

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 8/01, 2019, and ending 7/31, 2020

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> PHYSICIANS COMMITTEE FOR RESPONSIBLE MED 5100 WISCONSIN AVENUE, NW #400 WASHINGTON, DC 20016	<b>D</b> Employer identification number <u>52-1394893</u> <b>E</b> Telephone number <u>(202) 686-2210</u> <b>G</b> Gross receipts \$ <u>24,326,640.</u>
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**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  No  
**H(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**

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

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	5
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	92
<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	5
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	3,859.

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	12,215,663.	13,777,346.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	1,451,504.	210,229.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	119,924.	84,249.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	31,133.	34,731.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	13,818,224.	14,106,555.

		Prior Year	Current Year
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,597,958.	47,612.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	6,722,512.	7,339,604.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	18,101.	36,012.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,034,984.</u>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	9,059,307.	7,980,694.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	17,397,878.	15,403,922.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	-3,579,654.	-1,297,367.

		Beginning of Current Year	End of Year
<b>20</b>	Total assets (Part X, line 16) .....	13,167,540.	13,742,294.
<b>21</b>	Total liabilities (Part X, line 26) .....	2,632,341.	4,380,197.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	10,535,199.	9,362,097.

**Part II Signature Block**

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

<b>Sign Here</b>	<input checked="" type="checkbox"/> Signature of officer <u>Neal Barnard</u>	<input checked="" type="checkbox"/> Date <u>March 2, 2021</u>
	<u>NEAL D. BARNARD, M.D.</u>	<u>PRESIDENT</u>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>DOUGLAS P. ARKIN</u>	Preparer's signature <u>DPARKIN</u>	Date <u>2/5/2021</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00579014</u>
	Firm's name ▶ <u>ARKIN AND COMPANY, CHARTERED</u>	Firm's EIN ▶ <u>521544293</u>		Phone no. <u>301-340-1550</u>	
	Firm's address ▶ <u>2200 RESEARCH BLVD STE 540</u> <u>ROCKVILLE, MD 20850</u>				

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest 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 \$ 4,155,907. including grants of \$ ) (Revenue \$ 2,000.)

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 2,705,540. including grants of \$ ) (Revenue \$ 178,386.)

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 2,215,420. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

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

(Expenses \$ 2,980,104. including grants of \$ ) (Revenue \$ 97,643.)

4e Total program service expenses 12,056,971.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 92		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>	X	
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b>		X
<b>b</b>	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7a</b>	X	
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>		
<b>15</b>	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? . . . . . <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

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) HANA KAHLEOVA, M.D., PHD DIR CLINICAL RES.	40 0					X	167,105.	0.	6,186.	
(2) STEPHEN KANE CPA VP OF FINANCE	36 4					X	106,547.	0.	21,284.	
(3) JOHN PIPPIN, M.D. DIR ACADEMIC AFFRS	40 0					X	109,380.	0.	12,639.	
(4) STACEY GLAESER VP HUMAN RESOURCES	39 1					X	109,317.	0.	10,099.	
(5) ERICA HANNA DIR. OF I.T.	39 1					X	106,676.	0.	11,367.	
(6) BETSY WASON ASST SEC/VP DEV	38 2			X			107,945.	0.	4,268.	
(7) MINDY KURSBAN CHAIR	0 0	X		X			0.	0.	0.	
(8) RUSSELL BUNAI, M.D. SECRETARY/TREAS	0 0	X		X			0.	0.	0.	
(9) MARK SKLAR, M.D. DIRECTOR	0 0	X					0.	0.	0.	
(10) BARBARA WASSERMAN, M.D. DIRECTOR	0 0	X		X			0.	0.	0.	
(11) NEAL D. BARNARD, M.D. PRESIDENT	33 7	X		X			0.	0.	0.	
(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) -----										

<b>1 b Subtotal</b> .....	706,970.	0.	65,843.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	706,970.	0.	65,843.

**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**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		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	380,790.
LAUTMAN, MASKA, NEILL & CO 1730 RHODE ISLAND NW, STE 301 WASHINGTON,	MEMBERSHIP DEVELOPME	341,669.
CORPORATE MAILING SERVICES 1625 KNECHT AVE P.O. BOX 24255 BALTIMORE,	PRINTING MAILING SERVICE	293,869.
PROLIST 4510 BUCKEYSTOWN PIKE, SUITE M FREDERICK, MD 21704	PRINTING MAILING SERVICE	284,688.
KEY ACQUISITION PARTNERS, LLC 2525 RIVA RD STE 145 ANNAPOLIS, MD 214	MAILING LIST RENTAL	182,241.

**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 **▶ 14**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b> 14,221.				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b> 63,050.				
	<b>d</b> Related organizations .....	<b>1 d</b> 223,224.				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 13,476,851.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1 g</b> 769,267.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 13,777,346.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>SERVICE INCOME</u> .....	<b>Business Code</b> 561000	210,229.	210,229.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶ 210,229.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		126,160.		126,160.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		5,601.		5,601.	
	<b>6 a</b> Gross rents .....	<b>6 a</b>	(i) Real (ii) Personal			
		<b>b</b> Less: rental expenses .....	<b>6 b</b> 38,881.			
		<b>c</b> Rental income or (loss) .....	<b>6 c</b> 88,013.			
	<b>d</b> Net rental income or (loss) .....			-49,132.	-49,132.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7 a</b>	(i) Securities (ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses .....	<b>7 b</b> 10035575.			
		<b>c</b> Gain or (loss) .....	<b>7 c</b> 10077486.			
	<b>d</b> Net gain or (loss) .....			-41,911.	-41,911.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 63,050. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8 a</b>				
		<b>b</b> Less: direct expenses .....	<b>8 b</b> 17,175.			
<b>c</b> Net income or (loss) from fundraising events .....				-13,389.	-13,389.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9 a</b>					
	<b>b</b> Less: direct expenses .....	<b>9 b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10 a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>10 b</b> 94,274.				
	<b>c</b> Net income or (loss) from sales of inventory .....			70,252.	70,252.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>OTHER REVENUE</u> .....	<b>Business Code</b>	21,399.		21,399.	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶ 21,399.				
<b>12 Total revenue.</b> See instructions .....	▶ 14,106,555.		238,570.	0.	90,639.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	47,612.	47,612.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
<b>4</b> Benefits paid to or for members.....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.....	120,028.	68,608.	0.	51,420.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
<b>7</b> Other salaries and wages.....	5,971,370.	4,844,809.	574,965.	551,596.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	109,843.	87,179.	15,194.	7,470.
<b>9</b> Other employee benefits.....	689,160.	556,050.	65,809.	67,301.
<b>10</b> Payroll taxes.....	449,203.	363,043.	42,072.	44,088.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management.....				
<b>b</b> Legal.....	72,485.	50,449.	22,036.	
<b>c</b> Accounting.....	56,142.		56,142.	
<b>d</b> Lobbying.....	315,755.	315,755.		
<b>e</b> Professional fundraising services. See Part IV, line 17.....	36,012.			36,012.
<b>f</b> Investment management fees.....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....	1,153,170.	975,152.	23,087.	154,931.
<b>12</b> Advertising and promotion.....	511,685.	503,892.		7,793.
<b>13</b> Office expenses.....	126,038.	118,636.	4,154.	3,248.
<b>14</b> Information technology.....				
<b>15</b> Royalties.....				
<b>16</b> Occupancy.....	1,156,383.	862,806.	194,736.	98,841.
<b>17</b> Travel.....	234,042.	210,678.	458.	22,906.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
<b>19</b> Conferences, conventions, and meetings.....	263,172.	235,284.		27,888.
<b>20</b> Interest.....	43,566.		43,566.	
<b>21</b> Payments to affiliates.....				
<b>22</b> Depreciation, depletion, and amortization.....	223,631.	183,930.	18,966.	20,735.
<b>23</b> Insurance.....	70,088.	64,403.	2,822.	2,863.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
<b>a</b> <u>PRINTING AND PUBLICATIONS</u> .....	1,271,123.	890,434.	790.	379,899.
<b>b</b> <u>POSTAGE AND SHIPPING</u> .....	929,883.	594,256.	873.	334,754.
<b>c</b> <u>ELECTRONIC COMMUNICATIONS COST</u> .....	386,616.	286,311.	31,355.	68,950.
<b>d</b> <u>MAILING LIST COSTS</u> .....	376,126.	307,776.		68,350.
<b>e</b> All other expenses.....	790,789.	489,908.	214,942.	85,939.
<b>25</b> Total functional expenses. Add lines 1 through 24e. ....	15,403,922.	12,056,971.	1,311,967.	2,034,984.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).....	1,320,025.	981,611.		338,414.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....	746,269.	<b>1</b>	418,354.
	<b>2</b> Savings and temporary cash investments .....	5,287,784.	<b>2</b>	7,449,144.
	<b>3</b> Pledges and grants receivable, net .....	130,753.	<b>3</b>	745,146.
	<b>4</b> Accounts receivable, net .....	70,359.	<b>4</b>	219,927.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	109,990.	<b>8</b>	99,950.
	<b>9</b> Prepaid expenses and deferred charges .....	313,194.	<b>9</b>	343,253.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,109,729.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,029,458.	1,266,638.	<b>10c</b> 1,080,271.
	<b>11</b> Investments – publicly traded securities .....	2,337,819.	<b>11</b>	2,457,406.
	<b>12</b> Investments – other securities. See Part IV, line 11 .....	60,278.	<b>12</b>	60,278.
	<b>13</b> Investments – program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,844,456.	<b>15</b>	868,565.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,167,540.	<b>16</b>	13,742,294.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,416,082.	<b>17</b>	1,605,296.
	<b>18</b> Grants payable .....	37,500.	<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	316,124.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	1,319,635.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,178,759.	<b>25</b>	1,139,142.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,632,341.	<b>26</b>	4,380,197.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,339,672.	<b>27</b>	7,381,542.
	<b>28</b> Net assets with donor restrictions .....	3,195,527.	<b>28</b>	1,980,555.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,535,199.	<b>32</b>	9,362,097.
<b>33</b> Total liabilities and net assets/fund balances .....	13,167,540.	<b>33</b>	13,742,294.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,106,555.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,403,922.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,297,367.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	10,535,199.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	124,265.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	9,362,097.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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	X	
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') <b>PT. VI</b>	9,924,540.	9,390,696.	13,150,603.	11,487,635.	12,350,908.	56,304,382.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	9,924,540.	9,390,696.	13,150,603.	11,487,635.	12,350,908.	56,304,382.
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).						5,339,551.
6 <b>Public support.</b> Subtract line 5 from line 4.						50,964,831.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	9,924,540.	9,390,696.	13,150,603.	11,487,635.	12,350,908.	56,304,382.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	103,307.	113,751.	126,671.	194,956.	168,530.	707,215.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	5,296.	3,510.	3,960.	1,981.	2,112.	16,859.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) <b>SEE PART VI</b>	18,306.	17,163.	43,859.	13,121.	21,399.	113,848.
11 <b>Total support.</b> Add lines 7 through 10.						57,142,304.
12 Gross receipts from related activities, etc. (see instructions).					12	3,116,711.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	89.19 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	98.88 %
16a <b>33-1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

<b>Section D – Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . . . .			
<b>b</b> From 2015 . . . . .			
<b>c</b> From 2016 . . . . .			
<b>d</b> From 2017 . . . . .			
<b>e</b> From 2018 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015 . . . . .			
<b>b</b> Excess from 2016 . . . . .			
<b>c</b> Excess from 2017 . . . . .			
<b>d</b> Excess from 2018 . . . . .			
<b>e</b> Excess from 2019 . . . . .			

**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**

2015	2016	2017	2018	2019	TOTAL
\$ 10,600,000.	\$ 1,048,855.	\$ 6,205,187.	\$ 500,000.	\$ 1,100,000.	\$ 19,454,042.

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

NATURE AND SOURCE	2019	2018	2017	2016	2015
AWARDS AND PRIZES			\$ 22,143.		
CAR PROGRAM	\$ 1,933.		3,552.	\$ 2,162.	
CREDIT CARD REWARDS	8,067.	\$ 8,748.	6,628.	6,078.	\$ 4,619.
FUNDRAISING EVENTS				3,530.	
HONORARIA	3,730.	2,225.	8,015.	1,283.	9,282.
REIMBURSEMENTS	7,669.	2,148.	3,521.	4,110.	4,405.
TOTAL	\$ 21,399.	\$ 13,121.	\$ 43,859.	\$ 17,163.	\$ 18,306.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>PHYSICIANS COMMITTEE FOR RESPONSIBLE MED</b>	Employer identification number <b>52-1394893</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term 'expenditures' means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		56,974.	56,974.												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		258,781.	258,781.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		315,755.	315,755.												
<b>d</b> Other exempt purpose expenditures .....		13,053,183.	14,694,791.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		13,368,938.	15,010,546.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. ....		818,447.	900,527.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		204,612.	225,132.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
<b>2 a</b> Lobbying nontaxable amount	760,579.	828,188.	919,231.	900,527.	3,408,525.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					5,112,788.
<b>c</b> Total lobbying expenditures	43,188.	381,045.	404,458.	315,755.	1,144,446.
<b>d</b> Grassroots nontaxable amount	190,145.	207,047.	229,808.	225,132.	852,132.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,278,198.
<b>f</b> Grassroots lobbying expenditures	9,557.	133,811.	64,499.	56,974.	264,841.

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

	(a)		(b)
	Yes	No	Amount
<i>For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i.			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912.			
<b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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.'**

<b>1</b> Dues, assessments and similar amounts from members.	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year.	<b>2 a</b>	
<b>b</b> Carryover from last year.	<b>2 b</b>	
<b>c</b> Total.	<b>2 c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions).	<b>5</b>	

**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

THE PCRM FOUNDATION 5100 WISCONSIN AVENUE, NW, SUITE 400 WASHINGTON, DC 20016	FEIN 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	56,974	-	-	-	56,974
DIRECT LOBBYING	258,781	-	-	-	258,781
TOTAL LOBBYING	315,755	-	-	-	315,755
TOTAL EXPENSES (EXCLUDING DONATED SERVICES)	15,403,922	1,332,335	1,473,309	(1,164,036)	17,045,530
TOTAL LOBBYING EXPENSES ABOVE	(315,755)	-	-	-	(315,755)
TOTAL FUNDRAISING EXPENSES	(2,034,984)	-	-	-	(2,034,984)
OTHER EXEMPT PURPOSE EXPENDITURES	13,053,183	1,332,335	1,473,309	(1,164,036)	14,694,791
TOTAL EXEMPT PURPOSE EXPENDITURES	13,368,938	1,332,335	1,473,309	(1,164,036)	15,010,546



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<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).

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 make 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 program
  - 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	7,650,953.	6,945,039.	6,923,840.	3,994,632.	3,997,779.
b Contributions	327.	500,745.	16,210.	2,602,988.	1,830.
c Net investment earnings, gains, and losses	493,660.	485,207.	428,860.	658,984.	38,728.
d Grants or scholarships					
e Other expenditures for facilities and programs	933,302.	210,159.	356,291.	266,461.	
f Administrative expenses	66,689.	69,878.	67,580.	66,303.	43,705.
g End of year balance	7,144,949.	7,650,954.	6,945,039.	6,923,840.	3,994,632.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  73.47 %
  - b Permanent endowment  23.11 %
  - c Term endowment  3.42 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		545,080.		545,080.
b Buildings		500,270.	232,958.	267,312.
c Leasehold improvements		846,604.	707,726.	138,878.
d Equipment		12,198.	12,198.	0.
e Other		205,577.	76,576.	129,001.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,080,271.

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

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

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

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

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

(a) Description	(b) Book value
(1) DEPOSITS	1,811.
(2) HEALTH INSURANCE REBATE RECE	45,084.
(3) LEGACIES & BEQUESTS RECEIVABLE	687,069.
(4) WIP FILMS	134,601.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . . . ▶	868,565.

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE FROM/TO FOUNDATION	1,940.
(3) DUE TO AFFILIATE	2,266.
(4) LT ANNUITIES PAYABLE	1,031,495.
(5) ST ANNUITIES PAYABLE	103,441.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . ▶	1,139,142.

**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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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

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

**PART X - FASB ASC 740 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 - FASB ASC 740 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, 2020.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

52-1394893

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

**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
(1) EAST ASIA AND PACIFIC	0	1	PROGRAM SERVICES	SEE PART V	124,600.
(2) SOUTH ASIA	0	1	PROGRAM SERVICES	SEE PART V	56,400.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Subtotal.....		2			181,000.
<b>b</b> Total from continuation sheets to Part I.....					
<b>c Totals</b> (add lines 3a and 3b)...	0	2			181,000.

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

**Schedule F (Form 990) 2019**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

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



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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. GRANTEEES 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

PHYSICIANS COMMITTEE'S CHINA PROGRAM SPECIALIST REACHED OVER 20,600 PEOPLE THROUGH A TOTAL OF 106 LECTURES ACROSS 66 CITIES. AMONG THE AUDIENCE WERE 700 HEALTH CARE PROFESSIONALS. THESE LECTURES WERE INDEPENDENTLY COVERED 25 TIMES BY LOCAL MEDIA. A 21-DAY HEALTHY CHALLENGE WAS DELIVERED TWICE IN CHINA, REACHING ABOUT 9,000 PARTICIPANTS VIA AN ONLINE PLATFORM. DR. XU WAS ALSO PART OF A VEGAN OUTREACH CYCLING TOUR ACROSS WESTERN CHINA THAT WAS DOCUMENTED BY FILMMAKERS. SINCE THE OUTBREAK OF COVID-19, OUR NUTRITION OUTREACH TOURS HAVE SWITCHED TO ONLINE WEBCASTS AND INTERNET MEETINGS. ALTOGETHER FROM FEBRUARY TO JUNE 2020, DR XU GAVE 75 ONLINE LECTURES, WHICH ACCUMULATED 370,000+ VIEWS. IN ADDITION, OUR DAILY SOCIAL MEDIA OUTREACH BY WEIBO, SCORED 20,000+ DAILY VIEWS ON AVERAGE.

## SOUTH ASIA

PHYSICIANS COMMITTEE'S INDIA PROGRAM SPECIALIST WENT ON AN EDUCATIONAL LECTURE TOUR TO INDIA IN JANUARY 2020, REACHING FIVE CITIES. IN EACH CITY, OUR DELEGATION, DR. VANITA RAHMAN AND ZEESHAN ALI, REACHED MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS WITH INFORMATION ON HOW PLANT-BASED NUTRITION CAN SUPPORT THE PREVENTION AND EVEN REVERSAL OF TYPE 2 DIABETES. THE TEAM PARTNERED WITH FILMMAKERS TO SCREEN FEATURE-LENGTH FILM, GAME CHANGERS, A HEALTH DOCUMENTARY, FOR STUDENTS AT

**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)**

DY PATIL MEDICAL COLLEGE IN MUMBAI. WE ALSO PARTNERED WITH NARAYANAN NETHRAYALA (EYE HOSPITAL) AND JUSTBE CAFÉ IN BANGALORE TO EDUCATE PHYSICIANS, NURSES, AND DIETITIANS AT A FREE EVENT WITH A FULL MEAL AND AN EVENING'S WORTH OF NUTRITION AND MEDICAL EDUCATION. ORGANIZED IN A FIVE-STAR HOTEL, THIS EVENT ATTRACTED MEDIA ATTENTION COVERED IN ENGLISH AND KANNADA NEWS OUTLETS. WE ALSO PARTNERED WITH ART OF LIVING FOUNDATION IN BANGALORE TO PROVIDE A PUBLIC LECTURE FOR 500 PEOPLE. THE FIVE-CITY TOUR REACHED 1,600 PEOPLE DIRECTLY AND MANY THOUSAND MORE PEOPLE THROUGH PRINT AND DIGITAL MEDIA COVERAGE.

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

ACCRUAL BASIS OF ACCOUNTING WAS USED.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LAUTMAN MASKA 1730 RI AVE NW WASHINGTON DC 20036	MEMBERSHIP DEVELOPMENT		X	4,609,514.	325,074.	4,284,440.
2 DONOR SERVICES 6715 SUNSET BLV LA CA 90028	TELEMARKETING		X	27,050.	35,212.	
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				4,636,564.	360,286.	4,284,440.

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 MO  
-----  
-----  
-----

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	CHAMPIONS OF C (event type)	FLA FUNDRAISER (event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	72,700.	7,525.	80,225.	
2	Less: Contributions	61,500.	1,550.	63,050.	
3	Gross income (line 1 minus line 2)	11,200.	5,975.	17,175.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	7,857.	6,682.	14,539.
	8	Entertainment	415.		415.
	9	Other direct expenses	7,807.	7,803.	15,610.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			30,564.
11	Net income summary. Subtract line 10 from line 3, column (d)			-13,389.	

**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
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

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

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

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

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

TOTAL AMOUNT PAID TO FUNDRAISERS ON SCHEDULE G	360,286
TOTAL PAID FOR PROFESSIONAL FUNDRAISING SERVICES, FORM 990, 11E	36,012
DIFFERENCE	324,274

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

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

- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |             |   |
|--------------------------------------|-------------|---|
| <b>a</b> The organization's facility | <b>13 a</b> | % |
| <b>b</b> An outside facility         | <b>13 b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

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

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

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

	AMOUNTS INCLUDED FORM 990 PART IX COLUMN B	AMOUNTS INCLUDED FORM 990 PART IX COLUMN C	AMOUNTS INCLUDED FORM 990 PART IX COLUMN D	TOTAL
OTHER SERVICES	121,579	-0-	91,121	212,700
ADVERTISING AND PROMOTION	0	-0-	0	0
PRINTING & PUBLICATIONS	34,238	-0-	58,072	92,310
POSTAGE & SHIPPING	14,779	-0-	4,485	19,264
MAILING LIST COSTS	0	-0-	-0-	0
<b>TOTAL</b>	<b>170,596</b>	<b>-0-</b>	<b>153,678</b>	<b>324,274</b>

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2019**

**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) PCRM CLINIC D/B/A BARNARD MED 5100 WISONSIN AVE., NW #401 WASHINGTON, DC 20016	46-4057257	501 (C) (3)	2,560.	45,052.	FMV	DIRECT PAYMENT OF CLINIC EXPENSES	GENERAL SUPPORT
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

**Compensation Information**

OMB No. 1545-0047

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

**2019**

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

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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. ....

**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? .....

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

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4 b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4 c**  Yes  No
- 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**  Yes  No
- b** Any related organization? ..... **5 b**  Yes  No
- 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**  Yes  No
- b** Any related organization? ..... **6 b**  Yes  No
- 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**  Yes  No

**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**  Yes  No

**9** If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**  Yes  No

	Yes	No
<b>1 a</b>		
<b>1 b</b>		
<b>2</b>		
<b>3</b>		
<b>4 a</b>		X
<b>4 b</b>		X
<b>4 c</b>		X
<b>5 a</b>		X
<b>5 b</b>		X
<b>6 a</b>		X
<b>6 b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

**Schedule J (Form 990) 2019**

**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				
HANA KAHLEOVA, M.D., PHD 1 DIR CLINICAL RES.	(i)	167,105.	0.	0.	0.	6,186.	173,291.	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)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>PHYSICIANS COMMITTEE FOR RESPONSIBLE MED</b>	Employer identification number <b>52-1394893</b>
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**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	43	471,459.	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	4	18,620.	FMV
26 Other ▶ (COOKING EQUIP) .....	X	20	6,060.	FMV
27 Other ▶ (CATERING) .....	X	1	240.	FMV
28 Other ▶ (GOOGLE ADS) .....	X	100,828	272,888.	FMV

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

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

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

**Schedule M (Form 990) 2019**

**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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

**2019**

**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 RESIDENCY PROGRAMS IN THE UNITED STATES AND CANADA. MANY MEDICAL SCHOOLS AND CENTERS OFFER POSTGRADUATE RESIDENCY OR OTHER SPECIALIZED COURSES, AND SOME OF THESE PROGRAMS USE LIVE ANIMALS FOR TRAINING. THE PHYSICIANS COMMITTEE IS WORKING TO END THE USE OF ANIMALS IN THESE PROGRAMS, WHICH WILL IMPROVE PHYSICIAN TRAINING AND ENSURE HEALTHY PATIENT OUTCOMES. AS A RESULT OF OUR WORK, ONLY NINE OF 285 SURVEYED EMERGENCY MEDICINE RESIDENCIES CONTINUE TO USE ANIMALS. IN ADDITION, WE HAVE RECENTLY BEGUN FOCUSING OUR EFFORTS ON GENERAL SURGERY PROGRAMS AND HAVE DISCOVERED THAT 63 OF 259 SURVEYED U.S. PROGRAMS ARE USING LIVE ANIMALS TO TRAIN RESIDENTS. IN FY 2020, WE LAUNCHED NEW CAMPAIGNS BY FILING FEDERAL COMPLAINTS TO TARGET THE USE OF LIVE ANIMALS FOR ADVANCED MEDICAL TRAINING AT NAVAL MEDICAL CENTER PORTSMOUTH, THE UNIVERSITY OF VIRGINIA, THE MEDICAL COLLEGE OF GEORGIA, THE MEDICAL UNIVERSITY OF SOUTH CAROLINA, AND THE UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS. WE HELD PHYSICIAN-LED DEMONSTRATIONS AT THE UNIVERSITY OF WASHINGTON AND THE UNIVERSITY OF MISSOURI-COLUMBIA. WE POSTED ADVERTISEMENTS URGING BROWN UNIVERSITY, THE UNIVERSITY OF WASHINGTON, AND THE UNIVERSITY OF

MISSOURI-COLUMBIA TO MODERNIZE THEIR MEDICAL TRAINING, IN ADDITION TO COORDINATING



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

MULTIPLE DIGITAL ADVERTISING CAMPAIGNS.

THE PHYSICIANS COMMITTEE HAD PLANNED TO HOLD THE FIRST EVER NORTH AMERICAN SUMMER SCHOOL ON INNOVATIVE APPROACHES IN SCIENCE AT JOHNS HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH IN JUNE OF 2020; THE PROGRAM OFFERED INFORMATION AND EDUCATION ON THE LATEST METHODOLOGIES FOR TOXICOLOGY AND MEDICAL RESEARCH. GIVEN THE PANDEMIC-ASSOCIATED RESTRICTIONS, WE MOVED THE WEEKLONG PROGRAM ONLINE, WITH GREAT SUCCESS. WE MADE THE SESSIONS OPEN FOR INDIVIDUAL REGISTRATION, AND MORE THAN 600 STUDENTS AND EARLY-CAREER SCIENTISTS FROM AROUND THE WORLD PARTICIPATED IN VARIOUS LECTURES FROM 45 EXPERT SPEAKERS, PANEL DISCUSSIONS, HANDS-ON TRAININGS, AND VIRTUAL LAB TOURS. THE MOVE TO A VIRTUAL FORMAT, WHILE UNEXPECTED, WAS AN ADVANTAGE, WITH EVERY CONTINENT REPRESENTED IN THE PARTICIPANT LIST.

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). IN 2020 THE ASCCT GREW SIGNIFICANTLY; THERE ARE NOW MORE THAN 2,300 SCIENTISTS ON ITS MAILING LIST, AND ITS ANNUAL MEETING, WHICH WAS HELD IN OCTOBER 2020, HAS MORE THAN 85 PRESENTERS AND 350 REGISTRANTS FOR THE THREE-DAY ONLINE MEETING. ALL WILL BE 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'S MONTHLY WEBINAR SERIES ATTRACTS BETWEEN 150 AND 300 SCIENTISTS, STUDENTS, AND REGULATORS FROM AROUND THE WORLD TO EACH SESSION. BECAUSE OF THE SWITCH TO ONLINE LEARNING AND THE NEED FOR READY LEARNING RESOURCES, IN MARCH 2020 THE ASCCT MADE ITS ONLINE LIBRARY OF MORE

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

THAN 50 WEBINARS AVAILABLE TO THE GENERAL PUBLIC, AND THESE VIDEOS HAVE BEEN VIEWED MORE THAN 1,200 TIMES SINCE JAN. 1, 2020.

THE PHYSICIANS COMMITTEE HAS BEEN WORKING TO PUSH THE ENVIRONMENTAL PROTECTION AGENCY (EPA) TO INCORPORATE MORE ALTERNATIVES TO THE USE OF ANIMALS IN PESTICIDE AND CHEMICAL TESTING FOR MORE THAN A DECADE, AND IN 2019 WE SAW THE LATEST EVIDENCE THAT A REAL CHANGE IS TAKING PLACE. THE EPA ADMINISTRATOR ANNOUNCED THAT THE AGENCY WAS SETTING SPECIFIC GOALS TO REDUCE ITS RELIANCE ON MAMMALIAN TESTS FOR ASSESSING CHEMICAL SAFETY BY 35% BY 2025, AND BY 100% BY 2035. THIS IS A DIRECT RESULT OF SCIENTIFIC ADVOCACY THE PHYSICIANS COMMITTEE HAS UNDERTAKEN WITH THE EPA AND THE TOXICOLOGICAL COMMUNITY AT LARGE.

FINALLY, THIS YEAR THE PHYSICIANS COMMITTEE PROVIDED TRAINING OPPORTUNITIES TO MORE THAN 2,500 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 MULTIDAY, HANDS-ON TRAINING EVENTS. TWO EVENTS OPEN TO ALL TOXICOLOGISTS WERE HELD, AND THE PRESENTATIONS WERE VIDEOTAPED AND POSTED TO AN ONLINE PORTAL. WE WERE ALSO INVITED TO PROVIDE A TRAINING ON ADVERSE OUTCOME PATHWAYS FOR THE FOOD AND DRUG ADMINISTRATION (FDA) IN 2019, AND 40 FDA STAFF ATTENDED THIS FOUR-HOUR TRAINING. ADDITIONALLY, DUE TO THE COVID-19-RELATED LOCKDOWNS, WE HAD TO MODIFY A NUMBER OF PLANNED TRAININGS. TWO WERE POSTPONED AND WERE HELD ONLINE IN

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

OCTOBER 2020.

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

NUTRITION EDUCATION

THE PHYSICIANS COMMITTEE NUTRITION DEPARTMENT, MADE UP OF NUTRITION EXPERTS AND PROJECT MANAGERS, GREW A VARIETY OF EDUCATIONAL PROGRAMMING AND OUTREACH CENTERED ON PROMOTING A PLANT-BASED DIET FOR HEALTH. OUR FIRST OBJECTIVE WAS TO MAKE VEGAN DIETS AN INTEGRAL PART OF MEDICAL CARE, STARTING BY INVOLVING 50,000 CLINICIANS AND MEDICAL STUDENTS IN OUR EDUCATIONAL PROGRAMS BY 2020 AND BY PROMOTING VEGAN MEALS AND THE ELIMINATION OF PROCESSED MEAT IN HOSPITALS.

TO ACHIEVE THIS OBJECTIVE, WE MAINTAINED KEY EDUCATIONAL RESOURCES FOR CLINICIANS TO SUPPORT THEIR UNDERSTANDING AND PROMOTION OF PLANT-BASED DIETS. WE REACHED 913 HEALTH CARE PROFESSIONALS THROUGH ATTENDANCE AT OUR 2020 INTERNATIONAL CONFERENCE ON NUTRITION IN MEDICINE, WHICH TOOK PLACE SHORTLY AFTER THE END OF THE FISCAL YEAR. WE PROVIDED ONGOING SUPPORT AND CONTENT THROUGH OUR NUTRITION GUIDE FOR CLINICIANS, A DIAGNOSTIC AND TREATMENT MOBILE APPLICATION TOOL HIGHLIGHTING THE IMPORTANCE OF BRINGING NUTRITION INTO CLINICAL PRACTICE, REACHING A CUMULATIVE 42,197 HEALTH CARE PROFESSIONALS AND MEDICAL STUDENTS, UP FROM 30,976 IN FY 2019. TO ENSURE WE STAY UP TO DATE WITH THE VERY LATEST AND EVOLVING INFORMATION IN HEALTH CARE, WE COORDINATED AN ANNUAL INFORMATION REVIEW PROCESS AND ADDED CRITICAL CHAPTERS RELATED TO COVID-19.

TO SUPPORT HEALTH CARE PROFESSIONALS IN ACQUIRING MANDATORY CONTINUING MEDICAL EDUCATION, WE HOST 40+ FREE CREDITS ON NUTRITIONCME.ORG AND REACHED MORE THAN 1,704 PROFESSIONALS BY INCORPORATING NEW CONTENT AND BOLSTERING DIGITAL ADVERTISING. WE

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

TAUGHT NUTRITION AND METABOLIC MAINTENANCE CLASSES TO 82 BARNARD MEDICAL CENTER PATIENTS ON MONDAY EVENINGS. OUR DIABETES EXPERTS DELIVERED PLANT-BASED NUTRITION EDUCATION TO DIABETES PROFESSIONALS IN 10 STATES REACHING 1,685 CLINICIANS. THE TEAM OF DIABETES EDUCATORS DELIVERED INDIVIDUALIZED DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT TO 38 PEOPLE THROUGH LIVE AND ONLINE OFFERINGS IN THE BARNARD MEDICAL CENTER. THESE NEW PROGRAMS ARE RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION. WE ALSO SUPPORT AN ACTIVE DIABETES EDUCATOR COMMUNITY OF INTEREST IN COORDINATION WITH AMERICAN ASSOCIATION OF DIABETES EDUCATORS, INCREASING MEMBERSHIP THIS YEAR TO MORE THAN 450 DIABETES EDUCATORS COMMITTED TO USING PLANT-BASED NUTRITION IN THEIR PRACTICE.

ANOTHER APPROACH WE TOOK TO MEET THIS OBJECTIVE WAS THROUGH CONDUCTING OUTREACH AND SHARING LIFESAVING RESOURCES AND EDUCATION WITH MEDICAL STUDENTS. THE PHYSICIANS COMMITTEE FACILITATED EDUCATIONAL LECTURES AT 20 MEDICAL SCHOOLS, REACHING 945 STUDENTS, AND CONDUCTED TWO 21-DAY KICKSTART PROGRAMS AT MEDICAL SCHOOLS WHICH ENCOURAGED STUDENTS TO ADOPT A PLANT-BASED DIET. THROUGH STRATEGIC OUTREACH AT MEDICAL STUDENT CONFERENCES, WE REACHED 50 MEDICAL STUDENTS WITH INFORMATION ABOUT HOW TO USE PLANT-BASED NUTRITION IN PATIENT CARE. THIS STRATEGY HAD LIMITED REACH THIS YEAR DUE TO MANY CONFERENCES BEING CANCELED DUE TO THE PANDEMIC.

THE SECOND OBJECTIVE OF THE NUTRITION DEPARTMENT WAS TO PROMOTE AN UNDERSTANDING OF THE RISKS OF MEAT AND DAIRY PRODUCTS THROUGH INTENSIVE MEDIA PROMOTION AND EDUCATION PROGRAMS BY EDUCATING 100,000 PEOPLE. THE PHYSICIANS COMMITTEE LAUNCHED A HEALTH CARE PROVIDER REFERRAL NETWORK TO CONNECT THE BROADER COMMUNITY WITH CLINICIANS WHO HAVE AN INTEREST AND EXPERIENCE IN PLANT-BASED NUTRITION. SINCE OUR LAUNCH IN EARLY 2020, WE'VE ADDED 300 PROVIDERS WORLDWIDE. WE HAVE HELD COMMUNITY-BASED NUTRITION

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

EDUCATION KICKSTART PROGRAMS IN THE UNITED STATES ACROSS MULTIPLE CITIES REACHING NEARLY 1,500 PEOPLE IN CHICAGO, WILMINGTON, AND MILWAUKEE. WE OFFERED SIMILAR PROGRAMMING IN A TWO-DAY INTENSIVE NUTRITION EDUCATION IMMERSION FORMAT IN WASHINGTON, D.C., AND AN ONLINE VERSION REACHING A TOTAL OF 400 PEOPLE.

THE PHYSICIANS COMMITTEE ALSO OFFERED NUTRITION EDUCATION PROGRAMMING ABOUT THE RISKS OF MEAT AND DAIRY PRODUCTS AND BENEFITS OF PLANT-BASED EATING FOR HEALTH CARE PROFESSIONALS AND THE PUBLIC IN INDIA, CHINA, AND NATIVE AMERICAN COMMUNITIES. IN INDIA, WE DELIVERED A SERIES OF EDUCATIONAL LECTURES ON A PLANT-BASED DIET IN FIVE CITIES REACHING 1,570 PEOPLE. IN CHINA, WE REACHED MORE THAN 20,600 PEOPLE THROUGH A TOTAL OF 106 LECTURES ACROSS 66 CITIES. A 21-DAY HEALTHY CHALLENGE WAS DELIVERED TWICE IN CHINA, REACHING ABOUT 9,000 PARTICIPANTS VIA AN ONLINE PLATFORM.

WE ARE REACHING A VARIETY OF NATIVE AMERICAN COMMUNITIES BOTH DIRECTLY AND INDIRECTLY AS OUR INTENT IS TO EDUCATE AND EMPOWER NATIVE AMERICAN HEALTH EDUCATORS AND OTHER INDIVIDUALS TO SHARE PLANT-BASED KNOWLEDGE, RATHER THAN EXCLUSIVELY DELIVER IT OURSELVES. TO THAT END, WE HAD MORE THAN 200 CLINICIANS AND LAY PEOPLE ATTEND OUR NOV. 16, 2019, "FOOD IS MEDICINE FOR DIABETES" FULL-DAY COMMUNITY AND CONTINUING MEDICAL EDUCATION PROGRAM IN FLAGSTAFF, ARIZ., HOSTED BY OUR PARTNER, NATIVE AMERICANS FOR COMMUNITY ACTION (NACA). WE SPONSORED A MULTIWEEK COURSE CALLED NATIVE FOOD FOR LIFE AT KINLANI BORDERTOWN DORMITORY IN FLAGSTAFF, WITH 15 ADULTS AND 20 HIGH SCHOOL STUDENTS PREPARING AND EATING TOGETHER EACH WEEK FROM JANUARY - MARCH 2020. WE ASSISTED WITH A 4-WEEK HEALTHY EATING CHALLENGE AT TSEHOOTSOOI MEDICAL CENTER IN FORT DEFIANCE, ARIZ., IN JANUARY-FEBRUARY 2020, WITH 30 PARTICIPANTS. WE SPONSORED THE CREATION OF TWO NEW EDUCATIONAL VIDEOS AND SEVERAL PLANT-BASED COOKING DEMONSTRATIONS FEATURING NATIVE AMERICANS, WHICH HAVE BEEN ADDED

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

TO THE RESOURCES AT NATIVEPOWERPLATE.ORG, WHICH WE WILL CONTINUE TO PROMOTE. WE HAD MORE THAN 300 PEOPLE REGISTER FOR OUR WEBINAR "COOKING & MORE TO COMBAT COVID-19," CO-HOSTED BY THE NAVAJO NATION OFFICE OF THE PRESIDENT AND VICE PRESIDENT AND NACA. WE DISTRIBUTED A TOTAL OF 9,000 SIX-PAGE RECIPE BOOKLETS FEATURING CHEF WALTER WHITEWATER OF THE NAVAJO NATION AND REPRINTED 10,000 MORE.

THE PHYSICIANS COMMITTEE CONTINUED TO PROMOTE THE 21-DAY VEGAN KICKSTART MOBILE APPLICATION, AVAILABLE IN BOTH ENGLISH AND SPANISH, WHICH HAS NOW CUMULATIVELY REACHED 200,000 PEOPLE WITH MENUS, RECIPES, AND EDUCATION AND COOKING VIDEOS TO SUPPORT INDIVIDUALS TRANSITIONING TO A PLANT-BASED DIET. OUR INAUGURAL 2019 LET'S BEAT BREAST CANCER CAMPAIGN REACHED 12,500 IN PLEDGES AND 6 MILLION ON SOCIAL MEDIA AND GARNERED THE SUPPORT OF RENOWNED EXPERTS AND CELEBRITIES WHO JOINED TOGETHER TO PROMOTE BREAST CANCER PREVENTION THROUGH FOUR EASY NUTRITION AND LIFESTYLE STEPS.

THE PHYSICIANS COMMITTEE EXPANDED THE FOOD FOR LIFE PROGRAM, AN AWARD-WINNING NUTRITION EDUCATION AND COOKING CLASS PROGRAM THAT PROVIDES AN INNOVATIVE APPROACH TO DIET-RELATED CHRONIC DISEASES. IN ORDER TO REACH COMMUNITIES ACROSS THE WORLD WITH THE LIFESAVING EDUCATION OF PLANT-BASED NUTRITION, THE FOOD FOR LIFE TEAM TRAINED 64 NEW INSTRUCTORS JOINING THEIR NOW 300 INSTRUCTOR COUNTERPARTS. TOGETHER, THEY REACHED APPROXIMATELY 6,260 STUDENTS IN COMMUNITY SETTINGS THROUGH MORE THAN 1,346 INDIVIDUAL CLASS SESSIONS ACROSS 36 U.S. STATES PLUS WASHINGTON, D.C., AND NINE OTHER COUNTRIES. WE ALSO EXPANDED OUR CURRICULUM TO OFFER FIVE NEW SERIES: HEART HEALTH, FOODS FOR FITNESS, BRAIN HEALTH, HORMONE HEALTH, AND, MORE RECENTLY, COOKING TO COMBAT COVID-19, A CURRICULUM DELIVERED VIRTUALLY TO SUPPORT THOSE WITH UNDERLYING CONDITIONS AND HEALTH DISPARITIES IN REDUCING THEIR RISK OF COVID-19.

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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, 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, USA TODAY, CHICAGO TRIBUNE, FORBES, THE BOSTON GLOBE, MIAMI HERALD, AND THE BALTIMORE SUN. OUR MESSAGE HAS BEEN REPORTED BY WIRES INCLUDING THE ASSOCIATED PRESS, CAPITOL HILL PAPERS INCLUDING THE HILL, AND BY MAJOR TELEVISION NETWORKS INCLUDING NBC NEWS AND ABC NEWS. INTERNATIONAL OUTLETS SUCH AS CBC, TORONTO STAR, THE VANCOUVER SUN, AND THE DAILY MAIL HAVE COVERED OUR CAMPAIGNS. EACH MONTH, WE REACH A POTENTIAL AUDIENCE OF 218 MILLION READERS BY APPEARING IN AN AVERAGE OF 212 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 1.4 MILLION FOLLOWERS ON 12 SOCIAL MEDIA ACCOUNTS.

IN 2018, WE LAUNCHED THE EXAM ROOM PODCAST. EPISODES HAVE SINCE BEEN DOWNLOADED MORE THAN 2.9 MILLION TIMES. IN APRIL 2020, WE LAUNCHED THE EXAM ROOM LIVE, WHICH AIRS DAILY ON FACEBOOK AND YOUTUBE. AS OF JULY 31, 2020, THE SHOW HAD BEEN VIEWED 1.5 MILLION TIMES.

ON OUR WEBSITES, WE POST NEWS ABOUT OUR PEER-REVIEWED MEDICAL STUDIES, OUR MEDICAL PERSPECTIVE ON CULTURAL COMMENTARY, OUR RECOMMENDATIONS TO STRENGTHEN SCIENTIFIC

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RESEARCH STANDARDS, AND EXPERT-AUTHORED CONSUMER HEALTH TIPS. IN FY 2020, THE PHYSICIANS COMMITTEE'S WEBSITES RECEIVED ABOUT 8 MILLION VISITORS AND 9.3 MILLION PAGE VIEWS.

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

CLINICAL RESEARCH

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

THE PAPER ENTITLED "THE ROLE OF NUTRITION IN ASTHMA PREVENTION AND TREATMENT," PUBLISHED IN NUTRITION REVIEWS BY THE PHYSICIANS COMMITTEE RESEARCH STAFF, SHOWED THAT PLANT-BASED DIETS CAN BE USED IN CLINICAL PRACTICE IN THE PREVENTION AND TREATMENT OF ASTHMA. THIS PAPER MAY INFLUENCE THE DIETARY RECOMMENDATIONS FOR PATIENTS WITH ASTHMA.

THE PAPER ENTITLED "THE EFFECTS OF DIFFERENT QUANTITIES AND QUALITIES OF PROTEIN INTAKE IN PEOPLE WITH DIABETES MELLITUS," PUBLISHED IN NUTRIENTS BY THE PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES, SHOWED THAT PLANT PROTEIN, AS PART OF A PLANT-BASED DIET, MAY PLAY AN IMPORTANT ROLE IN THE TREATMENT OF TYPE 2 DIABETES.

A PHYSICIANS COMMITTEE RESEARCHER CO-AUTHORED AN UMBRELLA REVIEW AND META-ANALYSIS ON LEGUMES AND CARDIOVASCULAR OUTCOMES, PUBLISHED IN ADVANCES IN NUTRITION, SHOWING THAT LEGUME CONSUMPTION REDUCES CARDIOVASCULAR MORTALITY AND INCIDENCE. THIS PAPER HIGHLIGHTS THE USEFULNESS OF LEGUMES FOR PEOPLE WITH ELEVATED CARDIOVASCULAR RISK.



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THE PHYSICIANS COMMITTEE PUBLISHED AN EDITORIAL ON PLANT-BASED DIETS FOR HEALTHY AGING IN THE JOURNAL OF AMERICAN COLLEGE OF NUTRITION, GIVING EXAMPLES FROM THE BLUE ZONES AROUND THE WORLD THAT HAVE USED PLANT-BASED NUTRITION TO STAY HEALTHY AND LIVE LONG. THE EDITORIAL ALSO DEMONSTRATES THAT AFTER IMPLEMENTING A HEALTHY LIFESTYLE INTERVENTION, THE CHANGES IN SOCIETY CAN OCCUR IN ONE GENERATION.

PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES PUBLISHED A REVIEW PAPER ENTITLED "NUTRITION INTERVENTIONS IN RHEUMATOID ARTHRITIS: THE POTENTIAL USE OF PLANT-BASED DIETS. A REVIEW," IN FRONTIERS IN NUTRITION. A PLANT-BASED DIET APPEARS TO BE BENEFICIAL FOR PEOPLE WITH RHEUMATOID ARTHRITIS BY PROMOTING THE DEVELOPMENT OF MORE DIVERSE AND STABLE GUT MICROBIAL SYSTEMS. HIGH FIBER INTAKE ALSO ENCOURAGES THE GROWTH OF SPECIES THAT FERMENT FIBER INTO METABOLITES AS SHORT-CHAIN FATTY ACIDS, WHICH IMPROVE IMMUNITY AGAINST PATHOGENS, PROMOTE BLOOD-BRAIN BARRIER INTEGRITY, PROVIDE ENERGY SUBSTRATES, AND REGULATE CRITICAL FUNCTIONS OF THE INTESTINE.

PLANT-BASED DIETS SEEM TO BE AN IMPORTANT TREATMENT OPTION FOR PEOPLE SUFFERING FROM RHEUMATOID ARTHRITIS.

TWO PAPERS BY PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES, ENTITLED "DIETARY PATTERNS AND CARDIOMETABOLIC OUTCOMES IN DIABETES: A SUMMARY OF SYSTEMATIC REVIEWS AND META-ANALYSES," AND "PREVENTION OF TYPE 2 DIABETES BY LIFESTYLE CHANGES: A SYSTEMATIC REVIEW AND META-ANALYSIS," PUBLISHED IN NUTRIENTS, SHOWED THE PRACTICAL IMPLEMENTATION OF THE RESEARCH AND SUGGESTED THE USE OF INTENSE LIFESTYLE INTERVENTIONS INCLUDING A PLANT-BASED DIET IN THE TREATMENT OF DIABETES.

PHYSICIANS COMMITTEE RESEARCH STAFF AND COLLEAGUES PUBLISHED AN EDITORIAL ENTITLED "VEGETARIAN DIETARY PATTERNS IN THE PREVENTION AND TREATMENT OF DISEASE" IN FRONTIERS

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IN NUTRITION. THE COLLECTION OF A DOZEN PAPERS ON THIS TOPIC PUBLISHED IN THIS ISSUE SHOW CLEAR BENEFITS OF PLANT-BASED DIETS IN THE PREVENTION AND TREATMENT OF DIFFERENT HEALTH CONDITIONS. THIS HIGHLIGHTS THE USEFULNESS OF PLANT-BASED DIETS FOR HUMAN HEALTH.

WE FINISHED A RANDOMIZED CROSSOVER CLINICAL TRIAL THAT COMPARED THE EFFECTS OF A LOW-FAT, PLANT-BASED DIET TO A MEDITERRANEAN DIET, ON BODY WEIGHT, METABOLISM, AND BODY COMPOSITION. USING INDIRECT CALORIMETRY, WE WERE 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) WAS USED TO ASSESS DETAILED BODY COMPOSITION. THE PARTICIPANTS' INSULIN SENSITIVITY AND GLUCOSE METABOLISM WERE ALSO TESTED. ALL THESE TESTS WERE PERFORMED AT BASELINE AND AFTER 16 WEEKS OF A LOW-FAT VEGAN VS. 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 AND 52 PARTICIPANTS COMPLETED THE WHOLE STUDY. THIS STUDY WILL PROVIDE IMPORTANT INSIGHTS FOR DIETARY RECOMMENDATIONS.

WE FINISHED A 12-WEEK CLINICAL STUDY FOR THE EMPLOYEES AT THE SIBLEY HOSPITAL, TRACKING THEIR BODY WEIGHT, BLOOD PRESSURE, BLOOD LIPIDS, AND GLUCOSE CONTROL. THIS STUDY WILL HELP IN IMPLEMENTING PLANT-BASED NUTRITION IN THE HOSPITALS.

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.

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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.

WE ARE CURRENTLY TESTING THE ABILITY OF A VEGAN DIET IN COMBINATION WITH SOYBEANS (1/2 CUP A DAY) TO REDUCE THE NUMBER OF HOT FLASHES EXPERIENCED BY POSTMENOPAUSAL WOMEN. IN THIS 12-WEEK RANDOMIZED CLINICAL TRIAL, WOMEN ARE TRACKING THEIR HOT FLASHES, USING THE MYLUNA SMARTPHONE APP. THIS STUDY MAY HAVE A GREAT IMPACT ON THE CURRENT NUTRITION RECOMMENDATIONS FOR THESE WOMEN.

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

PHYSICIANS COMMITTEE PRESIDENT NEAL BARNARD, M.D., FACC, REACHED THOUSANDS OF PEOPLE THROUGH HIS PRESENTATIONS AND COMMUNITY EVENTS. WITH THE RELEASE OF HIS LATEST BOOK, "YOUR BODY IN BALANCE: THE NEW SCIENCE OF FOOD, HORMONES, AND HEALTH," DR. BARNARD SHARED THE SCIENCE BEHIND HOW COMMON HORMONE-RELATED CONDITIONS CAN BE AFFECTED BY AND IMPROVED BY SIMPLE DIET CHANGES. HE SPOKE ON THIS TOPIC DURING A COUNTRYWIDE

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BOOK TOUR IN EARLY 2020, WHICH LATER PIVOTED TO A SERIES OF ONLINE LECTURES ONCE THE COVID-19 PANDEMIC HIT. HE LECTURED TO COMMUNITIES IN RICHMOND, VA., WASHINGTON, D.C., BALTIMORE, MD., NEW YORK, N.Y., BONITA SPRINGS, FLA., FORT MYERS, FLA., ABOARD THE HOLISTIC HOLIDAY AT SEA CRUISE, LOS ANGELES, CALIF., SAN DIEGO, CALIF., AND PORTLAND, ORE. HE ALSO 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 THE VEGMED CONFERENCE IN LONDON, THE PLANTRICIAN CONFERENCE IN OAKLAND, CALIF., THE NATIONAL ORGANIZATION FOR BLACKS IN DIETETICS ANNUAL RECEPTION IN PHILADELPHIA, PA., AND THE NUTRITION AND CARDIOVASCULAR HEALTH WORKSHOP IN BIRMINGHAM, ALA. HE ALSO SPOKE TO COMMUNITIES IN CHICAGO, ILL., AND WILMINGTON, DEL., THROUGH THE PHYSICIANS COMMITTEE'S NUTRITION INITIATIVE "10 CITIES."

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 CALIFORNIA, OREGON, NEW YORK, MARYLAND, AND THE DISTRICT OF COLUMBIA. THESE BILLS WOULD REQUIRE OR FACILITATE THE OFFERING OF PLANT-BASED 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 INSTITUTIONS WHERE FOOD IS REGULARLY SERVED. IN ADDITION, THEY WOULD IMPROVE THE FOOD ENVIRONMENT GENERALLY, LEADING TO IMPROVED HEALTH OUTCOMES FOR OTHERS.

WE ADVOCATED FOR A BILL IN CALIFORNIA, AB479 INTRODUCED BY ASSEMBLYMEMBER ADRIN NAZARIAN, WHICH WOULD PROVIDE INCENTIVES TO PUBLIC SCHOOLS THAT OFFER ADDITIONAL

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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 THEN STALLED IN THE SENATE BUDGET COMMITTEE FOR REASONS RELATED TO THE BUDGET, ECONOMY, AND COVID-19. WE WILL ASSESS THE FEASIBILITY OF MOVING FORWARD IN THE YEAR AHEAD.

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 REP. MARTY WILDE IN THE HOUSE AND SEN. ROB WAGNER IN THE SENATE, PASSED THE OREGON HOUSE BUT ULTIMATELY DIED IN THE SENATE COMMITTEE ON HEALTH CARE IN THE SUMMER OF 2019. AS PART OF THIS EFFORT, WE GENERATED POSITIVE MOMENTUM, ACHIEVED POSITIVE MEDIA AND GRASSROOTS ATTENTION ON THE MERITS OF THIS LEGISLATION, AND STAYED IN TOUCH WITH LOBBYISTS TO PREPARE FOR THE INTRODUCTION OF NEW LEGISLATION IN JANUARY 2021.

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/A4072), INTRODUCED BY SEN. BRAD HOYLMAN AND ASSEMBLYMEMBER RICHARD GOTTFRIED, PASSED THE FULL LEGISLATURE AND WAS SIGNED INTO LAW BY THE GOVERNOR ON DEC. 6, 2019.

WE ADVOCATED FOR A BILL IN MARYLAND THAT WOULD REQUIRE HOSPITALS AND PRISONS TO MAKE AVAILABLE PLANT-BASED MEAL OPTIONS. NAMED THE 2020 MARYLAND PLANT-BASED MEAL BILL AND INTRODUCED BY DELEGATE TERRI HILL, MD, THIS BILL AIMED TO REDUCE CHRONIC DISEASE IN THE STATE OF MARYLAND. ALTHOUGH IT DIED WHEN THE LEGISLATIVE SESSION ENDED EARLY, WE WILL LOOK FOR WAYS TO BUILD ON THIS LEGISLATION IN THE MIDST OF COVID-19

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PRIORITIES.

WE ADVOCATED FOR A BILL IN THE DISTRICT OF COLUMBIA THAT WOULD MAKE PLANT-BASED FOODS AVAILABLE TO PATIENTS, STAFF, AND VISITORS IN ALL HOSPITALS WITHIN THE DISTRICT WHILE ELIMINATING PROCESSED MEAT FROM ALL MENUS AND REDUCING SUGAR-SWEETENED BEVERAGES. THIS BILL, THE HEALTHY HOSPITALS AMENDMENT ACT OF 2019, INTRODUCED IN OCTOBER 2019 BY COUNCILMEMBER MARY CHEH, AIMS TO CURB THE CHRONIC DISEASE RATES IN THE DISTRICT. DUE TO OTHER PRIORITIES, THIS BILL WILL BE REINTRODUCED IN JANUARY 2021.

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/A1624), INTRODUCED BY SEN. HOYLMAN AND ASSEMBLYMEMBER GOTTFRIED, AWAITS A HEARING IN THE EDUCATION COMMITTEES OF BOTH CHAMBERS. MEETINGS WITH ALL RELEVANT COMMITTEE STAFF (MORE THAN 60 MEMBERS) WERE MOSTLY POSITIVE. DUE TO COVID-19, THIS BILL WILL BE REINTRODUCED IN JANUARY 2021.

THE PHYSICIANS COMMITTEE HAS CONTINUALLY APPLIED PRESSURE THROUGH DIRECT COMMUNICATION AND MEDIA WORK ON THE CALIFORNIA REGULATORY BODY (OEHHA) RESPONSIBLE FOR LISTING PROCESSED MEAT AS A CARCINOGEN UNDER PROPOSITION 65. AFTER MEETING WITH LEGISLATORS TO DISCUSS POTENTIAL LEGISLATION THAT WOULD REQUIRE OEHHA MOVE FORWARD, WE INSTEAD SOUGHT JUDICIAL REVIEW OF OEHHA'S UNLAWFUL ACTIONS, AS DISCUSSED ELSEWHERE IN THIS SCHEDULE.

THE PHYSICIANS COMMITTEE WORKED WITH EXTERNAL EXPERTS IN ACADEMIA AND MEDICAL PROFESSIONALS, AS WELL AS ADVOCATES IN OTHER NONPROFIT ORGANIZATIONS, TO ADVOCATE

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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 NEW YORK, MARYLAND, THE DISTRICT OF COLUMBIA, AND THE FEDERAL CONGRESS. THESE BILLS WOULD REQUIRE OR ENCOURAGE SOME AMOUNT OF CONTINUING MEDICAL EDUCATION CREDITS IN NUTRITION (NUTRITION CME).

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/S5887), INTRODUCED BY ASSEMBLYMEMBER LINDA ROSENTHAL AND SEN. TOBY ANN STAVISKY, WAS EXPECTED TO COME UP FOR A VOTE IN EARLY 2020, BUT WITH COVID-19, WE NOW PLAN TO REINTRODUCE THE LEGISLATION IN JANUARY 2021. WE ALSO SUCCEEDED IN GETTING POSITIVE MEDIA ON THIS ISSUE, CONDUCTED A POLL OF N.Y. PHYSICIANS, AND 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 DUE TO COVID-19 WILL REINTRODUCE THE BILL IN EARLY 2021.

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

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AGENCIES, REQUIRING SOME AMOUNT OF NUTRITION CME FOR FEDERALLY EMPLOYED PHYSICIANS. WE SUCCEEDED IN FINALIZING A DRAFT BILL, WHICH REP. RAUL GRIJALVA WILL INTRODUCE WITH A REPUBLICAN CO-SPONSOR. WE HAVE MET WITH SEVERAL POTENTIAL REPUBLICAN CO-SPONSORS OF THE BILL AND WITH THE ONSET OF COVID-19; WE ARE UNSURE OF THE FUTURE OF THIS BILL, BUT WE ARE STANDING BY TO SEE IF WE CAN MOVE IT IN 2021.

IN AN EFFORT TO SUPPORT THE CONTINUED PROMOTION OF PLANT-BASED DIETS AND THE DE-EMPHASIS OF MEAT AND DAIRY PRODUCTS, WE NOMINATED EXPERTS TO THE DIETARY GUIDELINES ADVISORY COMMITTEE, AND WE WERE GLAD TO SEE ONE VEGETARIAN NUTRITION EXPERT WAS SELECTED. OUR TEAM COORDINATED COMMENTS AND TESTIMONY LEADING UP TO THE DRAFT RELEASE OF THE 2020 REPORT AND WAS PLEASED TO SEE THAT THE DRAFT INDICATED CONTINUED SUPPORT OF PLANT-BASED DIETS AS THE BASIS FOR ALL HEALTHY EATING PATTERNS. WE CONTINUE TO ENGAGE HEALTH ADVOCATES NATIONWIDE TO BE INVOLVED IN THIS PROCESS AND WILL CONTINUE TO SHARE EVIDENCE WITH THE USDA AND HHS THAT MEAT AND DAIRY PRODUCTS SHOULD BE DISCOURAGED IN THE GUIDELINES.

IN AN EFFORT TO CONTROL SPREAD OF COVID-19, BELIEVED TO HAVE INITIATED IN BATS AND PASSED TO HUMANS VIA LIVE ANIMAL MARKETS, WE ADVOCATED FOR A BILL IN NEW YORK THAT WOULD PROHIBIT THE OPERATION OF LIVE ANIMAL MARKETS AND CREATE A TASK FORCE TO CONDUCT EXAMINATIONS OF THE SHUTDOWN MARKETS FOR POTENTIAL PUBLIC HEALTH RISKS. THE BILL, S8291/A10399, WAS SPONSORED BY ASSEMBLYMEMBER ROSENTHAL AND SEN. LUIS SEPÚLVEDA. DUE TO ECONOMIC PRIORITIES FOR NEW YORK STATE, THIS BILL WILL BE REINTRODUCED IN JANUARY 2021.

THE PHYSICIANS COMMITTEE CONDUCTS ACTIVITIES TO ENCOURAGE THE FUNDING, DEVELOPMENT, AND IMPLEMENTATION BY FEDERAL AND STATE LEGISLATURES AND AGENCIES OF HUMAN-RELEVANT,



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NONANIMAL TEST METHODS FOR CHEMICAL, PRODUCT, AND DRUG SAFETY.

IN RHODE ISLAND, REP. JOSEPH SOLOMON INTRODUCED H 7211 AND SEN. BRIDGET VALVERDE INTRODUCED S 2341 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 PHYSICIANS TO TESTIFY IN SUPPORT OF THE HOUSE BILL. THE BILLS STALLED IN COMMITTEE, AND THE PHYSICIANS COMMITTEE PLANS TO WORK ON THEM AGAIN IN 2021.

IN MICHIGAN, THE PHYSICIANS COMMITTEE SUPPORTED THE EFFORTS OF REP. SARA CAMBENSY AND SEN. MICHAEL MACDONALD WHO INTRODUCED HB 5090 AND SB 971 TO OUTLAW THE USE OF DOGS IN PAINFUL EXPERIMENTS AT PUBLIC INSTITUTIONS. THE BILLS DID NOT GET HEARINGS, AND WE PLAN TO WORK ON SIMILAR LEGISLATION IN 2021.

## 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 2020, THE DEPARTMENT COMPLETED APPROXIMATELY 676 SEPARATELY TRACKED PROJECTS. THESE PROJECTS INCLUDED E-BOOKS AND E-COOKBOOKS, ADS, FACT SHEETS, BROCHURES, POSTCARDS, EDUCATIONAL DIAGRAMS, POSTERS, BILLBOARDS, FLYERS, PROGRAM BOOKLETS, EVENT SIGNAGE, STATIONERY, PROGRAM LOGOS, WEB PAGES, INFOGRAPHICS, AND SOCIAL MEDIA GRAPHICS. SUPPORTED PROJECTS INCLUDED THE 2019 AND 2020 INTERNATIONAL CONFERENCES ON NUTRITION IN MEDICINE, DEMONSTRATIONS AT UNIVERSITIES AND MEDICAL CENTERS, FOOD FOR LIFE CURRICULUM UPDATES, SCIENTIFIC CONFERENCES (ACADEMIC POSTERS), DIABETES EDUCATION CURRICULUM, SCHOOL NUTRITION

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

EDUCATION, NATIVE AMERICAN NUTRITION EDUCATION MATERIALS, KICKSTART INTENSIVE/PLANT-BASED IMMERSION EVENTS, THE BARNARD MEDICAL CENTER, RECRUITMENT FOR CLINICAL STUDIES, UNIVERSAL MEALS, NEW YORK AND MICHIGAN LOBBYING EFFORTS, ADDITIONAL SPANISH LANGUAGE MATERIALS, COVID-19 EDUCATION, EXAM ROOM PODCAST PROMOTION, DEVELOPMENT EVENTS AND OUTREACH, INDIA OUTREACH, 10-CITIES KICKSTART EVENTS, LET'S BEAT BREAST CANCER CAMPAIGN, AND TOXICOLOGY AND RESEARCH CONFERENCES.

GOOD MEDICINE, THE PHYSICIANS COMMITTEE'S 24-PAGE MAGAZINE, KEEPS MEMBERS INFORMED AND INVOLVED. FOUR ISSUES OF GOOD MEDICINE WERE PUBLISHED IN FY 2020. TOTAL PRINT DISTRIBUTION WAS 320,315. 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 SUED THE CALIFORNIA OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT DUE TO ITS UNLAWFUL REFUSAL TO RECOGNIZE PROCESSED MEAT AS A CARCINOGEN DESPITE A STATE LAW REQUIRING THE AGENCY TO DO SO. THE PHYSICIANS COMMITTEE 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 ALSO SUBMITTED AN AMICUS CURIAE BRIEF SUPPORTING PLAINTIFFS IN A SUCCESSFUL LAWSUIT CHALLENGING THE U.S. DEPARTMENT OF AGRICULTURE'S (USDA'S) UNLAWFUL ROLLBACK OF SCHOOL LUNCH STANDARDS.

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

THE PHYSICIANS COMMITTEE 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 COMMITTEE SUES PUBLIC INSTITUTIONS THAT REFUSE TO DISCLOSE SUCH DOCUMENTS, SUCH AS TWO LAWSUITS, SETTLED THIS FISCAL YEAR, 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 PETITIONS AND REGULATORY COMMENTS ON RESEARCH PRACTICES AND NUTRITION. THIS FISCAL YEAR, THE PHYSICIANS COMMITTEE SUBMITTED PETITIONS TO FDA SEEKING IMPROVED LABELING FOR DAIRY PRODUCTS AND ERECTILE DYSFUNCTION DRUGS, TO STATE AND FEDERAL AUTHORITIES REGARDING FALSE CLAIMS ABOUT HEALTH RISKS INHERENT TO CONSUMING PROCESSED MEAT, AND TO SIX STATE AND FEDERAL INSTITUTIONS REGARDING CORONAVIRUS PREVENTION AND MANAGEMENT. THE PHYSICIANS COMMITTEE ALSO SUBMITTED COMMENTS REGARDING VARIOUS RULES UNDER CONSIDERATION.

**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.

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

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

**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 TEMPORARILY LEAVE THE MEETING, 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.

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

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

**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.**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

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

PCRM CLINIC - 6 HOURS

THE PCRM FOUNDATION - 1 HOUR

**STACEY GLAESER**

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

PCRM CLINIC - 1 HOUR

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 HANNA**

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

PCRM CLINIC - 1 HOUR

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) THE PCRM FOUNDATION 5100 WISCONSIN AVE, NW, SUITE #400 WASHINGTON, DC 20016 73-1669893	SUPPORTING ORGANIZATION	DC	501 (C) (3)	TYPE I - 11A	PHYSICIANS COMMITTEE FOR RESPONSIBLE MED	X	
(2) PCRM CLINIC D/B/A BARNARD MEDICAL 5100 WISCONSIN AVE, NW #401 WASHINGTON, DC 20016 46-4057257	TO PROVIDE PRIMARY MEDICAL CARE	DC	501 (C) (3)	9	PHYSICIANS COMMITTEE FOR RESPONSIBLE MED	X	
(3) ----- ----- -----							
(4) ----- ----- -----							

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

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

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

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



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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE PCRM FOUNDATION	C	223,224	FMV
(2) THE PCRM FOUNDATION	K	115,000	LEASE AGREEMEN
(3) PCRM CLINIC D/B/A BARNARD MEDICAL CENTER	J	108,000	FMV
(4) PCRM CLINIC D/B/A BARNARD MEDICAL CENTER	Q	94,270	FMV
(5)			
(6)			

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

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

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

**Part VII** Supplemental Information

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

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