OF PLANT-BASED DIETS TO PREVENT AND TREAT DISEASE.

GRANT TO THE PCRM FOUNDATION

A TYPE I SUPPORTING ORGANIZATION DESCRIBED IN SECTION 509(A) (3) OF THE INTERNAL REVENUE CODE, THE PCRM FOUNDATION WAS ESTABLISHED IN 2003 SOLELY FOR THE BENEFIT OF THE PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

EDUCATION AND POLICY

DR. BARNARD REACHED THOUSANDS OF PEOPLE THROUGH HIS PRESENTATIONS AND COMMUNITY EVENTS. WITH THE RELEASE OF HIS LATEST BOOKS, DR. NEAL BARNARD'S PROGRAM FOR REVERSING DIABETES 2ND EDITION AND THE ACCOMPANYING COOKBOOK, DR. NEAL BARNARD'S COOKBOOK FOR REVERSING DIABETES, DR. BARNARD HIGHLIGHTED HIS GROUNDBREAKING FINDINGS

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

ABOUT THE IMPACT OF DIET ON DIABETES. HE EXPLAINS HOW NUTRITIONAL INTERVENTIONS HAVE SHOWN SURPRISING POWER IN BOTH THE PREVENTION AND MANAGEMENT OF TYPE 2 DIABETES. HE SPOKE ON THIS TOPIC WHEN EXPANDING HIS OUTREACH TO MEDICAL PROFESSIONALS AND MEDICAL STUDENTS. HE PRESENTED AT GRAND ROUNDS LECTURES, CONTINUING MEDICAL EDUCATION (CME) PRESENTATIONS, AND MEDICAL STUDENT LUNCH-AND-LEARN LECTURES. HE INCORPORATED HIS DIABETES RESEARCH TO REACH MANY MORE COMMUNITIES LIKE DETROIT, MICH., AND ST. LOUIS, MO., THROUGH THE PHYSICIANS COMMITTEE'S NUTRITION INITIATIVE "10 CITIES" AND THROUGH OTHER VEGETARIAN FESTIVALS AND CONFERENCES IN CLAVERACK, N.Y., PITTSBURGH, PA., ABOARD THE HOLISTIC HOLIDAY AT SEA CRUISE, MILPITAS, CALIF., MILAN, ITALY, VATICAN CITY, ROME, AND HERE IN WASHINGTON D.C.

DR. BARNARD ALSO PRESENTS ON TOPICS RANGING FROM GENERAL NUTRITION TO DIABETES, OBESITY, AND OTHER CHRONIC DISEASES. IN THE PAST YEAR, HE PRESENTED AT THE MONTEFIORE PREVENTATIVE CARDIOLOGY CONFERENCE IN NEW YORK CITY, LOMA LINDA'S INTERNATIONAL CONGRESS ON VEGETARIAN NUTRITION, FLORIDA SOUTH WESTERN STATE COLLEGE AND FLORIDA ATLANTIC UNIVERSITY IN FORT MYERS, THE AMERICAN COLLEGE OF CARDIOLOGY CONFERENCE IN ORLANDO, THE MAYO CLINIC IN ROCHESTER, VEGMED IN BERLIN, AND HOFSTRA UNIVERSITY IN NEW YORK.

THE PHYSICIANS COMMITTEE ADVOCATES FOR REFORMS IN FEDERAL, STATE, AND LOCAL POLICIES RELATED TO NUTRITION EDUCATION FOR HEALTH CARE PROVIDERS, DIETARY GUIDELINES, AGRICULTURE AND NUTRITION POLICY, TOXICOLOGY TESTING, AND MEDICAL RESEARCH AND EDUCATION. THE PHYSICIANS COMMITTEE TEAM CONDUCTS OUTREACH TO LEGISLATORS, POLICYMAKERS, STAKEHOLDERS, AND THE PUBLIC THROUGH EVENTS, MEETINGS, INFORMATIONAL MATERIALS, AND ONLINE ADVOCACY.



Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

THE PHYSICIANS COMMITTEE WORKED WITH EXTERNAL EXPERTS IN ACADEMIA AND MEDICAL PROFESSIONALS, AS WELL AS ADVOCATES IN OTHER NONPROFIT ORGANIZATIONS, TO ADVOCATE FOR IMPROVEMENTS TO THE SUPPLEMENTARY NUTRITION ASSISTANCE PROGRAM (SNAP) DURING THE 2018 REAUTHORIZATION. THESE IMPROVEMENTS WOULD REDUCE RATES OF DIET-RELATED DISEASE AMONG ECONOMICALLY DISADVANTAGED AMERICANS WHO RELY ON THE PROGRAM. BECAUSE OF OUR ADVOCACY THE REPUBLICAN STUDY COMMITTEE (RSC), A CAUCUS OF 154 MEMBERS OF CONGRESS, CALLED FOR SNAP PRIORITIZING HEALTHFUL FOODS IN THEIR ANNUAL BUDGET REPORT. CONGRESSMEN TOM MCCLINTOCK (R-CA), IN THE LEADERSHIP OF THE RSC, INTRODUCED LEGISLATION TO DO THIS. IN ADDITION, ON SNAP, WE WORKED WITH CONGRESSMAN MATT CARTWRIGHT'S (D-PA) OFFICE TO PUSH A BILL THAT WOULD CREATE INCENTIVES FOR PURCHASING FRUITS AND VEGETABLES.

THE PHYSICIANS COMMITTEE CONTRACTED WITH ANOTHER NONPROFIT AND REGISTERED LOBBYISTS IN CALIFORNIA TO ADVOCATE FOR LEGISLATION THAT WOULD ALERT PEOPLE TO THE CANCER-CAUSING EFFECT OF CONSUMING PROCESSED MEATS AND TO REMOVE PROCESSED MEATS FROM THE MENUS OF HOSPITALS, PRISONS, AND SCHOOLS, AS WELL AS REQUIRE A PLANT-BASED OPTION BE AVAILABLE. AS A RESULT, SEN. RICARDO LARA INTRODUCED A RESOLUTION TO PUSH THE CALIFORNIA REGULATOR TO LIST PROCESSED MEATS AS A CARCINOGEN UNDER PROPOSITION 65, BASED ON THE CATEGORIZATION OF PROCESSED MEATS AS A GROUP 1 CARCINOGEN BY THE WORLD HEALTH ORGANIZATION. IN ADDITION, SEN. NANCY SKINNER INTRODUCED LEGISLATION TO REQUIRE PLANT-BASED MEALS BE AVAILABLE AT HOSPITALS AND PRISONS, A BILL WHICH WAS SUBSEQUENTLY PASSED AND SIGNED INTO LAW.

THE PHYSICIANS COMMITTEE CONDUCTS ACTIVITIES TO ENCOURAGE THE FUNDING, DEVELOPMENT, AND IMPLEMENTATION BY FEDERAL AND STATE LEGISLATURES AND AGENCIES OF HUMAN-RELEVANT, NONANIMAL TEST METHODS FOR CHEMICAL, PRODUCT, AND DRUG SAFETY. IN 2018 IT SUPPORTED

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

TWO BILLS IN THE CALIFORNIA LEGISLATURE IN THIS REGARD. THE FIRST, THE CALIFORNIA CRUELTY-FREE COSMETICS ACT, PROHIBITS THE SALE OF COSMETICS IN CALIFORNIA THAT HAVE BEEN TESTED ON ANIMALS, OR THAT CONTAIN INGREDIENTS THAT HAVE BEEN TESTED ON ANIMALS, AFTER JAN. 1, 2020. ALONG WITH OTHER NONPROFIT AND REGISTERED LOBBYIST PARTNERS, THE PHYSICIANS COMMITTEE CREATED SUPPORTING MATERIALS, ENGAGED COSMETICS COMPANIES, CELEBRITIES, AND INFLUENTIAL LEGISLATORS TO SUPPORT THE BILL, HELD EVENTS, AND ORGANIZED A LETTER-WRITING CAMPAIGN. AS A RESULT OF THESE EFFORTS TENS OF THOUSANDS OF CALIFORNIANS WROTE AND CALLED THEIR LEGISLATORS, AND THE BILL MADE ITS WAY TO THROUGH THE LEGISLATURE AND WAS SIGNED BY THE GOVERNOR IN SEPTEMBER 2018. THE BILL REQUIRES INGREDIENT AND FINAL COSMETICS PRODUCT COMPANIES TO SUBSTANTIATE THE SAFETY OF THEIR PRODUCTS USING NONANIMAL, HUMAN-RELEVANT TEST METHODS, ENSURING MORE HUMANE AND SAFER COSMETICS FOR CONSUMERS ACROSS THE UNITED STATES.

THE SECOND BILL WOULD HAVE REPLACED THE USE OF LIVE FISH AS A WAY TO DESIGNATE WASTE AS HAZARDOUS IN CALIFORNIA, AN EXPENSIVE AND LETHAL PRACTICE FOR TENS OF THOUSANDS OF FISH EVERY YEAR. AFTER THE BILL PASSED BOTH HOUSES OF THE LEGISLATURE, GOV. JERRY BROWN VETOED THE LEGISLATION, BUT LEFT OPEN THE POSSIBILITY FOR CONTINUED WORK WITH THE STATE REGULATORY AGENCY RESPONSIBLE FOR THE REGULATIONS.

THE SOCIETAL IMPACT OF ALZHEIMER'S DISEASE IS SIGNIFICANT AND GROWING EACH YEAR. DESPITE BILLIONS OF DOLLARS IN RESEARCH FUNDING THERE IS STILL NO SUCCESSFUL TREATMENT AVAILABLE. IN ORDER TO ENCOURAGE THE NATIONAL INSTITUTES OF HEALTH TO FUND NEW LINES OF RESEARCH TO HELP PREVENT AND CURE THIS DISEASE, THE PHYSICIANS COMMITTEE GIVES EXPERT TESTIMONY TO THE NATIONAL ALZHEIMER'S PREVENTION ACT COUNCIL, AN ADVISORY BODY CHARGED WITH INFLUENCING THE NIH'S FUNDING PRIORITIES. AFTER TWO YEARS OF TESTIMONY, RECOMMENDATIONS BY THE NAPA COUNCIL TO INCLUDE MORE CLINICAL-

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

AND PATIENT-FOCUSED RESEARCH HAVE GROWN. IN SEPTEMBER 2018, IT HELD A CONGRESSIONAL BRIEFING FEATURING SPEAKERS FROM JOHNS HOPKINS UNIVERSITY, AFRICAN AMERICANS AGAINST ALZHEIMER'S DISEASE, THE UNIVERSITY OF TEXAS AT SAN ANTONIO, AND MORE. THE BRIEFING EDUCATED CONGRESSIONAL HEALTH STAFFERS ON THE NEED TO SHIFT RESEARCH FUNDING AWAY FROM ANIMAL EXPERIMENTS AND TOWARDS MORE HUMAN-RELEVANT LINES OF INQUIRY.

DIRECT OUTREACH AND EDUCATIONAL EFFORTS AT FEDERAL AGENCIES AND INTERNATIONAL BODIES, INCLUDING NIH, THE FOOD AND DRUG ADMINISTRATION, AND THE OECD HAS LED TO CHANGES IN REGULATIONS AND GUIDANCE WHICH REDUCE AND REPLACE ANIMAL TESTS WITH MORE HUMAN-RELEVANT AND SCIENTIFICALLY ADVANCED METHODS.

THE PHYSICIANS COMMITTEE'S FULFILLMENT OPERATION PROVIDES EDUCATIONAL LITERATURE AND MERCHANDISE TO ITS MEMBERS, THE HEALTH CARE COMMUNITY, AND THE PUBLIC AT LARGE ON TOPICS RELATING TO NUTRITION, DISEASE PREVENTION, AND ETHICS IN RESEARCH AND EDUCATION. ALL OF OUR LITERATURE IS AVAILABLE TO BE DOWNLOADED FOR FREE, OR COLOR HARD COPIES CAN BE PURCHASED INDIVIDUALLY AND IN THEMED KITS AT A NOMINAL COST. IN FISCAL YEAR 2018, MORE THAN 500,000 PIECES OF LITERATURE WERE DOWNLOADED FROM OUR WEBSITE, AND WE FULFILLED MORE THAN 1,000 PHYSICAL ORDERS OF 87,814 PIECES OF LITERATURE AND MERCHANDISE (BOOKS, DVDS, EDUCATIONAL POSTERS, ETC.) TO LOCATIONS AROUND THE GLOBE. OUR VEGETARIAN STARTER KIT CONTINUES TO BE OUR MOST POPULAR PUBLICATION, AND WE ADDED TWO NEW DIABETES-FOCUSED BOOKS BY DR. NEAL BARNARD TO OUR OFFERING. WE ARE CONTINUING TO SPECIFICALLY REACH OUT TO PHYSICIANS AND HEALTH CARE PROFESSIONALS TO INTRODUCE THEM TO OUR PATIENT EDUCATION RESOURCES INCLUDING OUR WAITING ROOM LITERATURE KITS. THE FULFILLMENT OPERATION SUPPORTS THE WORK OF OTHER DEPARTMENTS BY SUPPLYING LITERATURE AND MERCHANDISE FOR SPECIAL EVENTS AND FOOD FOR LIFE NUTRITION CLASSES IN COMMUNITIES ACROSS THE COUNTRY. IN FISCAL YEAR 2018, WE

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

GATHERED AND SHIPPED SUPPLIES FOR MORE THAN 125 OUTREACH EVENTS.

## PUBLICATIONS

THE PUBLICATIONS DEPARTMENT SUPPORTS THE PHYSICIANS COMMITTEE'S NUTRITION AND RESEARCH ETHICS EDUCATIONAL EFFORTS THROUGH THE DESIGN AND PRODUCTION OF PRINT AND ELECTRONIC MATERIALS. IN FY 2018, THE DEPARTMENT COMPLETED APPROXIMATELY 382 SEPARATELY TRACKED PROJECTS. THESE PROJECTS INCLUDED THE NUTRITION GUIDE FOR CLINICIANS APP, ADS, FACT SHEETS, BROCHURES, POSTCARDS, EDUCATIONAL DIAGRAMS, POSTERS, BILLBOARDS, FLIERS, PROGRAM BOOKLETS, EVENT SIGNAGE, STATIONERY, PROGRAM LOGOS, WEB PAGES, INFOGRAPHICS, AND SOCIAL MEDIA GRAPHICS. SUPPORTED PROJECTS INCLUDED THE 2018 INTERNATIONAL CONFERENCE ON NUTRITION IN MEDICINE, DEMONSTRATIONS AT UNIVERSITIES AND MEDICAL CENTERS, FOOD FOR LIFE INSTRUCTOR SUPPORT, SCIENTIFIC CONFERENCES (ACADEMIC POSTERS), DIABETES EDUCATION CURRICULUM, SCHOOL NUTRITION EDUCATION, NATIVE AMERICAN DIABETES EDUCATION MATERIALS, CAPITOL HILL EVENTS, KICKSTART INTENSIVE, VEGAN THIS! EVENTS, THE BARNARD MEDICAL CENTER, AND TOXICOLOGY EDUCATION AND WEBSITES.

GOOD MEDICINE, THE PHYSICIANS COMMITTEE'S 24-PAGE MAGAZINE, KEEPS MEMBERS INFORMED AND INVOLVED. FOUR ISSUES OF GOOD MEDICINE WERE PUBLISHED IN FY 2018. TOTAL PRINT DISTRIBUTION WAS 323,600. THE MAGAZINE ALSO APPEARS IN ELECTRONIC FORMAT ON OUR WEBSITE.

THE PUBLICATIONS DEPARTMENT PROVIDED DESIGN SUPPORT FOR THE DEVELOPMENT OF THE NEW PHYSICIANS COMMITTEE WEBSITE.

## LEGAL ADVOCACY

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

THROUGH LITIGATION AND PETITIONS, THE PHYSICIANS COMMITTEE'S LEGAL TEAM PROMOTES BETTER HEALTH AND COMPASSIONATE RESEARCH PRACTICES.

DURING THE FISCAL YEAR, THE PHYSICIANS COMMITTEE FILED PETITIONS WITH USDA AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHALLENGING THE PROMOTION OF DAIRY-BASED FORMULA OVER BREAST MILK AND WITH THE FEDERAL TRADE COMMISSION CHALLENGING DECEPTIVE ADVERTISEMENTS CLAIMING THAT BEEF BENEFITS HEART HEALTH. THE PHYSICIANS COMMITTEE ALSO SUBMITTED REGULATORY COMMENTS OPPOSING PROPOSALS BY USDA TO PROHIBIT THE USE OF THE TERM "MILK" ON PLANT-BASED PRODUCTS; CHALLENGING A PROPOSAL BY USDA TO ALLOW ANIMAL RESEARCH FACILITIES TO BE INSPECTED BY PRIVATE ORGANIZATIONS RATHER THAN THE GOVERNMENT; OPPOSING BEEF INDUSTRY EFFORTS TO BAN THE USE OF THE TERM "MEAT" ON PLANT-BASED PRODUCTS; AND AGAINST AN EFFORT BY THE EGG INDUSTRY TO CHANGE THE DEFINITION OF "HEALTHY" TO INCREASE ITS PROFITS.

IN LIGHT OF THE WORLD HEALTH ORGANIZATION'S DETERMINATION THAT PROCESSED MEAT IS A CARCINOGEN, THE PHYSICIANS COMMITTEE CONTINUED TO URGE THE CALIFORNIA OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT TO LIST PROCESSED MEAT AS A CARCINOGEN IN ACCORDANCE WITH STATE LAW. THE PHYSICIANS COMMITTEE ALSO CONTINUED ITS LAWSUIT SEEKING TO REMOVE PROCESSED MEAT FROM THE MENUS IN CALIFORNIA PUBLIC SCHOOLS, WHICH SERVE AN AVERAGE OF 3 MILLION LUNCHESES TO SCHOOL CHILDREN EACH DAY. REGARDING NUTRITION IN GENERAL, THE PHYSICIANS COMMITTEE PETITIONED USDA TO UPDATE ITS FOOD DIAGRAM, WHICH PLAYS A SIGNIFICANT ROLE IN FEDERAL NUTRITION RECOMMENDATIONS.

THE PHYSICIANS COMMITTEE ROUTINELY USES FEDERAL AND STATE OPEN GOVERNMENT LAWS TO OBTAIN DOCUMENTS DETAILING UNETHICAL ANIMAL EXPERIMENTS AT PUBLIC INSTITUTIONS OR THE FEDERAL GOVERNMENT'S PROMOTION OF UNHEALTHFUL FOOD PRODUCTS. THE PHYSICIANS

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

COMMITTEE USES THESE DOCUMENTS TO EDUCATE THE PUBLIC. WHEN NECESSARY, THE PHYSICIANS COMMITTEE SUES PUBLIC INSTITUTIONS THAT REFUSE TO DISCLOSE SUCH DOCUMENTS, SUCH AS A RECENTLY CONCLUDED LAWSUIT AGAINST THE USDA OVER COMMODITY PROMOTION DOCUMENTS RELATED TO FOOD RECOMMENDATIONS FOR INFANTS. THE PHYSICIANS COMMITTEE IS ALSO A PARTY IN TWO LAWSUITS AGAINST USDA OVER DOCUMENTS RELATED TO THE AGENCY'S ENFORCEMENT OF THE ANIMAL WELFARE ACT, WHICH REGULATES THE CARE AND USE OF ANIMALS IN THOUSANDS OF NATIONWIDE LOCATIONS, INCLUDING RESEARCH FACILITIES AND MEDICAL TRAINING INSTITUTIONS.

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY**

THE MEMBERSHIP (OF WHICH THERE IS ONLY ONE CLASS) HAS THE RIGHT TO ELECT OR APPOINT THE GOVERNING BODY.

**FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS**

THE MEMBERSHIP (OF WHICH THERE IS ONLY ONE CLASS) HAS THE RIGHT TO APPROVE THE BOARD'S DECISION TO AMEND THE ARTICLES OF INCORPORATION AND AMEND THE BYLAWS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

BEFORE IT IS FILED, A DRAFT COPY OF FORM 990 IS SENT TO EACH MEMBER OF THE BOARD. THE FORM 990 IS ACCOMPANIED BY A LETTER ILLUMINATING THE MOST IMPORTANT INFORMATION ON FORM 990 AND ADDRESSING ANY POTENTIAL DIFFICULTIES OR CONTROVERSIES (IF ANY). THE LETTER ASKS EACH BOARD MEMBER TO RESPOND BY A DATE CERTAIN IF THEY HAVE ANY QUESTIONS OR INPUT REGARDING FORM 990. ALSO BEFORE IT IS FILED, A REPRESENTATIVE FROM THE PREPARER'S AUDIT FIRM WILL REVIEW FORM 990 WITH THE FORM 990 REVIEW COMMITTEE, WHICH CONSISTS OF MEMBERS OF THE AUDIT COMMITTEE AND THE VICE PRESIDENT OF LEGAL AFFAIRS. UPON UNANIMOUS APPROVAL OF THE DRAFT 990 BY INDIVIDUALS NOTED ABOVE, AND AFTER ADDRESSING ANY CONCERNS AND/OR OTHER INPUT FROM THE FULL BOARD, FORM 990 IS FILED WITH THE I.R.S.

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

EACH YEAR BOARD MEMBERS ARE REQUIRED TO COMPLETE A DETAILED QUESTIONNAIRE DESIGNED TO HELP THEM DETERMINE WHETHER THEY HAVE A CONFLICT OF INTEREST. THE BOARD REVIEWS THE COMPLETED QUESTIONNAIRES, ALONG WITH THE CONFLICT OF INTEREST POLICY, TOGETHER ANNUALLY.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

DR. BARNARD'S (PRESIDENT OF PHYSICIANS COMMITTEE) COMPENSATION WAS DETERMINED AS FOLLOWS: DURING A REGULAR MEETING THE PHYSICIANS COMMITTEE'S BOARD REVIEWED DATA, INCLUDING PUBLISHED SALARY SURVEYS AND COMPENSATION DATA FROM FORM 990S FROM OTHER CHARITABLE ORGANIZATIONS, REFLECTING COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. DR. BARNARD WAS THEN ASKED TO STEP OUT OF THE ROOM, AT WHICH TIME THE REMAINING INDEPENDENT BOARD MEMBERS DISCUSSED WHETHER DR. BARNARD'S COMPENSATION IS OBJECTIVELY REASONABLE, AND UPON FINDING IT TO BE SO, THE BOARD OFFICIALLY APPROVED DR. BARNARD'S COMPENSATION. THE DELIBERATION AND DECISION WERE CONTEMPORANEOUSLY SUBSTANTIATED.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

BETSY WASON'S (PHYSICIANS COMMITTEE'S ASSISTANT SECRETARY AND VICE PRESIDENT FOR DEVELOPMENT) COMPENSATION WAS DETERMINED AS FOLLOWS: DURING A REGULAR MEETING THE PHYSICIANS COMMITTEE'S BOARD REVIEWED DATA, INCLUDING PUBLISHED SALARY SURVEYS AND COMPENSATION DATA FROM FORM 990S FROM OTHER CHARITABLE ORGANIZATIONS, REFLECTING COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. MS. WASON WAS NOT PRESENT AT THIS BOARD MEETING. THE BOARD MEMBERS DISCUSSED WHETHER MS. WASON'S COMPENSATION IS OBJECTIVELY REASONABLE, AND UPON FINDING IT TO BE SO, THE BOARD OFFICIALLY APPROVED MS. WASON'S COMPENSATION. THE DELIBERATION AND DECISION WERE CONTEMPORANEOUSLY SUBSTANTIATED.

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

AL AR CA FL HI IL KS KY MA MD MI MN MS NC NH NJ NM NY OR PA RI SC TN UT VA WI WV  
GA

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

PHYSICIANS COMMITTEE'S AUDITED FINANCIAL STATEMENTS, FORM 990, FORM 990-T AND FORM 1023 ARE AVAILABLE BY REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON ITS OWN WEBSITE AT WWW.PCRM.ORG. PHYSICIANS COMMITTEE'S FORM 990 IS ALSO AVAILABLE ON OTHER SITES SUCH AS WWW.GUIDESTAR.ORG. PHYSICIANS COMMITTEE MAKES ITS CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS AVAILABLE ON AN AS NEEDED BASIS, SUBJECT TO THE DISCRETION OF THE ORGANIZATION.

**FORM 990, PART VII - COMPENSATION EXPLANATION****BETSY WASON**

BETSY WASON DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 1 HOUR

THE PCRM FOUNDATION - 1 HOUR

**NEAL D. BARNARD, M.D.**

NEAL D. BARNARD DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 6 HOURS

THE PCRM FOUNDATION - 1 HOUR

**STACEY GLAESER**

STACEY GLAESER DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 5 HOURS

THE PCRM FOUNDATION - 0 HOURS

**HANA KAHLEOVA, M.D., PHD**

HANA KAHLEOVA DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 0 HOURS

THE PCRM FOUNDATION - 0 HOURS



Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

**FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)**

**JOHN PIPPIN M.D.**

JOHN PIPPIN DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 0 HOURS

THE PCRM FOUNDATION - 0 HOURS

**STEPHEN KANE CPA**

STEPHEN KANE DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 2 HOURS

THE PCRM FOUNDATION - 2 HOURS

**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

FRINGE BENEFIT COST THAT ARE BEING TAXED FOR UBIT PURPOSES.....	\$	-14,497.
	TOTAL	<u>\$ -14,497.</u>

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number  
52-1394893

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) THE PCRM FOUNDATION 5100 WISCONSIN AVE, NW, SUITE #400 WASHINGTON, DC 20016 73-1669893	SUPPORTING ORGANIZATION	DC	501 (C) (3)	TYPE I - 11A	PHYSICIANS COMMITTEE FOR RESPONSIBLE MED	X	
(2) PCRM CLINIC D/B/A BARNARD MEDICAL 5100 WISCONSIN AVE., NW #401 WASHINGTON, DC 20016 46-4057257	TO PROVIDE PRIMARY MEDICAL CARE	DC	501 (C) (3)	10	PHYSICIANS COMMITTEE FOR RESPONSIBLE MED	X	
(3) ----- ----- -----							
(4) ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1 a</b>		X
<b>1 b</b>	X	
<b>1 c</b>	X	
<b>1 d</b>		X
<b>1 e</b>		X
<b>1 f</b>		X
<b>1 g</b>		X
<b>1 h</b>		X
<b>1 i</b>		X
<b>1 j</b>	X	
<b>1 k</b>	X	
<b>1 l</b>		X
<b>1 m</b>		X
<b>1 n</b>		X
<b>1 o</b>		X
<b>1 p</b>		X
<b>1 q</b>		X
<b>1 r</b>		X
<b>1 s</b>		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE PCRM FOUNDATION	B	1,016,210	FMV
(2) THE PCRM FOUNDATION	C	356,291	FMV
(3) THE PCRM FOUNDATION	K	115,000	LEASE AGREEMEN
(4) PCRM CLINIC D/B/A BARNARD MEDICAL CENTER	B	59,026	FMV
(5) PCRM CLINIC D/B/A BARNARD MEDICAL CENTER	J	101,000	FMV
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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