

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 8/01, 2018, and ending 7/31, 2019

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
PHYSICIANS COMMITTEE FOR RESPONSIBLE MED
5100 WISCONSIN AVENUE, NW #400
WASHINGTON, DC 20016

D Employer identification number

52-1394893

E Telephone number

(202) 686-2210

G Gross receipts \$ 15,117,972.

F Name and address of principal officer: NEAL D. BARNARD, M.D.
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PCRM.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985 M State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE PHYSICIANS COMMITTEE PROMOTES PREVENTIVE MEDICINE, PARTICULARLY GOOD NUTRITION, CONDUCTS CLINICAL RESEARCH, AND ENCOURAGES HIGHER STANDARDS FOR ETHICS AND EFFECTIVENESS IN RESEARCH.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a).....	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	5
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a).....	5	90
	6	Total number of volunteers (estimate if necessary).....	6	7
		7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a
7b		Net unrelated business taxable income from Form 990-T, line 38.....	7b	3,244.
Revenue	8	Contributions and grants (Part VIII, line 1h).....	19,523,422.	12,215,663.
	9	Program service revenue (Part VIII, line 2g).....	109,832.	1,451,504.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	94,257.	119,924.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	61,048.	31,133.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	19,788,559.	13,818,224.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	1,176,118.	1,597,958.
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	6,410,344.	6,722,512.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....	23,835.	18,101.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,078,060.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	7,472,542.	9,059,307.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	15,082,839.	17,397,878.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12.....	4,705,720.	-3,579,654.
	20	Total assets (Part X, line 16).....	17,000,669.	13,167,540.
	21	Total liabilities (Part X, line 26).....	3,085,132.	2,632,341.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	13,915,537.	10,535,199.

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.

Sign Here	Signature of officer <u>Neal Barnard</u> Date <u>1/27/20</u>			
	NEAL D. BARNARD, M.D. PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS P. ARKIN	Preparer's signature <u>DAVID</u>	Date 1/23/2020	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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 3,728,151. including grants of \$) (Revenue \$)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 3,530,108. including grants of \$ 50,000.) (Revenue \$ 1,424,618.)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ 2,345,052. including grants of \$) (Revenue \$)
SEE SCHEDULE O**4d** Other program services (Describe in Schedule O.) SEE SCHEDULE O
(Expenses \$ 4,681,833. including grants of \$) (Revenue \$ 125,832.)**4e** Total program service expenses **▶** 14,285,144.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>	9	X
10 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>	10 X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	11 a X	
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>	11 b	X
c 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>	11 c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	12 a	X
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>	12 b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14 a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	14 b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	18 X	
19 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>	19	X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20 a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 90		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		

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

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 5		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent. 1 b 5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7 a 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? SEE SCHEDULE O 7 a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? SEE SCH O 7 b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

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

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

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 (1024 or 1024-A 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.

☒ Own website ☐ Another's website ☒ 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 ContractorsCheck 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				104,972.	0.	4,097.
(7) STACEY GLAESER VP HUMAN RESOURCES	35 5					X		106,170.	0.	9,274.
(8) HANA KAHLEOVA, M.D., PHD DIR CLINICAL RES.	40 0					X		160,561.	0.	5,463.
(9) JOHN PIPPIN M.D. DIR ACEDEM AFFAIRS	40 0					X		106,880.	0.	11,076.
(10) STEPHEN KANE CPA VP OF FINANCE	36 4					X		103,795.	0.	18,855.
(11) ERICA SPRINGER DIR. PHILANTHROPY	40 0					X		103,073.	0.	10,697.
(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	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									

1 b Sub-total 685,451. 0. 59,462.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 685,451. 0. 59,462.

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 ▶ 6

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

	Yes	No
3		X

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

	Yes	No
4	X	

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

	Yes	No
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	502,650.
LAUTMAN, MASKA, NEILL & CO 1730 RHODE ISLAND NW, STE 301 WASHINGTON,	MEMBERSHIP DEVELOPME	324,876.
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	CLINICAL RESEARCH	376,439.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	IT SERVICES	362,876.
THREESPOT MEDIA 806 7TH ST NW #201 WASHINGTON, DC 20001	DIGITAL	222,539.

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 ▶ 20

Part VIII Statement of RevenueCheck 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		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a 7,258.						
	b Membership dues	1 b						
	c Fundraising events	1 c 76,200.						
	d Related organizations	1 d 210,159.						
	e Government grants (contributions)	1 e						
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 11,922,046.						
	g Noncash contributions included in lines 1a-1f: \$	288,044.						
	h Total. Add lines 1a-1f						12,215,663.	
Program Service Revenue	2 a <u>SERVICE INCOME</u>		Business Code 561000	1,451,504.	1,451,504.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f		1,451,504.					
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts)			149,867.		149,867.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties			5,527.		5,527.			
6 a Gross rents		(i) Real	(ii) Personal					
		b Less: rental expenses	41,543.					
		c Rental income or (loss)	89,543.					
		d Net rental income or (loss)	-48,000.					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses	1,098,790.					
		c Gain or (loss)	1,128,733.					
		d Net gain or (loss)	-29,943.					
8 a Gross income from fundraising events (not including \$ 76,200. of contributions reported on line 1c). See Part IV, line 18		a						
		b Less: direct expenses	16,500.					
		c Net income or (loss) from fundraising events	36,190.					
		d Net gain or (loss)	-19,690.					
9 a Gross income from gaming activities. See Part IV, line 19		a						
		b Less: direct expenses						
		c Net income or (loss) from gaming activities						
		d Net gain or (loss)						
10 a Gross sales of inventory, less returns and allowances		a						
	b Less: cost of goods sold	125,457.						
	c Net income or (loss) from sales of inventory	45,282.						
	d Net gain or (loss)	80,175.						
11 a <u>OTHER REVENUE</u>		Business Code	13,121.			13,121.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			13,121.					
12 Total revenue. See instructions				13,818,224.	1,501,736.	0.	100,825.	

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. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,597,958.	1,597,958.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	110,920.	59,065.	0.	51,855.
6 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.
7 Other salaries and wages.	5,520,049.	4,483,600.	495,620.	540,829.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	99,016.	77,266.	13,445.	8,305.
9 Other employee benefits.	585,407.	461,440.	60,963.	63,004.
10 Payroll taxes.	407,120.	327,440.	36,217.	43,463.
11 Fees for services (non-employees):				
a Management.				
b Legal.	76,417.	74,667.	1,750.	
c Accounting.	55,410.		55,410.	
d Lobbying.	404,458.	404,458.		
e Professional fundraising services. See Part IV, line 17.	18,101.			18,101.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,177,660.	992,711.	22,427.	162,522.
12 Advertising and promotion.	663,149.	659,521.		3,628.
13 Office expenses.	169,994.	162,203.	3,681.	4,110.
14 Information technology.				
15 Royalties.				
16 Occupancy.	678,959.	550,364.	61,790.	66,805.
17 Travel.	336,301.	301,631.	960.	33,710.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	969,033.	940,920.		28,113.
20 Interest.	43,017.	115.	42,888.	14.
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	186,471.	148,309.	18,718.	19,444.
23 Insurance.	62,325.	56,245.	2,839.	3,241.
24 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.)				
a <u>PRINTING AND PUBLICATIONS</u>	1,463,077.	1,084,175.	1,594.	377,308.
b <u>POSTAGE AND SHIPPING</u>	928,486.	564,115.	760.	363,611.
c <u>ELECTRONIC COMMUNICATIONS COST</u>	483,143.	336,852.	25,786.	120,505.
d <u>MAILING LIST COSTS</u>	427,764.	350,576.	3,786.	73,402.
e All other expenses.	933,643.	651,513.	186,040.	96,090.
25 Total functional expenses. Add lines 1 through 24e.	17,397,878.	14,285,144.	1,034,674.	2,078,060.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	1,233,362.	859,523.		373,839.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	572,908.	1	746,269.
	2 Savings and temporary cash investments	7,428,963.	2	5,287,784.
	3 Pledges and grants receivable, net	49,701.	3	130,753.
	4 Accounts receivable, net	188,109.	4	70,359.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	118,356.	8	109,990.
	9 Prepaid expenses and deferred charges	528,302.	9	313,194.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,038,474.		
	b Less: accumulated depreciation	10b 771,836.		
		1,388,135.	10c	1,266,638.
	11 Investments — publicly traded securities	2,197,683.	11	2,337,819.
	12 Investments — other securities. See Part IV, line 11	60,278.	12	60,278.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,468,234.	15	2,844,456.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,000,669.	16	13,167,540.	
Liabilities	17 Accounts payable and accrued expenses	1,423,276.	17	1,416,082.
	18 Grants payable		18	37,500.
	19 Deferred revenue	616,968.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,044,888.	25	1,178,759.
	26 Total liabilities. Add lines 17 through 25	3,085,132.	26	2,632,341.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,101,376.	27	7,339,672.
	28 Temporarily restricted net assets	4,814,161.	28	3,195,527.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,915,537.	33	10,535,199.
	34 Total liabilities and net assets/fund balances	17,000,669.	34	13,167,540.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,818,224.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,397,878.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,579,654.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,915,537.
5	Net unrealized gains (losses) on investments	5	95,341.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	103,975.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,535,199.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a 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 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		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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)						
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) PT. VI	11,592,990.	19,024,540.	9,282,692.	18,187,565.	10,737,635.	68,825,422.
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 Total. Add lines 1 through 3.	11,592,990.	19,024,540.	9,282,692.	18,187,565.	10,737,635.	68,825,422.
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 Public support. Subtract line 5 from line 4.						68,825,422.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	11,592,990.	19,024,540.	9,282,692.	18,187,565.	10,737,635.	68,825,422.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	73,282.	103,307.	113,751.	126,671.	194,956.	611,967.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	3,445.	5,296.	3,510.	3,960.	1,981.	18,192.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	58,656.	18,306.	17,163.	43,859.	13,121.	151,105.
11 Total support. Add lines 7 through 10.						69,606,686.
12 Gross receipts from related activities, etc. (see instructions).					12	3,126,895.
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	98.88 %
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	98.98 %

16a 33-1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2018. 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—2017.** 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

2014	2015	2016	2017	2018	TOTAL
\$ 1,578,293.	\$ 1,500,000.	\$ 1,156,859.	\$ 1,168,225.	\$ 1,250,000.	\$ 6,653,377.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2018	2017	2016	2015	2014
AWARDS AND PRIZES		\$ 22,143.			
CAR PROGRAM		3,552.	\$ 2,162.		
CREDIT CARD REWARDS	\$ 8,748.	6,628.	6,078.	\$ 4,619.	\$ 6,000.
FUNDRAISING EVENTS			3,530.		
HONORARIA	2,225.	8,015.	1,283.	9,282.	1,300.
REIMBURSEMENTS	2,148.	3,521.	4,110.	4,405.	51,356.
TOTAL	\$ 13,121.	\$ 43,859.	\$ 17,163.	\$ 18,306.	\$ 58,656.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- **Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

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

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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)				

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

Schedule C (Form 990 or 990-EZ) 2018

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).

B Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying).....		64,499.	64,499.												
b Total lobbying expenditures to influence a legislative body (direct lobbying).....		339,959.	339,959.												
c Total lobbying expenditures (add lines 1a and 1b).....		404,458.	404,458.												
d Other exempt purpose expenditures.....		14,915,360.	14,980,167.												
e Total exempt purpose expenditures (add lines 1c and 1d).....		15,319,818.	15,384,625.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.....		915,991.	919,231.												
<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.														
g Grassroots nontaxable amount (enter 25% of line 1f).....		228,998.	229,808.												
h Subtract line 1g from line 1a. If zero or less, enter -0-.....		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-.....		0.													
j 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)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount	712,719.	760,579.	828,188.	919,231.	3,220,717.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,831,076.
c Total lobbying expenditures	60,856.	43,188.	381,045.	404,458.	889,547.
d Grassroots nontaxable amount	178,180.	190,145.	207,047.	229,808.	805,180.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,207,770.
f Grassroots lobbying expenditures	15,745.	9,557.	133,811.	64,499.	223,612.

BAA

Schedule C (Form 990 or 990-EZ) 2018

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)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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

PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE, INC. (PCRM)
 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	64,499	-	-	-	64,499
DIRECT LOBBYING	339,959	-	-	-	339,959
TOTAL LOBBYING	404,458	-	-	-	404,458
TOTAL EXPENSES (EXCLUDING DONATED SERVICES)	17,397,878	1,364,900	1,383,639	(2,683,732)	17,462,685
TOTAL LOBBYING EXPENSES ABOVE	(404,458)	-	-	-	(404,458)
TOTAL FUNDRAISING EXPENSES	(2,078,060)	-	-	-	(2,078,060)
OTHER EXEMPT PURPOSE EXPENDITURES	14,915,360	1,364,900	1,383,639	(2,683,732)	14,980,167
TOTAL EXEMPT PURPOSE EXPENDITURES	15,319,818	1,364,900	1,383,639	(2,683,732)	15,384,625

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.....	6,945,039.	6,923,840.	3,994,632.	3,997,779.	3,917,179.
b Contributions.....	500,745.	16,210.	2,602,988.	1,830.	155,383.
c Net investment earnings, gains, and losses.....	485,207.	428,860.	658,984.	38,728.	104,670.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....	210,159.	356,291.	266,461.	0.	135,987.
f Administrative expenses.....	69,878.	67,580.	66,303.	43,705.	43,466.
g End of year balance.....	7,650,954.	6,945,039.	6,923,840.	3,994,632.	3,997,779.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 66.60 %

b Permanent endowment ▶ 21.58 %

c Temporarily restricted endowment ▶ 11.82 %

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:

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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.	214,310.	285,960.
c Leasehold improvements.....		818,449.	504,959.	313,490.
d Equipment.....		12,198.	10,162.	2,036.
e Other.....		162,477.	42,405.	120,072.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				1,266,638.

BAA

Schedule D (Form 990) 2018

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) -----		
Total. (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)		
Total. (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) HEALTH INSURANCE REBATE RECE	37,225.
(3) LEGACIES & BEQUESTS RECEIVABLE	2,682,173.
(4) WIP FILMS	119,580.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	2,844,456.

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	1,178,759.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	1,178,759.	

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 2 a through 2 d	2 e	
3	Subtract line 2 e 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 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (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 2 a through 2 d	2 e	
3	Subtract line 2 e 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 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (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, 2019.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

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
(1) EAST ASIA AND PACIFIC	0	1	PROGRAM SERVICES	SEE PART V	127,000.
(2) SOUTH ASIA	0	1	PROGRAM SERVICES	SEE PART V	48,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Subtotal.....	0	2			175,000.
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	2			175,000.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule F (Form 990) 2018**

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.

[illegible]

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.	0
3	Enter total number of other organizations or entities	0

BAA

Schedule F (Form 990) 2018

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)							

BAA

Schedule F (Form 990) 2018

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; don't 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; don't 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 2019, 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 70 CITIES, AND REACHED 31,000 PEOPLE. HE ALSO PARTICIPATED IN A 5,000 KILOMETER CYCLING EFFORT TO PROMOTE A PLANT-BASED DIET ACROSS CHINA.

SOUTH ASIA

IN 2019, PHYSICIANS COMMITTEE'S INDIA PROGRAM SPECIALIST WENT ON TWO TOURS IN INDIA: WE PARTNERED WITH BOLLYWOOD ACTRESS MALLIKA SHERAWAT TO LAUNCH A BILLBOARD CAMPAIGN IN FIVE-CITIES OF INDIA WITH A MESSAGE- "GO VEGAN FOR SOMEONE YOU LOVE" IN FEB. 2019 AND FOR A CONFERENCE TALK INVITATION AT VEGAN INDIA CONFERENCE IN NEW DELHI ON JULY 6 AND 7, 2019. THE FEBRUARY EVENT HELPED US REACH 27.4 MILLION PEOPLE THROUGH MEDIA COVERAGE IN HINDI AND ENGLISH NEWSPAPERS, URGING PEOPLE TO FOLLOW A PLANT-BASED DIET FOR DISEASE PREVENTION AND REVERSAL. THE JULY EVENT WAS FOCUSED ON EDUCATING MEDICAL STUDENTS AND LAY PEOPLE TO USE PLANT-BASED NUTRITION IN PREVENTING AND REVERSING DIABETES. WE PARTNERED WITH INTERNATIONAL ORGANIZATIONS LIKE VEGAN FIRST AND WORLD VEGAN ORGANIZATION TO SPREAD THE MESSAGE ABOUT THE POWER OF PLANT-BASED DIETS. TOGETHER THE TWO TOURS REACHED OVER 27 MILLION PEOPLE IN SEVERAL CITIES OF

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 - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

INDIA.

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 for instructions and the latest information.

OMB No. 1545-0047

2018

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [] Solicitation of government grants
g [X] 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? [X] 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.

Table with 6 columns: (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. Includes entries for LAUTMAN MASKA and DONOR SERVICES.

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 HOLLYWOOD FUND (event type)	(b) Event #2 FL FUNDRAISER (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	82,600.	10,100.		92,700.
	2 Less: Contributions	76,200.			76,200.
	3 Gross income (line 1 minus line 2)	6,400.	10,100.		16,500.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,937.	2,038.		7,975.
	8 Entertainment	330.			330.
	9 Other direct expenses	19,166.	8,719.		27,885.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,190.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-19,690.

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:
- | | | |
|--------------------------------------|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 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	331,955
TOTAL PAID FOR PROFESSIONAL FUNDRAISING SERVICES, FORM 990, 11E	18,101
DIFFERENCE	313,854

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:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

15a 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	26,184	-0-	58,591	84,775
POSTAGE & SHIPPING	13,736	-0-	5,648	19,384
MAILING LIST COSTS	1,875	-0-	-0-	1,875
OTHER SERVICES	110,664	-0-	97,156	207,820
TOTAL	152,459	-0-	161,395	313,854

- 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:

a The organization's facility	13 a	%
b An outside facility	13 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 for the latest information

OMB No. 1545-0047

2018

**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		1,500,000.	0.			GENERAL SUPPORT & FUND ENDOWMENT
(2) PCRM CLINIC D/B/A BARNARD MED 5100 WISCONSIN AVE., NW #401 WASHINGTON, DC 20016	46-4057257		3,350.	45,723.	FMV	DIRECT PAYMENT OF CLINIC EXPENSES	GENERAL SUPPORT
(3) ROCHESTER LIFESTYLE MEDICINE 2024 W HENRIETTA RD, SUITE 5A ROCHESTER, NY 14623	82-1801873		50,000.	0.			PROMOTE LIFESTYLE MEDICINE
(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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

1 b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4 a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4 b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5 a

X

b Any related organization?

5 b

X

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6 a

X

b Any related organization?

6 b

X

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

7

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

8

X

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	HANA KAHLEOVA, M.D., PHD DIR CLINICAL RES.	(i) 160,561.	(ii) 0.	(iii) 0.	0.	5,463.	166,024.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III **Supplemental Information**

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

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2018**Open to Public
Inspection**

- ▶ **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 for instructions and the latest information.**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

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	29	98,726.	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	6	27,288.	FMV
26 Other ▶ (COOKING EQUIPME)	X	25	7,622.	FMV
27 Other ▶ (CATERING)	X	1	200.	FMV
28 Other ▶ (GOOGLE ADS)	X	60,448	154,208.	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule M (Form 990) 2018**

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 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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 ONE OF THE 322 ADVANCED TRAUMA LIFE SUPPORT (ATLS) PROGRAMS CONTINUES 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, 235 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 NUTRITION RESEARCH. PHYSICIANS COMMITTEE SCIENTISTS AND PHYSICIANS MEET WITH NIH LEADERS, PUBLISH SCIENTIFIC REVIEWS AND COMMENTARIES, AND SPEAK AT NATIONAL AND

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

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

INTERNATIONAL CONFERENCES ON THESE SUBJECTS. IN 2019, WE EXPANDED THE EARLY-CAREER RESEARCHERS ADVANCING 21ST-CENTURY RESEARCH (ERA21) PROJECT. 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 MONTHLY NEWSLETTER HAS MORE THAN 150 SUBSCRIBERS, AND THE FACEBOOK GROUP ENGAGES YOUNG RESEARCHERS AS WELL.

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 1,600 SCIENTISTS ON ITS MAILING LIST, JUST HELD ITS EIGHTH 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. THE ASCCT HOLDS MONTHLY WEBINARS, ATTRACTING APPROXIMATELY 100 ATTENDEES EACH FROM AROUND THE WORLD.

IN 2019, WE LEARNED THAT BECAUSE OF A NEW EPA POLICY ACCEPTING HUMAN CELL-BASED METHODS FOR SKIN SENSITIZATION (METHODS WHICH HAVE BEEN SHOWN TO BE MORE PREDICTIVE OF THE ANIMAL METHOD IT REPLACED), COMPANIES HAD SUBMITTED 25 DOSSIERS, SAVING 750 MICE IN A FEW SHORT MONTHS. THE PHYSICIANS COMMITTEE ADVOCATED FOR THE ADOPTION OF THIS POLICY AND CONTINUES TO ENCOURAGE OTHER REGULATORY AGENCIES TO ADOPT THE SAME POLICY.

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

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

FINALLY, THIS YEAR THE PHYSICIANS COMMITTEE PROVIDED TRAINING OPPORTUNITIES TO MORE THAN 2,000 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 CONTINUED TO SCHEDULE NEW APPROACH METHODOLOGY USE FOR REGULATORY APPLICATION (NURA) TRAINING SERIES EVENTS, 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. TWO EVENTS WERE HELD, AND THE PRESENTATIONS WERE VIDEOTAPED AND POSTED TO AN ONLINE PORTAL. THE PHYSICIANS COMMITTEE PROMOTES THIS PORTAL WITH ONLINE ADVERTISING, AND THE PORTAL HAS MORE THAN 5,000 VISITATIONS.

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

THE PHYSICIANS COMMITTEE HOSTS CONTINUING EDUCATION OPPORTUNITIES FOR PHYSICIANS, NURSES, DIETITIANS, MEDICAL STUDENTS, AND OTHER HEALTH CARE PROFESSIONALS SO THEY CAN BRING TOOLS OF DISEASE PREVENTION INTO THEIR PRACTICE.

NUTRITIONCME.ORG, AN ONLINE CONTINUING EDUCATION WEBSITE, OFFERS UP TO 50 FREE, NUTRITION-FOCUSED CONTINUING MEDICAL EDUCATION COURSES. IN FY 2019, 1,541 MEDICAL PROFESSIONALS COMPLETED AT LEAST ONE COURSE, A 57 PERCENT INCREASE COMPARED TO FY 2018. THOSE PROFESSIONALS COMPLETED A TOTAL OF 6,242 CONTINUING EDUCATION CREDITS.

IN AUGUST 2019, WE ALSO HOSTED OUR SEVENTH ANNUAL INTERNATIONAL CONFERENCE ON NUTRITION IN MEDICINE, A LIVE, IN-PERSON CONTINUING MEDICAL EDUCATION CONFERENCE IN WASHINGTON, D.C., ATTENDED BY 1,000 HEALTH CARE PROFESSIONALS. THE VAST MAJORITY OF

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

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

THE PLANNING FOR THIS SUCCESSFUL EVENT TOOK PLACE IN FY 2019.

IN FY 2019, OUR TEAM COORDINATED AND SPONSORED SIX LUNCH-AND-LEARN EVENTS, REACHING HUNDREDS OF MEDICAL AND NURSING STUDENTS. OUR EXPERTS SPOKE AT UNIVERSITY OF WASHINGTON, BASTYR, BOUCHER, YALE, FLORIDA ATLANTIC UNIVERSITY, GEORGE WASHINGTON, AND JOHNS HOPKINS, REACHING 495 STUDENTS. WE ATTENDED TWO MEDICAL STUDENT CONFERENCES: THE AMERICAN MEDICAL STUDENT ASSOCIATION AND THE STUDENT NATIONAL MEDICAL ASSOCIATION, REACHING 450 STUDENTS.

THE NUTRITION GUIDE FOR CLINICIANS APP BRINGS EVIDENCE-BASED RESOURCES TO CLINICIANS' FINGERTIPS, AND IN FY 2019 REACHED MORE THAN 32,000 WITH MORE THAN 200,000 CHAPTER VIEWS ONLINE.

OUR DIABETES EDUCATOR TEAM DELIVERED EDUCATIONAL PRESENTATIONS TO 2,500 DIABETES PROFESSIONALS AT NATIONAL AND REGIONAL CONFERENCES. THEY WERE EDUCATED ON THE SCIENCE AND PRACTICAL APPLICATIONS OF PLANT-BASED CLINICAL INTERVENTIONS DESIGNED TO REVERSE, TREAT, AND PREVENT DIABETES VIA LECTURES, WORKSHOPS, OR WEBINARS.

THE PHYSICIANS COMMITTEE RUNS NUTRITION EDUCATION PROGRAMMING TO REACH COMMUNITIES ALL ACROSS THE UNITED STATES:

IN FY 2019, WE TRAINED 28 FOOD FOR LIFE INSTRUCTORS TO TEACH OUR HEALTHFUL COOKING CLASSES IN THEIR COMMUNITIES. THEY CAME FROM AS FAR AS ITALY, CANADA, AND HAWAII. THE TRAINING AWARDS 18 CONTINUING EDUCATION HOURS FOR NURSES AND DIETITIANS. DURING THE PAST FISCAL YEAR, OUR INSTRUCTORS TAUGHT MORE THAN 1,000 CLASSES AND REACHED APPROXIMATELY 4,500 STUDENTS. THE PHYSICIANS COMMITTEE CURRENTLY HAS MORE THAN 280

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INSTRUCTORS AND EDUCATION ALLIANCE PROGRAM PARTNERS IN 44 STATES, PLUS THE DISTRICT OF COLUMBIA, AND 17 COUNTRIES.

IN FY 2019, MORE THAN 105,000 PARTICIPANTS FOLLOWED OUR FREE, ONLINE 21-DAY VEGAN KICKSTART PROGRAM, WHICH PROMOTES A HEALTHFUL PLANT-BASED DIET WITH TIPS AND RECIPES AND NUTRITION EDUCATION VIDEOS FROM OUR NUTRITION EXPERTS. WE OFFER THIS APP-BASED PROGRAM IN BOTH ENGLISH AND SPANISH WITH CULTURALLY RELEVANT RECIPES AND NUTRITION EDUCATION. WE ALSO HAVE 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 92,000 INSTALLS OF OUR MOBILE VERSION.

IN FY 2019, THE PHYSICIANS COMMITTEE HOSTED TWO TWO-DAY KICKSTART INTENSIVES, WHICH EDUCATED 145 ATTENDEES ABOUT THE HEALTH BENEFITS OF A PLANT-BASED DIET. THE TWO-DAY PROGRAM INCLUDED NUTRITION LECTURES, COOKING DEMONSTRATIONS, TESTIMONIALS, HEALTH MEASUREMENTS, AND FOUR MEALS.

OUR NATIVE AMERICAN OUTREACH CONTINUES AS THE DIABETES EPIDEMIC GROWS. IN SEPTEMBER 2018, THROUGH A COLLABORATION WITH CLINICAL EDUCATION AND NUTRITIVE SERVICES AT THE TSEHOOTSOOI MEDICAL CENTER IN FORT DEFIANCE, ARIZ., WE PROVIDED A FOUR-HOUR CONTINUING MEDICAL EDUCATION PROGRAM FOR 170 CLINICIANS AND MEMBERS OF THE PUBLIC, WHO WERE ALSO PROVIDED WITH PLANT-BASED MEALS AND RESOURCE MATERIALS. IN JANUARY 2019, 100 PARTICIPANTS ATTENDED A SECOND FOUR-WEEK CHALLENGE OFFERED BY TSEHOOTSOOI. IN FEBRUARY 2019, WE OFFERED HANDS-ON INSTRUCTION ON PREPARATION OF 17 PLANT-BASED DISHES FOR HOSPITAL EMPLOYEES. IN APRIL, WE WERE INVITED TO ASSIST THE GALLUP INDIAN MEDICAL CENTER (GIMC) IN GALLUP, N.M., AND WE PARTNERED WITH THEM TO TRAIN 100 COOKS AND NUTRITIONISTS AT EVENTS AT THE GALLUP COMMUNITY PANTRY IN JUNE 2019. IN JULY, 15

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PEOPLE ATTENDED A FOUR-WEEK CHALLENGE GIMC OFFERED TO EMPLOYEES. BOTH THE TSEHOOTSOOI MEDICAL CENTER AND GIMC NOW OFFER MADE-FROM-SCRATCH PLANT-BASED MEAL OPTIONS IN THEIR CAFETERIAS EACH DAY.

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 2019, WE ATTENDED AND PRESENTED AT TWO GREENING SCHOOL FOOD FORUMS HOSTED BY FRIENDS OF THE EARTH, REACHING A TOTAL OF 200 SCHOOL FOOD SERVICE PROFESSIONALS COMBINED. ATTENDEES LEARNED FROM US ABOUT POLICY INITIATIVES SUPPORTING THE ADDITION OF PLANT-BASED MEALS AND REMOVAL OF PROCESSED MEAT IN SCHOOLS. IN THE FALL OF 2018, SANTA BARBARA UNIFIED SCHOOL DISTRICT AGREED TO REMOVE PROCESSED MEAT FROM ITS MENU FOR GOOD WITH OUR ASSISTANCE, AND WE PUBLICIZED IT. THE FOOD SERVICE DIRECTOR SPOKE AT ONE OF THE FORUMS ABOUT HER SUCCESS IN REMOVING PROCESSED MEAT AND HAVING A DAILY VEGAN OPTION ON THEIR DISTRICT'S MENU.

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 RECEIVED STRONG SUPPORT FROM ACTION ALERTS AND 12 MEMBERS WHO GAVE TESTIMONY AT A CITY COUNCIL HEARING. THE RESOLUTION LATER PASSED, BANNING PROCESSED MEAT FROM ALL NEW YORK CITY PUBLIC SCHOOLS.

FY 2019 MARKED THE KICK-OFF OF PUBLIC MEETINGS HOSTED BY THE U.S. DEPARTMENT OF AGRICULTURE TO UPDATE THE DIETARY GUIDELINES FOR AMERICANS, A PROCESS THAT OCCURS EVERY FIVE YEARS. THE PHYSICIANS COMMITTEE ALSO MONITORED THE NOMINATION OF MEMBERS

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TO THE DIETARY GUIDELINES ADVISORY COMMITTEE BY SUBMITTING NOMINATIONS AND WEIGHING-IN ON THOSE ULTIMATELY SELECTED. WE SENT REPRESENTATIVES TO ALL PUBLIC MEETINGS, POSTED COMMENTS, AND PRESENTED ORAL TESTIMONY WHEN THE OPPORTUNITIES WERE AVAILABLE.

IN FY 2019, OUR KICKSTART YOUR HEALTH TEAM VISITED THE TRIANGLE AREA OF NORTH CAROLINA 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 490 LAYPERSONS, MEDICAL PROFESSIONALS, AND CITY OFFICIALS TO OFFER NUTRITION EDUCATION AND LONG-TERM SUPPORT.

THE PHYSICIANS COMMITTEE'S INTERNATIONAL OUTREACH PROGRAMS IN CHINA AND INDIA WORK TO DECREASE RISING CHRONIC DISEASE RATES WITH NUTRITION EDUCATION. IN FY 2019, OUR INDIA PROGRAM SPECIALIST WENT ON TWO TOURS IN INDIA AND REACHED 600 PEOPLE AT THE VEGAN INDIAN CONFERENCE IN JULY. IN FEBRUARY, THROUGH A PARTNERSHIP WITH BOLLYWOOD ACTRESS MALLIKA SHERAWAT, WE LAUNCHED A BILLBOARD CAMPAIGN IN FIVE INDIAN CITIES WITH THE MESSAGE "GO VEGAN FOR SOMEONE YOU LOVE," WHICH REACHED 27.4 MILLION PEOPLE THROUGH HINDI AND ENGLISH MEDIA. OUR CHINA PROGRAM SPECIALIST DELIVERED PLANT-BASED LECTURES IN 70 CITIES REACHING 31,000 PEOPLE.

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COMMUNICATIONS

WORKING WITH PHYSICIANS, HEALTH EXPERTS, AND CELEBRITIES WHO SERVE AS SPOKESPEOPLE, WE AIM TO INFORM, PERSUADE, AND INSPIRE READERS THROUGH STRATEGIC MEDIA RELATIONS, PUBLIC RELATIONS, DIGITAL COMMUNICATIONS, CONTENT GENERATION, SOCIAL MEDIA,

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CELEBRITY ENGAGEMENT, AND ADVERTISEMENTS. IN THE PAST YEAR, OUR WORK WAS FEATURED AND REFERENCED IN TRADITIONAL NEWS OUTLETS, INCLUDING THE NEW YORK TIMES, THE WASHINGTON POST, THE BOSTON GLOBE, THE STAR TRIBUNE, THE HOUSTON CHRONICLE, THE MIAMI HERALD, AND THE DENVER POST. OUR MESSAGE HAS BEEN REPORTED BY WIRES INCLUDING THE ASSOCIATED PRESS AND REUTERS, CAPITOL HILL PAPERS INCLUDING THE HILL AND POLITICO, AND BY MAJOR TELEVISION NETWORKS INCLUDING ABC NEWS AND CNN. INTERNATIONAL OUTLETS SUCH AS THE DAILY MAIL AND THE TORONTO STAR HAVE COVERED OUR CAMPAIGNS. EACH MONTH, WE REACH A POTENTIAL AUDIENCE OF 240 MILLION READERS BY APPEARING IN AN AVERAGE OF 167 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 1.3 MILLION FOLLOWERS ON 11 SOCIAL MEDIA ACCOUNTS. IN 2018, WE LAUNCHED THE EXAM ROOM PODCAST WHICH HAS REACHED MORE THAN 2.3 MILLION PEOPLE TO DATE. 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 2019, THE PHYSICIANS COMMITTEE'S WEBSITES RECEIVED ABOUT 6.4 MILLION VISITORS AND 7.7 MILLION PAGE VIEWS.

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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

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UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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 DIET IN OVERWEIGHT INDIVIDUALS IN A 16-WEEK RANDOMIZED CLINICAL TRIAL: METABOLIC BENEFITS OF PLANT PROTEIN,' PUBLISHED IN NUTRITION & DIABETES BY PHYSICIANS COMMITTEE RESEARCH STAFF, SHOWED THAT PLANT PROTEIN, AS A PART OF A PLANT-BASED DIET, AND THE RESULTING LIMITATION OF LEUCINE AND HISTIDINE INTAKE ARE ASSOCIATED WITH IMPROVEMENTS IN BODY COMPOSITION AND REDUCTIONS IN BOTH BODY WEIGHT AND INSULIN RESISTANCE. THIS STUDY DEMONSTRATES THE POTENTIAL OF PLANT PROTEIN FOR WEIGHT MANAGEMENT AND MAY INFLUENCE THE DIETARY RECOMMENDATIONS.

PHYSICIANS COMMITTEE RESEARCHERS CO-AUTHORED A CASE STUDY DEMONSTRATING A COMPLETE REMISSION OF CROHN'S DISEASE WITH A PLANT-BASED DIET. THIS CASE STUDY DESCRIBES A YOUNG ADULT MALE WITH NEWLY DIAGNOSED CROHN'S DISEASE WHO FAILED TO ENTER CLINICAL REMISSION DESPITE STANDARD MEDICAL THERAPY. AFTER SWITCHING TO A DIET BASED EXCLUSIVELY ON GRAINS, LEGUMES, VEGETABLES, AND FRUITS, HE ENTERED CLINICAL REMISSION WITHOUT NEED FOR MEDICATION AND SHOWED NO SIGNS OF CROHN'S DISEASE ON FOLLOW-UP COLONOSCOPY. THIS CASE STUDY GIVES HOPE TO PATIENTS DIAGNOSED WITH INFLAMMATORY BOWEL DISEASE AND NEEDS TO BE TAKEN INTO ACCOUNT WHEN MAKING DIETARY RECOMMENDATIONS TO THESE PATIENTS.

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A PHYSICIANS COMMITTEE RESEARCHER CO-AUTHORED A SYSTEMATIC REVIEW AND META-ANALYSIS ON VEGETARIAN DIETARY PATTERNS AND MAJOR CARDIOVASCULAR OUTCOMES, PUBLISHED IN FRONTIERS IN NUTRITION, SHOWING THAT VEGETARIAN DIETS REDUCE CARDIOVASCULAR MORTALITY AND INCIDENCE. THIS PAPER HIGHLIGHTS THE USEFULNESS OF PLANT-BASED DIETS FOR PEOPLE WITH ELEVATED CARDIOVASCULAR RISK.

THE PHYSICIANS COMMITTEE PUBLISHED A LETTER TO THE EDITOR OF THE AMERICAN JOURNAL OF CLINICAL NUTRITION, EXPOSING THE DAIRY INDUSTRY FUNDING AND THE METHODOLOGICAL ISSUES IN A PROSPECTIVE STUDY THAT WAS TRYING TO PROVE THAT EATING DAIRY IS NOT CONTRIBUTING TO CARDIOVASCULAR DISEASE. WE SUGGEST THAT THE CONTRIBUTION OF DAIRY PRODUCTS TO CARDIOVASCULAR RISK IS BEST ADJUDICATED IN CAREFULLY DESIGNED RANDOMIZED TRIALS. SUCH TRIALS HAVE ALREADY INDICATED WEIGHT GAIN ASSOCIATED WITH CONSUMPTION OF BOTH LOW-FAT AND WHOLE-FAT DAIRY AND A CONSIDERABLE RISK FROM SATURATED FAT INTAKE. THIS SUGGESTS THAT THE DAIRY INDUSTRY'S APPEALS FOR A MORE GENEROUS VERDICT SHOULD NOT BE SO EASILY GRANTED.

TWO PAPERS IN NUTRIENTS BY PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES SHOWED THAT VEGETABLE FAT AND CARBOHYDRATES, AS PART OF A PLANT-BASED DIET, MAY PLAY AN IMPORTANT ROLE IN BODY WEIGHT REGULATION.

PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES PUBLISHED A REVIEW PAPER ENTITLED 'THE EFFECTS OF VEGETARIAN AND VEGAN DIETS ON GUT MICROBIOTA' IN FRONTIERS IN NUTRITION. A PLANT-BASED DIET APPEARS TO BE BENEFICIAL FOR HUMAN HEALTH BY PROMOTING THE DEVELOPMENT OF MORE DIVERSE AND STABLE MICROBIAL SYSTEMS. HIGH FIBER INTAKE ALSO ENCOURAGES THE GROWTH OF SPECIES THAT FERMENT FIBER INTO METABOLITES AS SHORT-CHAIN

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FATTY ACIDS, WHICH IMPROVE IMMUNITY AGAINST PATHOGENS, PROMOTE BLOOD-BRAIN BARRIER INTEGRITY, PROVIDE ENERGY SUBSTRATES, AND REGULATE CRITICAL FUNCTIONS OF THE INTESTINE. THE AVAILABLE LITERATURE SUGGESTS THAT A VEGETARIAN/VEGAN DIET IS EFFECTIVE IN PROMOTING A DIVERSE ECOSYSTEM OF BENEFICIAL BACTERIA TO SUPPORT BOTH HUMAN GUT MICROBIOME AND OVERALL HEALTH.

ANOTHER PAPER BY PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES, ENTITLED 'PLANT-BASED DIETS FOR CARDIOVASCULAR SAFETY AND PERFORMANCE IN ENDURANCE SPORTS,' PUBLISHED IN NUTRIENTS, SHOWED THE PRACTICAL IMPLEMENTATION OF THE RESEARCH AND SUGGESTED THE USE OF PLANT-BASED DIETS TO BOOST THE PERFORMANCE IN ATHLETES.

PHYSICIANS COMMITTEE RESEARCH STAFF PUBLISHED A PAPER ENTITLED 'THE THERMIC EFFECT OF FOOD: A REVIEW' IN THE JOURNAL OF AMERICAN COLLEGE OF NUTRITION. THE THERMIC EFFECT OF FOOD IS THE INCREASE IN THE METABOLIC RATE THAT OCCURS AFTER A MEAL AND REPRESENTS A POTENTIALLY MODIFIABLE COMPONENT OF ENERGY EXPENDITURE, THEREFORE PLAYING AN IMPORTANT ROLE IN WEIGHT MANAGEMENT. EVIDENCE SUGGESTS THAT THE THERMIC EFFECT OF FOOD IS INCREASED BY LARGER MEAL SIZES (AS OPPOSED TO FREQUENT SMALL MEALS), INTAKE OF CARBOHYDRATE AND PROTEIN (AS OPPOSED TO DIETARY FAT), AND LOW-FAT PLANT-BASED DIETS. THIS HIGHLIGHTS THE USEFULNESS OF PLANT-BASED DIETS FOR WEIGHT MANAGEMENT.

OUR CURRENT RANDOMIZED CROSSOVER CLINICAL TRIAL IS COMPARING THE EFFECTS OF A LOW-FAT, PLANT-BASED DIET TO A MEDITERRANEAN DIET ON BODY WEIGHT, METABOLISM, AND BODY COMPOSITION. 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

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DETAILED BODY COMPOSITION. THE PARTICIPANTS' INSULIN SENSITIVITY AND GLUCOSE METABOLISM IS ALSO TESTED. ALL OF THESE TESTS ARE PERFORMED AT BASELINE AND AFTER 16 WEEKS OF A LOW-FAT VEGAN VERSUS MEDITERRANEAN DIET, AT WEEK 20 (AFTER A FOUR-WEEK WASH-OUT PERIOD), AND AT WEEK 36 (AFTER 16 WEEKS OF THE SECOND INTERVENTION). SIXTY-TWO PARTICIPANTS WERE ENROLLED AND STARTED THE STUDY. THIS STUDY WILL PROVIDE IMPORTANT INSIGHTS FOR DIETARY RECOMMENDATIONS.

USING THE DESIGN OF A RANDOMIZED CROSSOVER TRIAL, WE ARE TESTING THE EFFECTS OF DIETARY CHOLESTEROL ON SERUM CHOLESTEROL LEVELS IN VEGANS WHO HAVE NO BASELINE DIETARY CHOLESTEROL INTAKE. THIS STUDY WILL PROVIDE THE DOSE-RESPONSE INFORMATION ON HOW MUCH DIETARY CHOLESTEROL AFFECTS BLOOD LIPIDS AND CARDIOVASCULAR RISK.

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 AMONG THE MEDICAL AND SCIENTIFIC COMMUNITIES, POLICYMAKERS, AND THE PRESS OF THE POWER OF PLANT-BASED DIETS TO PREVENT AND TREAT DISEASE.

EDUCATION AND POLICY

DR. BARNARD REACHED THOUSANDS OF PEOPLE THROUGH HIS PRESENTATIONS AND COMMUNITY

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EVENTS. WITH THE RELEASE OF HIS LATEST BOOK, THE VEGAN STARTER KIT, DR. BARNARD UNDERScoreD THE POWER OF NUTRITION IN TREATING AND PREVENTING CHRONIC DISEASES, MANAGING WEIGHT, AND HEALTHY EATING AT ALL LIFE STAGES. HE SPOKE ON THESE TOPICS WHEN EXPANDING HIS OUTREACH TO MEDICAL PROFESSIONALS AND MEDICAL STUDENTS. HE PRESENTED AT GRAND ROUNDS LECTURES, CME PRESENTATIONS, AND MEDICAL STUDENT LUNCH-AND-LEARN LECTURES. HE REACHED HEALTH PROFESSIONALS AND MEDICAL STUDENTS IN MANY COMMUNITIES, INCLUDING THROUGH A FOUR-WEEK CLASS SERIES AT THE GEORGE WASHINGTON UNIVERSITY, AT THE MONTEFIORE PREVENTATIVE CARDIOLOGY CONFERENCE AND THE BROOKLYN BOROUGH HALL IN NEW YORK CITY, TO THE MAYO CLINIC IN ROCHESTER, AT THE CIGNA HEADQUARTERS IN HARTFORD, AT THE VIRGINIA BEACH NUTRITION AS MEDICINE CONFERENCE, AT THE NATIONAL HEALTH ASSOCIATION CONFERENCE IN CLEVELAND, AND HERE IN WASHINGTON, D.C., AT OUR VERY OWN SIXTH AND SEVENTH ANNUAL INTERNATIONAL CONFERENCES ON NUTRITION IN MEDICINE. HE ALSO SPOKE TO COMMUNITIES IN RALEIGH AND DURHAM, N.C., THROUGH THE PHYSICIANS COMMITTEE'S NUTRITION INITIATIVE "10 CITIES" AND THROUGH OTHER VEGETARIAN FESTIVALS AND CONFERENCES IN NEWARK-ON-TRENT, UNITED KINGDOM, LAS VEGAS, NEV., ABOARD THE HOLISTIC HOLIDAY AT SEA CRUISE, AT THE NAVAJO NATION IN WINDOW ROCK, ARIZ., IN MELBOURNE AND WELLINGTON, AUSTRALIA, IN AUCKLAND, NEW ZEALAND, AT ROCKFORD UNIVERSITY IN ILLINOIS, AND AT THE PARLIAMENT OF THE WORLD'S RELIGIONS IN TORONTO.

THE PHYSICIANS COMMITTEE WORKS WITH EXTERNAL EXPERTS IN ACADEMIA AND MEDICAL PROFESSIONALS, AS WELL AS ADVOCATES IN OTHER NONPROFIT ORGANIZATIONS, TO ADVOCATE FOR POLICY THAT ENCOURAGES HEALTHFUL PLANT-BASED DIETS. AS PART OF THIS EFFORT, WE ADVOCATED FOR LEGISLATION IN SEVERAL JURISDICTIONS, WHICH INCLUDED CALIFORNIA, OREGON, AND NEW YORK DURING LEGISLATIVE SESSIONS LEADING UP TO AND BEGINNING IN JANUARY 2019. THESE BILLS WOULD REQUIRE OR FACILITATE THE OFFERING OF PLANT-BASED

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MEALS AND PLANT-BASED BEVERAGES IN HOSPITALS, PRISONS, SCHOOLS, AND OTHER FACILITIES. THESE IMPROVEMENTS WOULD REDUCE RATES OF DIET-RELATED DISEASE AMONG PATIENTS AND CONSUMERS IN THE INSTITUTIONS WHERE FOOD IS REGULARLY SERVED. IN ADDITION IT WOULD IMPROVE THE FOOD ENVIRONMENT GENERALLY, LEADING TO IMPROVED HEALTH OUTCOMES FOR OTHERS.

WE ADVOCATED FOR AN OREGON BILL THAT WOULD HAVE REQUIRED PLANT-BASED OPTIONS IN HOSPITALS, PRISONS, AND LONG-TERM CARE FACILITIES. THIS BILL, HB3342 INTRODUCED BY REPRESENTATIVE MARTY WILDE IN THE HOUSE AND SENATOR ROB WAGNER IN THE SENATE, PASSED THE OREGON HOUSE BUT ULTIMATELY DIED IN THE SENATE COMMITTEE ON HEALTH CARE. AS PART OF THIS EFFORT, WE GENERATED POSITIVE MOMENTUM AND ACHIEVED POSITIVE MEDIA AND GRASSROOTS ATTENTION ON THE MERITS OF THIS LEGISLATION, AND INTEND TO INTRODUCE NEW LEGISLATION IN THE NEXT SESSION.

WE ADVOCATED FOR A BILL IN CALIFORNIA, AB479 INTRODUCED BY ASSEMBLYMEMBER ADRIN NAZARIAN, WHICH WOULD PROVIDE INCENTIVES TO PUBLIC SCHOOLS THAT OFFER ADDITIONAL PLANT-BASED FOOD AND BEVERAGE OPTIONS, IN ADDITION TO GRANTS TO SCHOOLS FOR IMPLEMENTATION OF THIS PROGRAM. THE LEGISLATION PASSED THE ASSEMBLY, PASSED THROUGH THE SENATE HEALTH COMMITTEE, AND IS EXPECTED TO PROCEED THROUGH THE SENATE BUDGET COMMITTEE AND PASS THE FULL SENATE FLOOR IN EARLY 2020.

WE ADVOCATED FOR A BILL IN NEW YORK THAT WOULD REQUIRE HOSPITALS TO PROVIDE PLANT-BASED MEALS AND LIST THESE ITEMS ANYWHERE FOOD OPTIONS ARE LISTED (E.G., PRINTED MENUS). THE BILL, S1471A INTRODUCED BY SENATOR BRAD HOYLMAN IN THE SENATE AND ASSEMBLYMEMBER RICHARD GOTTFRIED IN THE ASSEMBLY, PASSED THE FULL LEGISLATURE AND IS EXPECTED TO BE SIGNED INTO LAW BY THE GOVERNOR BY THE END OF 2019.

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WE ADVOCATED FOR A BILL IN NEW YORK THAT WOULD REQUIRE PUBLIC SCHOOLS TO MAKE PLANT-BASED FOOD AND BEVERAGES AVAILABLE TO STUDENTS UPON REQUEST. THE BILL, S1472 INTRODUCED BY SENATOR HOYLMAN IN THE SENATE AND ASSEMBLYMEMBER GOTTFRIED IN THE ASSEMBLY, AWAITS A HEARING IN THE EDUCATION COMMITTEES OF BOTH CHAMBERS. WE HAVE HAD LOBBY MEETINGS WITH ALL RELEVANT COMMITTEE STAFF (MORE THAN 60 MEMBERS), WHICH WERE MOSTLY POSITIVE.

THE PHYSICIANS COMMITTEE CONTRACTED WITH ANOTHER NONPROFIT, ALONG WITH REGISTERED LOBBYISTS, IN CALIFORNIA TO ADVOCATE FOR LEGISLATION THAT WOULD ALERT PEOPLE TO THE CANCER-CAUSING EFFECT OF CONSUMING PROCESSED MEAT AND TO REMOVE PROCESSED MEAT FROM THE MENUS OF HOSPITALS, PRISONS, AND SCHOOLS, AS WELL AS REQUIRE A PLANT-BASED OPTION BE AVAILABLE. WE HAVE CONTINUALLY PUT PRESSURE THROUGH DIRECT COMMUNICATION AND MEDIA WORK ON THE CALIFORNIA REGULATORY BODY (OEHHA) RESPONSIBLE FOR LISTING PROCESSED MEAT AS A CARCINOGEN UNDER PROPOSITION 65. AS PART OF THIS EFFORT, WE HAVE BEGUN ADVOCATING FOR LEGISLATION THAT WOULD REQUIRE OEHHA TO MOVE FORWARD.

THE PHYSICIANS COMMITTEE WORKED WITH EXTERNAL EXPERTS IN ACADEMIA AND MEDICAL PROFESSIONALS, AS WELL AS ADVOCATES IN OTHER NONPROFIT ORGANIZATIONS, TO ADVOCATE FOR ADDRESSING A GAP IN THE NUTRITION EDUCATION OF HEALTH PROFESSIONALS, ESPECIALLY LICENSED MEDICAL DOCTORS (MDS). AS PART OF THIS EFFORT, WE ADVOCATED FOR LEGISLATION IN CALIFORNIA, NEW YORK, THE DISTRICT OF COLUMBIA, AND THE FEDERAL CONGRESS DURING LEGISLATIVE SESSIONS LEADING UP TO AND BEGINNING IN JANUARY 2019. THESE BILLS WOULD REQUIRE OR ENCOURAGE SOME AMOUNT OF CONTINUING MEDICAL EDUCATION CREDITS IN NUTRITION (NUTRITION CME).

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WE ADVOCATED FOR A BILL IN CALIFORNIA THAT WOULD HAVE REQUIRED SIX NUTRITION CME CREDITS PER LICENSING CYCLE FOR MDS. WE SUCCEEDED IN FINDING A BILL SPONSOR (AUTHOR IN CALIFORNIA) WHO SUBMITTED THE LANGUAGE TO LEGISLATIVE COUNCIL, SO WE HAVE A BILL READY FOR INTRODUCING, BUT WE ULTIMATELY DID NOT INTRODUCE THE BILL DUE TO THE NEGATIVE INFLUENCE OF THE CALIFORNIA MEDICAL ASSOCIATION (CMA) TO ANY MANDATORY CMES. WE SUCCEEDED IN LEARNING MORE ABOUT THE CMA POSITION AND HISTORY AND HAVE BEGUN PREPARING FOR INTRODUCING THE BILL IN THE NEXT LEGISLATIVE SESSION.

WE ADVOCATED FOR A BILL IN NEW YORK THAT WOULD REQUIRE SIX NUTRITION CME CREDITS PER LICENSING CYCLE. WE WORKED WITH CONSULTANTS IN ALBANY TO FIND SPONSORS, DRAFTED THE LEGISLATION, AND SUCCEEDED IN HAVING A BILL INTRODUCED IN BOTH THE SENATE AND ASSEMBLY. THE BILL, A7695 INTRODUCED BY ASSEMBLYMEMBER ROSENTHAL AND SENATOR STAVISKY, IS EXPECTED TO COME UP FOR A VOTE IN EARLY 2020. WE HAVE ALSO SUCCEEDED IN GETTING POSITIVE MEDIA ON THIS ISSUE, AND HAVE HAD MOSTLY RECEPTIVE LEGISLATIVE STAFF DURING LOBBY MEETINGS.

WE ADVOCATED FOR A BILL IN THE DC COUNCIL THAT WOULD REQUIRE MANDATORY NUTRITION CME, AND SUCCEEDED IN INTRODUCING A BILL THAT WOULD REQUIRE TWO NUTRITION CME CREDITS PER LICENSING CYCLE FOR MDS AS WELL AS FOR NURSE PRACTITIONERS AND OTHER HEALTH PROFESSIONALS. WE HAVE HAD LOBBY MEETINGS WITH ALL MEMBERS OF THE DC COUNCIL, AND NONE ARE OPPOSED. WE HAVE MET AND DISCUSSED NUTRITION CME POLICY WITH OFFICERS WITH DC DEPARTMENT OF HEALTH. WE HAVE GENERATED GRASSROOTS SUPPORT, AS WELL AS SUPPORT FROM DC MEDICAL PROFESSIONALS, AND EXPECT A YES VOTE FROM THE HEALTH COMMITTEE.

WE ADVOCATED FOR A BILL IN THE FEDERAL HOUSE OF REPRESENTATIVES THAT WOULD REQUIRE THE SECRETARY OF HEALTH AND HUMAN SERVICES TO ISSUE GUIDANCE TO ALL FEDERAL

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

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

AGENCIES, REQUIRING SOME AMOUNT OF NUTRITION CME FOR FEDERALLY EMPLOYED PHYSICIANS. WE SUCCEEDED IN FINALIZING A DRAFT BILL, WHICH REPRESENTATIVE RAUL GRIJALVA (D-N.M.) WILL INTRODUCE WITH A REPUBLICAN CO-SPONSOR. WE HAVE MET WITH SEVERAL POTENTIAL REPUBLICAN CO-SPONSORS OF THE BILL AND EXPECT THE BILL TO BE INTRODUCED.

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.

THE PHYSICIANS COMMITTEE CONTRACTED WITH ANOTHER NONPROFIT, ALONG WITH REGISTERED LOBBYISTS, IN CALIFORNIA TO ADVOCATE FOR LEGISLATION THAT WOULD ESTABLISH A FIRST-OF-ITS-KIND REPORTING DATABASE ON THE NUMBER OF ANIMALS USED IN RESEARCH, TESTING, AND EDUCATION. THE BILL (AB889) WAS INTRODUCED BY ASSEMBLYMEMBER BRIAN MAIENSCHIN. AFTER EXTENSIVE LOBBYING, THE BILL LOST SUPPORT IN THE ASSEMBLY HEALTH COMMITTEE BECAUSE OF MISLEADING LOBBYING BY PRO-ANIMAL RESEARCH ORGANIZATIONS. THE BILL WILL BE REVISITED IN 2020.

ALSO, IN CALIFORNIA, WE SUPPORTED A BILL THAT WOULD REPLACE 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. THE BILL PASSED BOTH CHAMBERS OF THE CALIFORNIA LEGISLATURE BUT WAS VETOED BY THE GOVERNOR.

IN RHODE ISLAND, REP. JOSEPH SOLOMON INTRODUCED HB5267 FOLLOWING MEDIA COVERAGE OF THE PHYSICIANS COMMITTEE'S CAMPAIGN AIMED AT CONVINCING BROWN UNIVERSITY TO HALT THE USE OF PIGS FOR TRAINING EMERGENCY MEDICINE RESIDENTS. REP. SOLOMON HOPED HIS BILL WOULD MAKE BROWN'S ANIMAL USE ILLEGAL. THE PHYSICIANS COMMITTEE SENT FIVE PHYSICIANS

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

TO TESTIFY IN SUPPORT OF THE BILL ON FEB. 27. THE BILL STALLED IN COMMITTEE, AND THE PHYSICIANS COMMITTEE PLANS TO WORK ON IT AGAIN IN 2020.

AT THE FEDERAL LEVEL, THE PHYSICIANS COMMITTEE PARTNERED WITH SENATOR CORY BOOKER'S OFFICE TO WRITE THE FOOD AND DRUG ADMINISTRATION (FDA) AND ENCOURAGE IT TO ADOPT HUMAN-BASED METHODS FOR CHECKING INJECTABLE PHARMACEUTICALS FOR CONTAMINATION FROM FEVER-CAUSING BACTERIA. CURRENT METHODS USE EITHER LIVE RABBITS OR THE BLOOD OF HORSESHOE CRABS AND ARE NOT AS ACCURATE AS THE HUMAN-BLOOD-BASED METHOD. WE ARE AWAITING THE FDA'S RESPONSE.

DIRECT OUTREACH AND EDUCATIONAL EFFORTS AT FEDERAL AGENCIES AND INTERNATIONAL BODIES, INCLUDING THE NIH, THE FDA, AND THE ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT HAS LED TO CHANGES IN REGULATIONS AND GUIDANCE WHICH REDUCE AND REPLACE ANIMAL TESTS WITH MORE HUMAN-RELEVANT AND SCIENTIFICALLY ADVANCED METHODS.

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 2019, THE DEPARTMENT COMPLETED APPROXIMATELY 615 SEPARATELY TRACKED PROJECTS. THESE DESIGN PROJECTS INCLUDED A BOOK, ADS, FACT SHEETS, BROCHURES, POSTCARDS, EDUCATIONAL DIAGRAMS, POSTERS, BILLBOARDS, FLIERS, PROGRAM BOOKLETS, EVENT SIGNAGE, STATIONERY, PROGRAM LOGOS, WEB GRAPHICS, INFOGRAPHICS, MERCHANDISE GRAPHICS, AND SOCIAL MEDIA GRAPHICS. SUPPORTED PROJECTS INCLUDED THE 870-PAGE THIRD EDITION OF THE NUTRITION GUIDE FOR CLINICIANS (2,500 PRINTED COPIES), THE 2019 INTERNATIONAL CONFERENCE ON NUTRITION IN MEDICINE, DEMONSTRATIONS AT UNIVERSITIES, MEDICAL CENTERS, AND FAST-FOOD FRANCHISES, FOOD FOR

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

LIFE INSTRUCTOR TRAINING, SCIENTIFIC CONFERENCES (ACADEMIC POSTERS AND PROMOTION), HEALTHY HOSPITAL FOOD INITIATIVE, NATIVE AMERICAN DIABETES EDUCATION, ALZHEIMER'S EDUCATION CAPITOL HILL EVENT, KICKSTART INTENSIVE EVENT, BARNARD MEDICAL CENTER PROMOTION AND EDUCATION CAMPAIGNS, AND TOXICOLOGY EDUCATION AND WEBSITES. MANY OF OUR EDUCATIONAL MATERIALS ARE AVAILABLE FOR FREE DOWNLOAD FROM OUR WEBSITE-PCRM.ORG.

GOOD MEDICINE, THE PHYSICIANS COMMITTEE'S 24-PAGE MAGAZINE, KEEPS MEMBERS INFORMED AND INVOLVED. FOUR ISSUES OF GOOD MEDICINE WERE PUBLISHED IN FY 2019. TOTAL PRINT DISTRIBUTION WAS 364,485. THE MAGAZINE ALSO APPEARS IN ELECTRONIC FORMAT ON OUR WEBSITE.

LEGAL ADVOCACY

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

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.

THE PHYSICIANS COMMITTEE 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 COMMITTEE THEN USES THESE DOCUMENTS TO EDUCATE THE PUBLIC. WHEN NECESSARY, THE PHYSICIANS

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

COMMITTEE SUES PUBLIC INSTITUTIONS THAT REFUSE TO DISCLOSE SUCH DOCUMENTS, SUCH AS A LAWSUIT THE PHYSICIANS COMMITTEE FILED THIS FISCAL YEAR AGAINST USDA OVER DOCUMENTS RELATED TO FECAL CONTAMINATION IN POULTRY PRODUCTS. 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.

THE PHYSICIANS COMMITTEE REGULARLY SUBMITS REGULATORY COMMENTS ON RESEARCH PRACTICES AND NUTRITION. THIS FISCAL YEAR, THE PHYSICIANS COMMITTEE SUBMITTED COMMENTS REGARDING STANDARDS OF IDENTITY FOR PLANT-BASED FOODS, COMMUNITY-BASED HEALTH IMPROVEMENT, CALIFORNIA'S NUTRITION GUIDELINES FOR SCHOOL MEALS, REGULATORY BURDEN CONSIDERATIONS UNDER THE FEDERAL 21ST CENTURY CURES ACT, ANIMAL WELFARE ACT LICENSING STANDARDS, AND USDA'S FREEDOM OF INFORMATION ACT REGULATIONS.

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

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

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.

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

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

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.

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

Name of the organization

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FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)

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

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

ERICA SPRINGER

ERICA SPRINGER DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 0 HOURS

THE PCRM FOUNDATION - 0 HOURS

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

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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) Dispropor- tionate 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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	1,500,000.	FMV
(2) THE PCRM FOUNDATION	C	210,159.	FMV
(3) THE PCRM FOUNDATION	K	115,000.	LEASE AGREEMEN
(4) THE PCRM FOUNDATION	Q	50,486.	FMV
(5) PCRM CLINIC D/B/A BARNARD MEDICAL CENTER	J	104,000.	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, unre- lated, 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) Dispropor- tionate 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.
