

2024

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

**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.

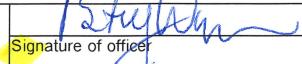
|  |  |   |  |   |
|--|--|---|--|---|
| <b>A For the 2024 calendar year, or tax year beginning</b> 8/01  |  | <b>, 2024, and ending</b> 7/31  |  | <b>, 2025</b>   |
| <b>B Check if applicable:</b><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |  | <b>C</b><br><b>PHYSICIANS COMMITTEE FOR RESPONSIBLE MED</b><br><b>5100 WISCONSIN AVENUE, NW #400</b><br><b>WASHINGTON, DC 20016</b> |  | <b>D Employer identification number</b><br><b>52-1394893</b>  |
|  |  | <b>F Name and address of principal officer:</b> <b>NEAL D. BARNARD, M.D.</b><br><b>SAME AS C ABOVE</b>                              |  | <b>E Telephone number</b><br><b>(202) 686-2210</b>  |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |  | <b>G Gross receipts</b> \$ <b>36,518,032.</b>   |
| <b>J Website:</b> <b>WWW.PCRM.ORG</b>  |  |   |  | <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No," attach a list. See instructions. |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |   |  | <b>L Year of formation:</b> <b>1985</b> <b>M State of legal domicile:</b> <b>DE</b>   |

**Part I Summary**

|  |  |                     |               |
|--|--|---------------------|---------------|
| <b>Activities &amp; Governance</b>   | 1 Briefly describe the organization's mission or most significant activities: <b>THE PHYSICIANS COMMITTEE PROMOTES PREVENTIVE MEDICINE, PARTICULARLY GOOD NUTRITION, CONDUCTS CLINICAL RESEARCH, AND ENCOURAGES HIGHER STANDARDS FOR ETHICS AND EFFECTIVENESS IN RESEARCH.</b> |                     |               |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                     |               |
| <b>Revenue</b>   | 3 Number of voting members of the governing body (Part VI, line 1a).....   | <b>3</b>            | <b>5</b>      |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b).....   | <b>4</b>            | <b>5</b>      |
| <b>Expenses</b>  | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a).....  | <b>5</b>            | <b>110</b>    |
|  | 6 Total number of volunteers (estimate if necessary).....  | <b>6</b>            | <b>14</b>     |
| <b>Net Assets or Fund Balances</b>   | 7a Total unrelated business revenue from Part VIII, column (C), line 12.....   | <b>7a</b>           | <b>6,911.</b> |
|  | b Net unrelated business taxable income from Form 990-T, Part I, line 11.....  | <b>7b</b>           | <b>5,911.</b> |
|  | <b>Prior Year</b>  | <b>Current Year</b> |               |
| 8 Contributions and grants (Part VIII, line 1h).....                                       | <b>20,721,490.</b>   | <b>20,425,011.</b>  |               |
| 9 Program service revenue (Part VIII, line 2g).....  | <b>604,546.</b>  | <b>449,357.</b>     |               |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....                      | <b>763,676.</b>  | <b>843,330.</b>     |               |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....           | <b>-225,458.</b>   | <b>-326,227.</b>    |               |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | <b>21,864,254.</b>   | <b>21,391,471.</b>  |               |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....                   | <b>475,189.</b>  | <b>126,164.</b>     |               |
| 14 Benefits paid to or for members (Part IX, column (A), line 4).....                      |  |                     |               |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....  | <b>9,928,000.</b>  | <b>12,228,693.</b>  |               |
| 16a Professional fundraising fees (Part IX, column (A), line 11e).....                     | <b>15,001.</b>   | <b>15,001.</b>      |               |
| b Total fundraising expenses (Part IX, column (D), line 25).....                           | <b>3,126,349.</b>  |                     |               |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....                       | <b>9,865,864.</b>  | <b>11,531,975.</b>  |               |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....          | <b>20,284,054.</b>   | <b>23,901,833.</b>  |               |
| 19 Revenue less expenses. Subtract line 18 from line 12.....                               | <b>1,580,200.</b>  | <b>-2,510,362.</b>  |               |
|  | <b>Beginning of Current Year</b>   | <b>End of Year</b>  |               |
| 20 Total assets (Part X, line 16).....   | <b>31,494,079.</b>   | <b>29,264,881.</b>  |               |
| 21 Total liabilities (Part X, line 26).....  | <b>17,139,562.</b>   | <b>17,095,715.</b>  |               |
| 22 Net assets or fund balances. Subtract line 21 from line 20.....                         | <b>14,354,517.</b>   | <b>12,169,166.</b>  |               |

**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>              |  |                              | <b>Date</b><br><i>1-15-2026</i>                 |
|                               | <b>Signature of officer</b><br><b>BETSY WASON</b>                                   | Type or print name and title | <b>SEC/SR VP DEV</b>                            |
| <b>Paid Preparer Use Only</b> | Preparer's name   | Preparer's signature         | Date  |
|                               | DOUGLAS P. ARKIN, CPA   | DOUGLAS P. ARKIN, CPA        | <i>1/15/2026</i>                                |
|                               | Firm's name   | ARKIN & LEARY, P.C.          | Check <input type="checkbox"/> if self-employed |
| Firm's address                | 2200 RESEARCH BLVD STE 540<br>ROCKVILLE, MD 20850                                   |                              |   |

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0101L 12/12/24

Form 990 (2024)

## 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  No

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

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 \$ 5,485,308. including grants of \$ 45,000.) (Revenue \$ \_\_\_\_\_)  
SEE SCHEDULE O

4b (Code: \_\_\_\_\_) (Expenses \$ 5,042,869. including grants of \$ \_\_\_\_\_) (Revenue \$ 57.)  
SEE SCHEDULE O \_\_\_\_\_

**4c** (Code:           ) (Expenses \$ 4,774,289. including grants of \$ 66,539.) (Revenue \$ 448,747.)  
SEE SCHEDULE O -----

**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O  
(Expenses \$ 3,681,316. including grants of \$ 21,479.) (Revenue \$ 58,120.)

**4e** Total program service expenses 18,983,782.

**Part IV Checklist of Required Schedules**

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

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

|     |   | Yes | No |
|-----|---|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. ....   | 22  | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. ....   | 23  | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. ....  | 24a | X  |
| 24b | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ....  | 24b |    |
| 24c | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ....   | 24c |    |
| 24d | d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ....  | 24d |    |
| 25a | <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? If "Yes," complete Schedule L, Part I. ....   | 25a | X  |
| 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? If "Yes," complete Schedule L, Part I. ....   | 25b | X  |
| 26  | 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. ....   | 26  | X  |
| 27  | 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. .... | 27  | X  |
| 28  | 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions.)  |     |    |
| 28a | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. ....  | 28a | X  |
| 28b | b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. ....   | 28b | X  |
| 28c | c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. ....  | 28c | X  |
| 29  | 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. ....  | 29  | X  |
| 30  | 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. ....   | 30  | X  |
| 31  | 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. ....   | 31  | X  |
| 32  | 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. ....   | 32  | X  |
| 33  | 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. ....   | 33  | X  |
| 34  | 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. ....   | 34  | X  |
| 35a | 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ....  | 35a | X  |
| 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)? If "Yes," complete Schedule R, Part V, line 2. ....   | 35b | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. ....   | 36  | X  |
| 37  | 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. ....  | 37  | X  |
| 38  | 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....  | 38  | 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  |
|----|---|-----|-----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....  | 1a  | 208 |
| 1b | b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....   | 1b  | 0   |
| 1c | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .... | 1c  | 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>  | 110 |    |
| <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>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? <i>If "No" to line 3b, provide an explanation on Schedule O.</i> .....  | <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<br><br>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>  | 1   |    |
| <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>  | X   |    |
| <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? <i>If "No," provide an explanation on Schedule O.</i> .....  | <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?.....<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>  | X   |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.....<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X   |    |
| <b>17</b> <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.....<br>If "Yes," complete Form 6069. | <b>17</b>  |     |    |

**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. ....

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. .... **5**

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent. .... **5**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .... **2**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .... **3**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .... **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? .... **5**

6 Did the organization have members or stockholders? .... **6**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .... **7a**  SEE SCHEDULE O

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .... **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? .... **8a**

b Each committee with authority to act on behalf of the governing body? .... **8b**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. .... **9**

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

10a Did the organization have local chapters, branches, or affiliates? .... **10a**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .... **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .... **11a**

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. .... **12a**  SEE SCHEDULE O

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. .... **12b**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... **12c**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .... **13**  SEE SCHEDULE O

13 Did the organization have a written whistleblower policy? .... **14**

14 Did the organization have a written document retention and destruction policy? .... **15**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official. .... **15a**

b Other officers or key employees of the organization. .... **15b**  SEE SCHEDULE O

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .... **16a**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .... **16b**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed .... **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain 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**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)<br>Name and title                             | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organi-<br>zations<br>below<br>dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              | (D)<br>Reportable<br>compensation from<br>the organization<br>(W-2/1099-<br>MISC/1099-NEC) | (E)<br>Reportable<br>compensation from<br>related organizations<br>(W-2/1099-<br>MISC/1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation from<br>the organization<br>and related<br>organizations |         |
|---|--|--|-----------------------|---------|--------------|--|---|--|---------|
|   |  | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Highest compensated  |   |  |         |
| SEE SCHEDULE O                                    |  |  |                       |         |              |  |   |  |         |
| (1) HANA KAHLEOVA, M.D., PHD<br>DIR CLINICAL RES. | 40<br>0  |  |                       |         | X            |  | 200,818.  | 0.   | 19,774. |
| (2) JOHN PIPPIN, M.D.<br>DIR ACADEMIC AFFRS       | 40<br>0  |  |                       |         | X            |  | 155,372.  | 0.   | 19,944. |
| (3) ROXANNE BECKER, MBCHB<br>MEDICAL EDITOR, ED   | 40<br>0  |  |                       |         | X            |  | 153,600.  | 0.   | 15,371. |
| (4) STACEY GLAESER, SPHR<br>SR VP HUMAN RES       | 38<br>2  |  |                       |         | X            |  | 150,583.  | 0.   | 18,366. |
| (5) STEPHEN KANE, CPA<br>SR VP OF FINANCE         | 36<br>4  |  |                       |         | X            |  | 155,058.  | 0.   | 4,813.  |
| (6) BETSY WASON, CFRE<br>SEC/SR VP DEV            | 38<br>2  |  |                       | X       |              |  | 154,468.  | 0.   | 4,232.  |
| (7) MINDY KURSBAN, ESQ<br>CHAIR                   | 0<br>0   | X  | X                     |         |              |  | 0.  | 0.   | 0.      |
| (8) RUBY LATHON, PHD<br>DIRECTOR                  | 0<br>0   | X  |                       |         |              |  | 0.  | 0.   | 0.      |
| (9) MARK SKLAR, M.D.<br>DIRECTOR                  | 0<br>0   | X  |                       |         |              |  | 0.  | 0.   | 0.      |
| (10) BARBARA WASSERMAN, M.D.<br>TREASURER         | 0<br>0   | X  | X                     |         |              |  | 0.  | 0.   | 0.      |
| (11) NEAL D. BARNARD, M.D.<br>PRESIDENT           | 37<br>3  | X  | X                     |         |              |  | 0.  | 0.   | 0.      |
| (12)  |  |  |                       |         |              |  |   |  |         |
| (13)  |  |  |                       |         |              |  |   |  |         |
| (14)  |  |  |                       |         |              |  |   |  |         |

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

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

1b Subtotal ..... 969,899. 0. 82,500.

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

d Total (add lines 1b and 1c) ..... 969,899. 0. 82,500.

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 21

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| NEWPORT ONE INC 21 RAILROAD AVENUE DUXBURY , MA 02332                | PRINTING MAILING SERVICE       | 1,149,548.          |
| FISHER AND STRACHAN, INC. 11820 COAKLEY CIRCLE ROCKVILLE, MD 20852   | GENERAL CONTRACTOR             | 310,560.            |
| EVANS & PAGE 2912 DIAMOND ST STE 346 SAN FRANCISCO, CA 94131         | LEGAL SERVICES                 | 224,349.            |
| THREESPOT MEDIA LLC 1325 G ST NW SUITE 500 WASHINGTON, DC 20005      | WEBSITE DESIGNER               | 146,020.            |
| NATIONAL OUTDOOR MEDIA 1990 N CALIFORNIA BLVD # 830 WALNUT CREEK, CA | ADVERTISING SERVICE            | 139,098.            |

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 11

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

|  |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|--|--|-----------------------|--|---|--|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns .....  | <b>1a</b> 7,214.      |  |   |  |
|  | <b>1b</b> Membership dues.....   | <b>1b</b>             |  |   |  |
|  | <b>1c</b> Fundraising events.....  | <b>1c</b> 55,778.     |  |   |  |
|  | <b>1d</b> Related organizations .....  | <b>1d</b> 317,489.    |  |   |  |
|  | <b>1e</b> Government grants (contributions) .....  | <b>1e</b>             |  |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....                             | <b>1f</b> 20,044,530. |  |   |  |
|  | <b>g</b> Noncash contributions included in<br>lines 1a-1f.....   | <b>1g</b> 980,659.    |  |   |  |
|  | <b>h Total.</b> Add lines 1a-1f.....   | <b>20,425,011.</b>    |  |   |  |
| <b>Program Service Revenue</b>                                     |  | <b>Business Code</b>  |  |   |  |
|  | <b>2a</b> <u>SERVICE INCOME</u> .....  | <b>561000</b>         | <b>449,357.</b>                                    | <b>449,357.</b>                         |  |
|  | <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.....   | <b>449,357.</b>       |  |   |  |
|  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....                               | <b>731,747.</b>       |  | <b>6,911.</b>                           | <b>724,836.</b>  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |                       |  |   |  |
|  | <b>5</b> Royalties.....  |                       | <b>977.</b>  |   | <b>977.</b>  |
|  |  | (i) Real              | (ii) Personal                                      |   |  |
|  | <b>6a</b> Gross rents .....  | <b>6a</b> 529,348.    |  |   |  |
|  | <b>b</b> Less: rental expenses   | <b>6b</b> 858,141.    |  |   |  |
|  | <b>c</b> Rental income or (loss)   | <b>6c</b> -328,793.   |  |   |  |
|  | <b>d</b> Net rental income or (loss).....  |                       | <b>-328,793.</b>                                   |   | <b>-328,793.</b>   |
|  |  | (i) Securities        | (ii) Other   |   |  |
|  | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory   | <b>7a</b> 14285010.   | <b>1,700.</b>                                      |   |  |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses   | <b>7b</b> 14168627.   | <b>6,500.</b>                                      |   |  |
|  | <b>c</b> Gain or (loss).....   | <b>7c</b> 116,383.    | <b>-4,800.</b>                                     |   |  |
|  | <b>d</b> Net gain or (loss).....   |                       | <b>111,583.</b>                                    | <b>111,583.</b>                         |  |
| <b>Other Revenue</b>   | <b>8a</b> Gross income from fundraising events<br>(not including \$ <b>55,778.</b><br>of contributions reported on line 1c). |                       |  |   |  |
|  | See Part IV, line 18 .....   | <b>8a</b>             | <b>17,900.</b>                                     |   |  |
|  | <b>b</b> Less: direct expenses.....  | <b>8b</b>             | <b>62,948.</b>                                     |   |  |
|  | <b>c</b> Net income or (loss) from fundraising events .....  |                       | <b>-45,048.</b>                                    |   | <b>-45,048.</b>  |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 .....   | <b>9a</b>             |  |   |  |
|  | <b>b</b> Less: direct expenses.....  | <b>9b</b>             |  |   |  |
|  | <b>c</b> Net income or (loss) from gaming activities.....  |                       |  |   |  |
|  | <b>10a</b> Gross sales of inventory, less.....<br>returns and allowances.....  | <b>10a</b>            | <b>55,880.</b>                                     |   |  |
|  | <b>b</b> Less: cost of goods sold....  | <b>10b</b>            | <b>30,345.</b>                                     |   |  |
|  | <b>c</b> Net income or (loss) from sales of inventory.....   |                       | <b>25,535.</b>                                     | <b>25,535.</b>                          |  |
| <b>Miscellaneous<br/>Revenue</b>                                   |  | <b>Business Code</b>  |  |   |  |
|  | <b>11a</b> <u>OTHER REVENUE</u> .....  |                       | <b>21,102.</b>                                     |   | <b>21,102.</b>   |
|  | <b>b</b> -----   |                       |  |   |  |
|  | <b>c</b> -----   |                       |  |   |  |
|  | <b>d</b> All other revenue.....  |                       |  |   |  |
|  | <b>e Total.</b> Add lines 11a-11d.....   |                       | <b>21,102.</b>                                     |   |  |
|  | <b>12 Total revenue.</b> See instructions.....   | <b>21,391,471.</b>    | <b>586,475.</b>                                    | <b>6,911.</b>                           | <b>373,074.</b>  |

**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><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....  | 63,158.                      | 63,158.                                |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 50,099.                      | 50,099.                                |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 12,907.                      | 12,907.                                |   |                                    |
| 4 Benefits paid to or for members .....  |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 179,498.                     | 81,348.                                | 0.  | 98,150..                           |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....  | 0.                           | 0.                                     | 0.  | 0..                                |
| 7 Other salaries and wages .....   | 9,867,517.                   | 7,895,160.                             | 982,695.                                      | 989,662..                          |
| 8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions).....   | 199,549.                     | 155,053.                               | 24,682.                                       | 19,814..                           |
| 9 Other employee benefits .....  | 1,270,969.                   | 1,031,526.                             | 86,506.                                       | 152,937..                          |
| 10 Payroll taxes .....   | 711,160.                     | 565,853.                               | 69,398.                                       | 75,909..                           |
| 11 Fees for services (nonemployees):   |                              |  |   |                                    |
| a Management .....   |                              |  |   |                                    |
| b Legal .....  | 208,997.                     | 197,570.                               | 11,427.                                       |                                    |
| c Accounting.....  | 61,865.                      |  | 61,865.                                       |                                    |
| d Lobbying.....  | 396,678.                     | 396,678.                               |   |                                    |
| e Professional fundraising services. See Part IV, line 17...   | 15,001.                      |  |   | 15,001..                           |
| f Investment management fees .....   | 130,542.                     |  | 130,542..                                     |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....   | 2,192,588.                   | 1,972,811.                             | 20,401.                                       | 199,376..                          |
| 12 Advertising and promotion .....   | 1,508,488.                   | 1,508,488.                             |   |                                    |
| 13 Office expenses .....   | 215,800.                     | 210,289.                               | 1,928.  | 3,583..                            |
| 14 Information technology.....   |                              |  |   |                                    |
| 15 Royalties.....  |                              |  |   |                                    |
| 16 Occupancy.....  | 796,199.                     | 647,870.                               | 67,349.                                       | 80,980..                           |
| 17 Travel.....   | 389,466.                     | 362,791.                               | 267.  | 26,408..                           |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings.....   | 609,136.                     | 602,183.                               |   | 6,953..                            |
| 20 Interest.....   | 116,500.                     |  | 116,500..                                     |                                    |
| 21 Payments to affiliates.....   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization .....   | 48,517.                      | 45,763.                                | 1,248.  | 1,506..                            |
| 23 Insurance.....  | 74,180.                      | 67,203.                                | 3,274.  | 3,703..                            |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....  |                              |  |   |                                    |
| a PRINTING AND PUBLICATIONS.....   | 1,594,548.                   | 921,742.                               | 12,106.                                       | 660,700..                          |
| b POSTAGE AND SHIPPING.....  | 1,077,155.                   | 568,237.                               | 4,017.  | 504,901..                          |
| c EQUIPMENT RENTAL & MAINTENANCE.....  | 536,502.                     | 443,661.                               | 7,220.  | 85,621..                           |
| d ELECTRONIC COMMUNICATIONS COST.....  | 484,980.                     | 361,183.                               | 48,855.                                       | 74,942..                           |
| e All other expenses.....  | 1,089,834.                   | 822,209.                               | 141,422.                                      | 126,203..                          |
| 25 Total functional expenses. Add lines 1 through 24e....  | 23,901,833.                  | 18,983,782.                            | 1,791,702..                                   | 3,126,349..                        |
| 26 <b>Joint costs.</b> 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)..... | 1,728,178.                   | 976,630.                               |   | 751,548..                          |

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

|                                    |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|--|--------------------------|------------|--------------------|
|                                    | <b>1</b> Cash – non-interest-bearing.....  | 824,981.                 | <b>1</b>   | 917,083.           |
|                                    | <b>2</b> Savings and temporary cash investments.....   | 12,211,242.              | <b>2</b>   | 10,448,852.        |
|                                    | <b>3</b> Pledges and grants receivable, net.....   | 211,796.                 | <b>3</b>   | 684,104.           |
|                                    | <b>4</b> Accounts receivable, net .....  | 18,318.                  | <b>4</b>   | 30,891.            |
|                                    | <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.....  | 84,662.                  | <b>8</b>   | 76,467.            |
|                                    | <b>9</b> Prepaid expenses and deferred charges.....  | 367,004.                 | <b>9</b>   | 654,687.           |
| <b>Assets</b>                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....  | <b>10a</b><br>2,297,825. |            |                    |
|                                    | <b>b</b> Less: accumulated depreciation.....   | <b>10b</b><br>1,444,448. | <b>10c</b> | 853,377.           |
|                                    | <b>11</b> Investments – publicly traded securities.....  | 4,585,108.               | <b>11</b>  | 5,664,470.         |
|                                    | <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.....  | 12,303,268.              | <b>15</b>  | 9,874,672.         |
|                                    | <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....  | 31,494,079.              | <b>16</b>  | 29,264,881.        |
| <b>Liabilities</b>                 | <b>17</b> Accounts payable and accrued expenses.....   | 2,033,319.               | <b>17</b>  | 2,031,457.         |
|                                    | <b>18</b> Grants payable .....   | 66,225.                  | <b>18</b>  | 22,500.            |
|                                    | <b>19</b> Deferred revenue .....   | 260,238.                 | <b>19</b>  | 331,333.           |
|                                    | <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>  |                    |
|                                    | <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.....   | 14,779,780.              | <b>25</b>  | 14,710,425.        |
|                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.....   | 17,139,562.              | <b>26</b>  | 17,095,715.        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/><br><b>and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|                                    | <b>27</b> Net assets without donor restrictions.....   | 12,200,878.              | <b>27</b>  | 10,974,538.        |
|                                    | <b>28</b> Net assets with donor restrictions.....  | 2,153,639.               | <b>28</b>  | 1,194,628.         |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/><br><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.....   | 14,354,517.              | <b>32</b>  | 12,169,166.        |
|                                    | <b>33</b> Total liabilities and net assets/fund balances.....  | 31,494,079.              | <b>33</b>  | 29,264,881.        |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

|  |    |             |
|--|----|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12).....   | 1  | 21,391,471. |
| 2 Total expenses (must equal Part IX, column (A), line 25).....  | 2  | 23,901,833. |
| 3 Revenue less expenses. Subtract line 2 from line 1.....  | 3  | -2,510,362. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....                       | 4  | 14,354,517. |
| 5 Net unrealized gains (losses) on investments.....  | 5  | 325,011.    |
| 6 Donated services and use of facilities.....  | 6  |             |
| 7 Investment expenses.....   | 7  |             |
| 8 Prior period adjustments.....  | 8  |             |
| 9 Other changes in net assets or fund balances (explain on Schedule O).....  | 9  | 0.          |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))..... | 10 | 12,169,166. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <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 on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....  | 2a  | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| 2b Were the organization's financial statements audited by an independent accountant?.....   | 2b  | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.   |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| 2c 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?..... | 2c  | X  |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....  | 3a  | X  |
| 3b 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.....     | 3b  |    |

**SCHEDULE A**  
(Form 990)

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

**2024**

**Open to Public  
Inspection**

Name of the organization

**PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**

Employer identification number

52-1394893

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 on 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) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total   |
|---|-----------|-----------|-----------|-----------|-----------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") <i>SEE PART VI</i>   | 12694734. | 13121152. | 14184281. | 16607910. | 17020517. | 73,628,594. |
| 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....   | 12694734. | 13121152. | 14184281. | 16607910. | 17020517. | 73,628,594. |
| 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) ..... |           |           |           |           |           | 365,095.    |
| 6 <b>Public support.</b> Subtract line 5 from line 4.....   |           |           |           |           |           | 73,263,499. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023   | (e) 2024   | (f) Total                |
|---|-----------|-----------|-----------|------------|------------|--------------------------|
| 7 Amounts from line 4.....  | 12694734. | 13121152. | 14184281. | 16607910.  | 17020517.  | 73,628,594.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....  | 181,740.  | 348,882.  | 780,615.  | 1,212,907. | 1,254,184. | 3,778,328.               |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.....   | 2,112.    | 1,584.    | 1,872.    | 4,067.     | 6,911.     | 16,546.                  |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) <i>SEE PART VI</i> .....  | 64,684.   | 96,920.   | 54,342.   | 84,758.    | 21,102.    | 321,806.                 |
| 11 <b>Total support.</b> Add lines 7 through 10.....  |           |           |           |            |            | 77,745,274.              |
| 12 Gross receipts from related activities, etc. (see instructions).....   |           |           |           |            | 12         | 2,729,334.               |
| 13 <b>First 5 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 2024 (line 6, column (f), divided by line 11, column (f)).....  | 14 | 94.24 %                  |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14.....   | 15 | 94.58 %                  |
| 16a <b>33-1/3% support test—2024.</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 type="checkbox"/> |
| b <b>33-1/3% support test—2023.</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—2024.</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—2023.</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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. .... |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. ....  |          |          |          |          |          |           |
| <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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 on 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.) ....   |          |          |          |          |          |                          |
| <b>14 First 5 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**

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). .... | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15. ....                       | 16 | % |

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

|   |                          |   |
|---|--------------------------|---|
| 17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)). ....  | 17                       | % |
| 18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17. ....  | 18                       | % |
| <b>19a 33-1/3% support tests—2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization.....         | <input type="checkbox"/> |   |
| <b>b 33-1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization..... | <input type="checkbox"/> |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....   | <input type="checkbox"/> |   |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete **line 2** below.
- b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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

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

**Section A – Adjusted Net Income**

|  | (A) Prior Year | (B) Current Year<br>(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              |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                                |

**Section B – Minimum Asset Amount**

|   | (A) Prior Year | (B) Current Year<br>(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)   | <b>1d</b>      |                                |
| e <b>Discount</b> claimed for blockage or other factors<br>(explain in detail in Part VI):  |                |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3 Subtract line 2 from line 1d.   | 3              |                                |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6 Multiply line 5 by 0.035.   | 6              |                                |
| 7 Recoveries of prior-year distributions  | 7              |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                                |

**Section C – Distributable Amount**

|   |          | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, column A)   | 1        |              |
| 2 Enter 0.85 of line 1.   | 2        |              |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)  | 3        |              |
| 4 Enter greater of line 2 or line 3.  | 4        |              |
| 5 Income tax imposed in prior year  | 5        |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |              |

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)****Section D – Distributions**

|  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2            |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4 Amounts paid to acquire exempt-use assets  | 4            |
| 5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )   | 5            |
| 6 Other distributions (describe in <b>Part VI</b> ). See instructions.   | 6            |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9 Distributable amount for 2024 from Section C, line 6   | 9            |
| <b>10 Line 8 amount divided by line 9 amount</b>   | <b>10</b>    |

**Section E – Distribution Allocations (see instructions)**

|   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2024   |                                |  |   |
| a From 2019 .....   |                                |  |   |
| b From 2020 .....   |                                |  |   |
| c From 2021 .....   |                                |  |   |
| d From 2022 .....   |                                |  |   |
| e From 2023 .....   |                                |  |   |
| f <b>Total</b> of lines 3a through 3e   |                                |  |   |
| g Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2024 distributable amount  |                                |  |   |
| i Carryover from 2019 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                |  |   |
| 4 Distributions for 2024 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| b Applied to 2024 distributable amount  |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                                |  |   |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                |  |   |
| <b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2020 .....  |                                |  |   |
| b Excess from 2021 .....  |                                |  |   |
| c Excess from 2022 .....  |                                |  |   |
| d Excess from 2023 .....  |                                |  |   |
| e Excess from 2024 .....  |                                |  |   |

BAA

Schedule A (Form 990) 2024

**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**

| 2020          | 2021          | 2022          | 2023          | 2024          | TOTAL          |
|---------------|---------------|---------------|---------------|---------------|----------------|
| \$ 3,096,243. | \$ 2,700,000. | \$ 4,650,587. | \$ 4,205,783. | \$ 3,221,530. | \$ 17,874,143. |

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

| NATURE AND SOURCE   | 2024              | 2023              | 2022              | 2021              | 2020              |
|---------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| AWARDS AND PRIZES   |                   |                   | \$ 5,000.         |                   |                   |
| CAR PROGRAM         | \$ 9,328.         | \$ 2,101.         |                   | \$ 326.           |                   |
| CREDIT CARD REWARDS |                   |                   |                   | 8,836.            | \$ 8,409.         |
| HONORARIA           | 1,687.            | 2,170.            | 1,900.            | 1,500.            | 900.              |
| REIMBURSEMENTS      | 10,087.           | 80,487.           | 47,442.           | 86,258.           | 55,375.           |
| TOTAL               | <u>\$ 21,102.</u> | <u>\$ 84,758.</u> | <u>\$ 54,342.</u> | <u>\$ 96,920.</u> | <u>\$ 64,684.</u> |

**SCHEDULE C**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

OMB No. 1545-0047

**2024****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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number (EIN)

52-1394893

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions. .... \$ .....

3 Volunteer hours for political campaign activities. See instructions.....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?.....  Yes  No

4a 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 EINs 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><br>(The term "expenditures" means amounts paid or incurred.)   |  | <b>(a) Filing organization's totals</b>                  | <b>(b) Affiliated group totals</b> |
|---|--|--|------------------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying).....  |  | 102,980.   | 102,980.                           |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....   |  | 293,698.   | 293,698.                           |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b).....   |  | 396,678.   | 396,678.                           |
| <b>d</b> Other exempt purpose expenditures.....   |  | 20,378,806.  | 21,899,483.                        |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d).....   |  | 20,775,484.  | 22,296,161.                        |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.....   |  | 1,000,000.   | 1,000,000.                         |
| <b>IF the amount on line 1e, column (a) or (b), is:</b> <b>THEN the lobbying nontaxable amount is:</b>  |  |  |                                    |
| 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).....   |  | 250,000.   | 250,000.                           |
| <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.   | 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) 2021</b> | <b>(b) 2022</b> | <b>(c) 2023</b> | <b>(d) 2024</b> | <b>(e) Total</b> |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying nontaxable amount                             | 915,430.        | 985,373.        | 1,000,000.      | 1,000,000.      | 3,900,803.       |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |                 |                 |                 |                 | 5,851,205.       |
| <b>c</b> Total lobbying expenditures                             | 317,803.        | 261,587.        | 369,581.        | 396,678.        | 1,345,649.       |
| <b>d</b> Grassroots nontaxable amount                            | 228,858.        | 246,343.        | 250,000.        | 250,000.        | 975,201.         |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |                 |                 |                 |                 | 1,462,802.       |
| <b>f</b> Grassroots lobbying expenditures                        | 30,657.         | 52,181.         | 98,115.         | 102,980.        | 283,933.         |

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

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

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

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

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

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

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

**Part IV** Supplemental Information

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

SCHEDULE C, PART II-A  
AFFILIATED GROUP MEMBERS

NAME AND ADDRESS

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<br>FOUNDATION | PCRM<br>CLINIC   | ELIMINATIONS     | TOTAL                         |
|---|--------------------|------------------|------------------|-------------------------------|
| GRASSROOTS LOBBYING                             | 102,980            | -                | -                | 102,980                       |
| DIRECT LOBBYING                                 | 293,698            | -                | -                | 293,698                       |
| <b>TOTAL LOBBYING</b>                           | <b>396,678</b>     | <b>-</b>         | <b>-</b>         | <b>396,678</b>                |
| <br>TOTAL EXPENSES (EXCLUDING DONATED SERVICES) | 23,901,833         | 1,438,686        | 1,383,314        | (1,301,323) 25,422,510        |
| TOTAL LOBBYING EXPENSES ABOVE                   | (396,678)          | -                | -                | (396,678)                     |
| TOTAL FUNDRAISING EXPENSES                      | (3,126,349)        | -                | -                | (3,126,349)                   |
| OTHER EXEMPT PURPOSE EXPENDITURES               | 20,378,806         | 1,438,686        | 1,383,314        | (1,301,323) 21,899,483        |
| <b>TOTAL EXEMPT PURPOSE EXPENDITURES</b>        | <b>20,775,484</b>  | <b>1,438,686</b> | <b>1,383,314</b> | <b>(1,301,323) 22,296,161</b> |

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

**Open to Public  
Inspection**

Name of the organization

Employer identification number

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

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

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

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

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

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

**Part II Conservation Easements**

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

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

Preservation of land for public use (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 |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....

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 2d 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.

1a 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.

1a 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 |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a 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 in 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance.....                     | 10,351,190.      | 9,997,828.     | 9,220,934.         | 10,752,266.          | 7,144,949.          |
| b Contributions.....                                  | 1,325.           | 11,325.        | 625,713.           | 1,025.               | 2,269,573.          |
| c Net investment earnings, gains, and losses.....     | 846,366.         | 944,181.       | 493,769.           | -1,126,566.          | 2,040,187.          |
| d Grants or scholarships.....                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs..... | 317,489.         | 512,061.       | 263,992.           | 317,338.             | 617,837.            |
| f Administrative expenses.....                        | 99,464.          | 90,083.        | 78,596.            | 88,453.              | 84,606.             |
| g End of year balance.....                            | 10,781,928.      | 10,351,190.    | 9,997,828.         | 9,220,934.           | 10,752,266.         |

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

a Board designated or quasi-endowment 80.52 %

b Permanent endowment 19.48 %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

(i) Unrelated organizations?.....

(ii) Related organizations?.....

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 |
|-------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land.....                  |                                      | 545,080.                        |                              | 545,080.       |
| b Buildings.....              |                                      | 500,270.                        | 322,047.                     | 178,223.       |
| c Leasehold improvements..... |                                      | 866,271.                        | 834,397.                     | 31,874.        |
| d Equipment.....              |                                      | 12,198.                         | 12,198.                      | 0.             |
| e Other.....                  |                                      | 374,006.                        | 275,806.                     | 98,200.        |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))..... 853,377.

BAA

Schedule D (Form 990) (Rev. 12-2024)

**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) _____  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))..... |                |   |

**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)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))..... |                |   |

**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)  |                |
| (2) DEPOSITS   | 12,647.        |
| (3) DUE FROM PCRM FOUNDATION   | 84.            |
| (4) LEGACIES & BEQUESTS RECEIVABLE   | 124,137.       |
| (5) OPER LEASE ROU ASSET   | 9,383,681.     |
| (6) WIP FILMS  | 354,123.       |
| (7) Z-DONATED ARTWORK  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))..... | 9,874,672.     |

**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) LEASE LIABILITY - OPERATING  | 12,314,716.    |
| (3) LT ANNUUITIES PAYABLE  | 2,122,113.     |
| (4) ST ANNUUITIES PAYABLE  | 273,596.       |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))..... | 14,710,425.    |

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.....                                    | 2a |  |
| b Donated services and use of facilities.....  | 2b |  |
| c Recoveries of prior year grants.....   | 2c |  |
| d Other (Describe in Part XIII.).....  | 2d |  |
| e Add lines 2a through 2d.....   | 2e |  |
| 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.....                | 4a |  |
| b Other (Describe in Part XIII.).....  | 4b |  |
| c Add lines 4a and 4b.....   | 4c |  |
| 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.....   | 2a |  |
| b Prior year adjustments.....   | 2b |  |
| c Other losses.....   | 2c |  |
| d Other (Describe in Part XIII.).....   | 2d |  |
| e Add lines 2a through 2d.....  | 2e |  |
| 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.....                 | 4a |  |
| b Other (Describe in Part XIII.).....   | 4b |  |
| c Add lines 4a and 4b.....  | 4c |  |
| 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**

AT JULY 31, 2025, AND FOR THE YEAR THEN ENDED, THE PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE, INC. HAS DETERMINED THAT THERE WERE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS, TAX PENALTIES OR INTEREST. NO PROVISION FOR

BAA

Schedule D (Form 990) (Rev. 12-2024)

**Part XIII** **Supplemental Information (continued)****PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AT JULY 31, 2025, THE TAX FILINGS THAT ARE SUBJECT TO POSSIBLE EXAMINATION BY MAJOR TAX JURISDICTIONS ARE FOR THE YEARS ENDED JULY 31, 2024, 2023 AND 2022.

**SCHEDULE F****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?...  Yes  No2 **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                       |                                     | 2  | PROGRAM SERVICES   | SEE PART V   | 202,545.   |
| (2) SOUTH ASIA                                  |                                     | 2  | PROGRAM SERVICES   | SEE PART V   | 239,184.   |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| 3a Subtotal.....                                |                                     | 4  |  |  | 441,729.   |
| b Total from continuation sheets to Part I..... |                                     |  |  |  |  |
| c Totals (add lines 3a and 3b)...               | 0                                   | 4  |  |  | 441,729.   |

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

Schedule F (Form 990) (Rev. 12-2024)

**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.

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

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

---

BAA

Schedule F (Form 990) (Rev. 12-2024)

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

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

BAA

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990). ....  Yes  No

**Part V Supplemental Information**

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

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

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

**PART I - ADDITIONAL SUPPLEMENTAL INFORMATION**

EAST ASIA, FY 25

PHYSICIANS COMMITTEE CHINA PROGRAM SPECIALIST DR. JIA XU REACHED 19,540 PEOPLE THROUGH A TOTAL OF 110 LECTURES ACROSS 53 CITIES. IN ADDITION, 147 ONLINE WEBCASTS WERE DELIVERED WITH OVER 1,898,500 STREAMING VIEWS. HE ALSO PARTICIPATED IN A VEGAN CYCLING EVENT ACROSS SOUTHERN GANSU AND WESTERN SICHUAN PROVINCES AND GAVE SEVERAL TALKS ALONG THIS ROUTE IN REMOTE CITIES AND TOWNSHIPS. A 21-DAY HEALTHY CHALLENGE WAS DELIVERED TWICE, REACHING APPROXIMATELY 27,307 PARTICIPANTS THROUGH OUR ONLINE PLATFORM. ON OCTOBER 19 AND 20, 2024, IN PARTNERSHIP WITH THE CHINA ANTI-AGING PROMOTING ASSOCIATION - HEALTHY DIET CHAPTER AND A CHINESE VOLUNTEER TEAM, WE ORGANIZED THE 6TH ONLINE INTERNATIONAL CONFERENCE FOR NUTRITION AND LIFESTYLE MEDICINE (ICNLM), FEATURING INTERNATIONAL AND LOCAL SPEAKERS, INCLUDING DR. T. COLIN CAMPBELL AND DR. NEIL NEDLEY, REACHING OVER 1.02 MILLION VIEWS. IN ADDITION, WE ACHIEVED A TOP THREE RANKING IN THE NUTRITION FIELD ON WEIBO, CHINA'S LEADING SOCIAL MEDIA PLATFORM WITH 588 MILLION ACTIVE USERS.

SOUTH ASIA, FY 25

PHYSICIANS COMMITTEE'S INDIA PROGRAM SPECIALISTS DR. ZEESHAN ALI AND DR. VANITA RAHMAN PROVIDED EDUCATIONAL LECTURES IN INDIA AND BANGLADESH IN NOVEMBER, MARCH AND JULY OF FY 2025. THEY REACHED 5,330 MEDICAL, NURSING, AND HOSPITALITY STUDENTS ABOUT

**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)**

THE BENEFITS OF PLANT-BASED NUTRITION THROUGH 26 IN PERSON LECTURES IN DHAKA, KOLKATA, MUMBAI, KOCHI, AURANGABAD, COIMBATORE, VADODARA, TALEIGAO, BANGALORE, CHENNAI, AMRAVATI, SOLAPUR, AKOLA, DELHI, AND JALGAON. THEY VISITED RENOWNED EDUCATIONAL INSTITUTIONS INCLUDING BANGABANDHU SHEIKH MUJIB MEDICAL UNIVERSITY, MAHATMA GANDHI MISSION MEDICAL COLLEGE, GOA BUSINESS SCHOOL, SUMANDEEP UNIVERSITY, GOVERNMENT MEDICAL COLLEGES IN AKOLA, JALGAON, AND SOLAPUR, DR. RAJENDRA GODE MEDICAL COLLEGE, DR. PANJABRAO ALIAS BHAUSAHEB DESHMUKH MEMORIAL MEDICAL COLLEGE, CHRIST UNIVERSITY, HOLY FAMILY COLLEGE OF NURSING AND INSTITUTE OF HOME ECONOMICS, LORETO COLLEGE, KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES, SREE BALAJI MEDICAL COLLEGE, PS GOVINDASAMY COLLEGE OF NURSING, PATKAR COLLEGE OF ARTS AND SCIENCES, Terna MEDICAL COLLEGE, AND DY PATIL UNIVERSITY SCHOOL OF HOSPITALITY AND TOURISM STUDIES.

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

ACCRUAL BASIS OF ACCOUNTING WAS USED.

**SCHEDULE G**  
**(Form 990)**

(Rev. December 2024)

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.

OMB No. 1545-0047

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**

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 <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of nongovernment grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants               |
| c <input type="checkbox"/> Phone solicitations                         | g <input checked="" type="checkbox"/> Special fundraising events           |
| d <input checked="" type="checkbox"/> In-person solicitations          |  |

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 col. (i) | (vi) Amount paid to (or retained by) organization |
|--|------------------------|--|----|-----------------------------------|---|---|
| 1<br>NEWPORT ONE<br>21 RAILROAD AVENUE<br>DUXBURY MA 02332 | MEMBERSHIP DEVELOPMENT | Yes  | No | 4,500,509.                        | 288,446.  | 4,212,063.  |
|  |                        |  | X  |                                   |   |   |
| 2  |                        |  |    |                                   |   |   |
| 3  |                        |  |    |                                   |   |   |
| 4  |                        |  |    |                                   |   |   |
| 5  |                        |  |    |                                   |   |   |
| 6  |                        |  |    |                                   |   |   |
| 7  |                        |  |    |                                   |   |   |
| 8  |                        |  |    |                                   |   |   |
| 9  |                        |  |    |                                   |   |   |
| 10   |                        |  |    |                                   |   |   |
| <b>Total</b>   |                        |  |    | <b>4,500,509.</b>                 | <b>288,446.</b>   | <b>4,212,063.</b>                                 |

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 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.

|  | (a) Event #1<br>MOOSE MOUNTAIN<br>(event type) | (b) Event #2<br>BON VOYAGE<br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add col. (a)<br>through col. (c)) |
|--|--|--|--|--|
| 1 Gross receipts.....  | 53,876.  | 19,802.                                    |  | 73,678.  |
| 2 Less: Contributions.....   | 48,276.  | 7,502.                                     |  | 55,778.  |
| 3 Gross income (line 1 minus line 2).....                            | 5,600.   | 12,300.                                    |  | 17,900.  |
| 4 Cash prizes.....   |  |  |  |  |
| 5 Noncash prizes.....  |  |  |  |  |
| 6 Rent/facility costs.....   | 2,581.   | 4,034.                                     |  | 6,615.   |
| 7 Food and beverages.....  | 5,846.   | 8,328.                                     |  | 14,174.  |
| 8 Entertainment.....   |  | 450.                                       |  | 450.   |
| 9 Other direct expenses.....   | 17,164.  | 24,545.                                    |  | 41,709.  |
| 10 Direct expense summary. Add lines 4 through 9 in column (d).....  |  |  |  | 62,948.  |
| 11 Net income summary. Subtract line 10 from line 3, column (d)..... |  |  |  | -45,048.   |

**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.

|   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming<br>(add col. (a)<br>through col. (c)) |
|---|---|---|---|--|
| 1 Gross revenue.....  |   |   |   |  |
| 2 Cash prizes.....  |   |   |   |  |
| 3 Noncash prizes.....   |   |   |   |  |
| 4 Rent/facility costs.....  |   |   |   |  |
| 5 Other direct expenses.....  |   |   |   |  |
| 6 Volunteer labor.....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: \_\_\_\_\_  
\_\_\_\_\_

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

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

11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....  13a  %

b An outside facility .....  13b  %

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

c If "Yes," enter the 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 288,446

TOTAL PAID FOR PROFESSIONAL FUNDRAISING SERVICES, FORM 990, 11E 15,001

DIFFERENCE 273,445

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

11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....  13a  %

b An outside facility .....  13b  %

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

c If "Yes," enter the 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<br>INCLUDED<br>FORM 990<br>PART IX<br>COLUMN B | AMOUNTS<br>INCLUDED<br>FORM 990<br>PART IX<br>COLUMN C | AMOUNTS<br>INCLUDED<br>FORM 990<br>PART IX<br>COLUMN D | TOTAL          |
|-------------------------|--|--|--|----------------|
| OTHER SERVICES          | 101,031  | -0-  | 121,896  | 222,927        |
| PRINTING & PUBLICATIONS | 13,148   | -0-  | 37,370   | 50,518         |
| <b>TOTAL</b>            | <b>114,178</b>   | <b>-0-</b>   | <b>159,267</b>   | <b>273,445</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:

a The organization's facility .....  13a  %

b An outside facility. .....  13b  %

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

c If "Yes," enter the 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)

##### PART I, LINE 2B, COLUMN (V)

THE AGREEMENT BETWEEN NEWPORT ONE AND PHYSICIANS COMMITTEE DISTINGUISHES BETWEEN COMPENSATION FOR SERVICES DIRECTLY PROVIDED BY NEWPORT ONE (WHICH INCLUDES ACCOUNT-MANAGEMENT AND STRATEGY, CREATIVE SERVICES, PRODUCTION MANAGEMENT AND DIGITAL SERVICES) AND PAYMENTS TO OUTSIDE VENDORS (MANAGED BY NEWPORT ONE) FOR PRINTING, MAIL SHOP AND POSTAGE. FOR FISCAL YEAR 2025 IN ADDITION TO THE \$288,446 REPORTED IN SCHEDULE G, PART I. PHYSICIANS COMMITTEE PAID NEWPORT ONE AN ADDITIONAL \$2,026,569 FOR PRINTING, MAIL SHOP AND POSTAGE SERVICES PERFORMED BY OUTSIDE VENDORS.

**SCHEDULE I**  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

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 instructions and the latest information.**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 noncash 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<br>5100 WISCONSIN AVE., NW #401<br>WASHINGTON, DC 20016 | 46-4057257 | 501(C) (3)                      | 1,135.                   | 20,344.                          | FMV   | DIRECT PAYMENT OF CLINIC EXPENSES     | GENERAL SUPPORT                     |
| (2) FRANKLIN SQUARE FILMS<br>204 N 35TH STREET<br>PHILADELPHIA, PA 19104                  | 58-1775852 | 501(C) (3)                      | 6,000.                   | 0.                               |   |                                       | DOCUMENTARY FILM                    |
| (3) WHITCOMB'S LAND OF PUMPKINS<br>347 FAY LANE<br>WILLISTON, VT 05495                    | 93-1859782 |                                 | 15,000.                  | 0.                               |   |                                       | CONVERT ANIMAL AGRICULTURE TO CROPS |
| (4)   |            |                                 |                          |                                  |   |                                       |                                     |
| (5)   |            |                                 |                          |                                  |   |                                       |                                     |
| (6)   |            |                                 |                          |                                  |   |                                       |                                     |
| (7)   |            |                                 |                          |                                  |   |                                       |                                     |
| (8)   |            |                                 |                          |                                  |   |                                       |                                     |

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

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

**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 CONVERT ANIMAL AGRICULTURE TO CROPS | 2                        | 30,000.                  |                                  |   |                                       |
| 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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****Attach to Form 990.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**PYSCICIANS COMMITTEE FOR RESPONSIBLE MED**

Employer identification number

52-1394893

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

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as maid, chauffeur, chef)

|           | <b>Yes</b> | <b>No</b> |
|-----------|------------|-----------|
| <b>1a</b> |            |           |
| <b>1b</b> |            |           |
| <b>2</b>  |            |           |

**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.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

|           |  |   |
|-----------|--|---|
| <b>3</b>  |  |   |
| <b>4a</b> |  | X |
| <b>4b</b> |  | X |
| <b>4c</b> |  | X |

**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? .....

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

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

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

|           |  |   |
|-----------|--|---|
| <b>4a</b> |  | X |
| <b>4b</b> |  | X |
| <b>4c</b> |  | X |

**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? .....

**b** Any related organization? .....

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

|           |  |   |
|-----------|--|---|
| <b>5a</b> |  | X |
| <b>5b</b> |  | X |

**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? .....

**b** Any related organization? .....

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

|           |  |   |
|-----------|--|---|
| <b>6a</b> |  | X |
| <b>6b</b> |  | X |

**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 .....

|          |  |   |
|----------|--|---|
| <b>7</b> |  | X |
| <b>8</b> |  | X |

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

|          |  |   |
|----------|--|---|
| <b>8</b> |  | X |
| <b>9</b> |  |   |

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) (Rev. 12-2024)**

**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 and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 BETSY WASON, CFRE<br>1 SEC/SR VP DEV            | (i) 154,468.<br>(ii) 0.  | 0.                                  | 0.                                  | 3,642.   | 590.<br>0.              | 158,700.<br>0.                  | 0.<br>0.  |
| 2 STACEY GLAESER, SPHR<br>2 SR VP HUMAN RES       | (i) 150,583.<br>(ii) 0.  | 0.                                  | 0.                                  | 4,813.   | 13,553.<br>0.           | 168,949.<br>0.                  | 0.<br>0.  |
| 3 HANA KAHLEOVA, M.D., PHD<br>3 DIR CLINICAL RES. | (i) 200,818.<br>(ii) 0.  | 0.                                  | 0.                                  | 0.   | 19,774.<br>0.           | 220,592.<br>0.                  | 0.<br>0.  |
| 4 JOHN PIPPIN, M.D.<br>4 DIR ACADEMIC AFFRS       | (i) 155,372.<br>(ii) 0.  | 0.                                  | 0.                                  | 4,833.   | 15,111.<br>0.           | 175,316.<br>0.                  | 0.<br>0.  |
| 5 STEPHEN KANE, CPA<br>5 SR VP OF FINANCE         | (i) 155,058.<br>(ii) 0.  | 0.                                  | 0.                                  | 4,813.   | 0.<br>0.                | 159,871.<br>0.                  | 0.<br>0.  |
| 6 ROXANNE BECKER, MBCHB<br>6 MEDICAL EDITOR, ED   | (i) 153,600.<br>(ii) 0.  | 0.                                  | 0.                                  | 4,688.   | 10,683.<br>0.           | 168,971.<br>0.                  | 0.<br>0.  |
| 7   | (i)  |                                     |                                     |  |                         |                                 |   |
| 8   | (i)  |                                     |                                     |  |                         |                                 |   |
| 9   | (i)  |                                     |                                     |  |                         |                                 |   |
| 10  | (i)  |                                     |                                     |  |                         |                                 |   |
| 11  | (i)  |                                     |                                     |  |                         |                                 |   |
| 12  | (i)  |                                     |                                     |  |                         |                                 |   |
| 13  | (i)  |                                     |                                     |  |                         |                                 |   |
| 14  | (i)  |                                     |                                     |  |                         |                                 |   |
| 15  | (i)  |                                     |                                     |  |                         |                                 |   |
| 16  | (i)  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

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

**2024**

**Open to Public  
Inspection**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

**Part I** **Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>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                             | 49  | 797,695.  | FMV  |
| 10 Securities – Closely held stock.....   |                               |   |   |  |
| 11 Securities – Partnership, LLC, or trust interests.....   |                               |   |   |  |
| 12 Securities – Miscellaneous.....  |                               |   |   |  |
| 13 Qualified conservation contribution –<br>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.....  | X                             | 4   | 10,773.   | FMV  |
| 24 Archeological artifacts.....   |                               |   |   |  |
| 25 Other (COOKWARE).....  | X                             | 9   | 46,692.   | FMV  |
| 26 Other (COOKING EQUIP).....   | X                             | 48  | 20,230.   | FMV  |
| 27 Other (GOOGLE ADS).....  | X                             | 52,335  | 105,269.  | FMV  |
| 28 Other ( ).....   |                               |   |   |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement..... |                               | 29  |   |  |

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |

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

---

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

52-1394893

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

WORKING WITH PHYSICIANS, HEALTH EXPERTS, AND CELEBRITIES WHO SERVE AS SPOKESPEOPLE, WE INFORM, PERSUADE, AND INSPIRE READERS THROUGH STRATEGIC MEDIA RELATIONS, SOCIAL MEDIA, DIGITAL COMMUNICATIONS, PRINT PUBLICATIONS, AND ADVERTISEMENTS. OUR WORK WAS FEATURED IN TRADITIONAL NEWS OUTLETS INCLUDING WASHINGTON POST, NEW YORK TIMES, NEWSWEEK, BALTIMORE SUN, BBC, DETROIT NEWS, NEW YORK POST, OREGONIAN, SUN SENTINEL, STAT, ABC NEWS, NBC NEWS, FOX NEWS, SCIENCE, MEDICALXPRESS, EVERYDAY HEALTH, WOMAN'S WORLD, MEDPAGE TODAY, SCIENCE MAGAZINE, ECONOMIC TIMES, AND MANY MORE. OUR DOCTOR-AUTHORED OP-EDS HAVE BEEN PUBLISHED IN MAJOR NEWSPAPERS INCLUDING COLORADO NEWSLINE, DETROIT NEWS, CAL MATTERS, MED CENTRAL, MED PAGE TODAY, OREGONIAN, AND UTAH NEWS DISPATCH. PRINT AND ONLINE NEWS COVERAGE GENERATED 3,024 NEWS ARTICLES AND AN AVERAGE OF 6.57 MILLION UNIQUE VISITORS PER MONTH. OUR SOCIAL MEDIA CONTENT CREATED CONVERSATIONS DAILY AMONG MORE THAN 1.4 MILLION FOLLOWERS ON 21 SOCIAL MEDIA ACCOUNTS. IN FY 2025, 20.7 MILLION ACCOUNTS WERE REACHED ACROSS META PLATFORMS AND X. YOUTUBE'S FOLLOWING GREW TO 491.3K, UP 22K SUBSCRIBERS FROM THE PREVIOUS YEAR, AND OUR VIDEOS WERE VIEWED 4.3 MILLION TIMES. THE EXAM ROOM PODCAST WAS DOWNLOADED MORE THAN 4.1 MILLION TIMES ON PODCAST PLATFORMS IN FY 2025 AND NEARLY 25 MILLION FROM ITS LAUNCH IN 2018. OUR WEBSITE RECEIVED 3,990,751 TOTAL PAGE VIEWS IN FY 2025. WE COMPLETED MORE THAN 800 SEPARATELY TRACKED PRINT AND DISPLAY MATERIALS, PROMOTIONAL MERCHANDISE, AND ELECTRONIC GRAPHICS AND E-PUBLICATIONS. GOOD MEDICINE, THE PHYSICIANS COMMITTEE'S 24-PAGE MAGAZINE, KEEPS MEMBERS INFORMED AND INVOLVED. FOUR ISSUES OF GOOD MEDICINE WERE PUBLISHED IN FY 2025. TOTAL PRINT DISTRIBUTION WAS 303,322.

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

52-1394893

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS****RESEARCH AND REGULATORY AFFAIRS**

THE PHYSICIANS COMMITTEE ADVANCES HUMAN-SPECIFIC, NONANIMAL APPROACHES IN RESEARCH, TESTING, AND EDUCATION THROUGH SCIENTIFIC SUPPORT, POLICY CHANGE, TRAINING, AND OUTREACH. IN FISCAL YEAR 2025, OUR SCIENTISTS WORKED TO OVERCOME BARRIERS TO ADOPTION OF NONANIMAL METHODS BY PROVIDING INPUT TO FEDERAL AGENCIES THROUGH RESPONSES TO FEDERAL REGISTER REQUESTS AND PRESENTATIONS AT AGENCY MEETINGS. WE CONTINUE TO LEAD A MULTI-INSTITUTIONAL COLLABORATION TO DOCUMENT AND REDUCE BIAS FAVORING ANIMAL USE AND TO PROMOTE HUMAN-RELEVANT APPROACHES. TO EXPAND TRAINING, WE PROVIDED DIRECT INSTRUCTION TO AGENCY STAFF, CONTINUING EDUCATION COURSES, AND A REGULATORY PROGRAM ON NONANIMAL METHODS. WE ALSO SUPPORTED SCIENTIFIC SOCIETY WEBINARS, REACHING MORE THAN 6,000 SCIENTISTS LIVE, WITH MANY MORE ACCESSING RECORDINGS. OUR BIENNIAL SUMMER IMMERSION TRAINING PROGRAM RECEIVED THE INAUGURAL NIH NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES EDUCATION AND TRAINING PRIZE. RECOGNIZING THE NEED FOR GLOBAL ACCESS, WE LAUNCHED A TOXICOLOGY TRAINING PROGRAM CONDUCTED FULLY IN SPANISH AND EXPANDED ACCESS TO RECORDED TRAININGS WITH SUBTITLES IN MULTIPLE LANGUAGES. OUR TEAM PUBLISHED 15 PEER-REVIEWED ARTICLES ADDRESSING BIAS IN ANIMAL RESEARCH, THE LIMITATIONS OF ANIMAL ETHICS COMMITTEES, XENOTRANSPLANTATION, AND ADVANCES IN NEW APPROACH METHODOLOGIES. WE ALSO CONTINUED EFFORTS TO MODERNIZE PHYSICIAN TRAINING BY REPLACING ANIMAL USE IN RESIDENCY PROGRAMS. LARGEY AS A RESULT OF OUR WORK, 99% OF SURVEYED ADVANCED TRAUMA LIFE SUPPORT PROGRAMS IN THE U.S. AND CANADA USE NONANIMAL, HUMAN-BASED TRAINING METHODS. IN ADDITION, 97% OF EMERGENCY MEDICINE PROGRAMS IN THE U.S. AND CANADA NO LONGER USE ANIMALS, AND NEARLY 80% OF SURGERY PROGRAMS HAVE REPLACED ANIMALS.

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**Employer identification number  
52-1394893**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS****NUTRITION EDUCATION**

NUTRITION EXPERTS GREW A VARIETY OF EDUCATIONAL PROGRAMS TO PROMOTE PLANT-BASED DIETS FOR HEALTH. TO EDUCATE CLINICIANS, THE NUTRITION GUIDE FOR CLINICIANS, A DIAGNOSTIC AND TREATMENT MOBILE APPLICATION, REACHED 6,165 NEW USERS, WITH NEARLY 80,000 USERS TO DATE. NUTRITIONCME.ORG REACHED 1,373 HEALTH CARE PROFESSIONALS THROUGH ONLINE COURSES, AND WE REACHED 706 MEDICAL STUDENTS THROUGH OUR MEDICAL SCHOOL LUNCH-AND-LEARN PROGRAM. THE CLINICIAN REFERRAL NETWORK BROUGHT IN 40 NEW PROVIDERS, FOR A TOTAL OF 590 WORLDWIDE, AND WE ADDED 20 NEW DIETITIANS FOR A TOTAL OF 91 PREFERRED DIETITIANS IN OUR NETWORK. THE LET'S BEAT BREAST CANCER CAMPAIGN GREW TO 58 EVENTS EARNING COVERAGE IN 75 MEDIA OUTLETS WITH A REACH OF 83.8 MILLION. THE BILINGUAL 21-DAY VEGAN KICKSTART MOBILE APPLICATION REACHED 36,000 PEOPLE WITH MENUS, RECIPES, EDUCATION, AND COOKING VIDEOS TO SUPPORT INDIVIDUALS TRANSITIONING TO A PLANT-BASED DIET. OUR TRILINGUAL ONE HEALTHY WORLD PROGRAM REACHED 398,041 PEOPLE ACROSS THE WORLD IN ENGLISH, FRENCH, AND SPANISH LANGUAGES. IN INDIA WE REACHED 5,330 STUDENTS THROUGH LECTURES AT 26 MEDICAL, NURSING, AND CULINARY SCHOOLS. IN CHINA, WE REACHED MORE THAN 1.02 MILLION VIEWERS DURING OUR 6TH ANNUAL VIRTUAL CONFERENCE, 19,540 PEOPLE THROUGH A TOTAL OF 110 LECTURES ACROSS 35 CITIES, AND 27,307 THROUGH OUR ONLINE 21-DAY HEALTHY CHALLENGE PROGRAM. THE FOOD FOR LIFE PROGRAM GREW OUR NETWORK TO 450 INSTRUCTORS AND INSTITUTIONS AND REACHED MORE THAN 21,500 STUDENTS. OUR NATIONAL DIABETES PROGRAM REACHED 4,370 PARTICIPANTS. OUR BUILDING HEALTHY COMMUNITIES PROGRAM GREW TO 440 LEADERS REACHING MORE THAN 135,000 MEMBERS GLOBALLY.

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

| <u>EXPENSES</u> | <u>INCLUDING GRANTS</u> | <u>REVENUE</u> |
|-----------------|-------------------------|----------------|
| 2,113,394.      |                         |                |

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**Employer identification number  
**52-1394893****FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION****CLINICAL RESEARCH**

WE DESIGN AND CONDUCT CLINICAL HEALTH AND NUTRITION RESEARCH STUDIES, WITH THE GOAL OF BRINGING MORE ATTENTION TO NUTRITION AND PREVENTION AMONG HEALTH CARE PROFESSIONALS, MEDICAL RESEARCHERS, POLICYMAKERS, AND PATIENTS. OUR TEAM MEMBERS PUBLISHED 12 PAPERS IN PEER-REVIEWED JOURNALS AND PRESENTED THE RESEARCH AT THE AMERICAN DIABETES ASSOCIATION'S SCIENTIFIC SESSIONS AND AT THE INTERNATIONAL SYMPOSIUM ON DIABETES AND NUTRITION OF THE DIABETES AND NUTRITION STUDY GROUP OF THE EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES. IN COLLABORATION WITH YALE UNIVERSITY, WE ARE CONTINUING A CLINICAL TRIAL THAT TESTS THE EFFECTS OF A VEGAN DIET ON LIVER AND MUSCLE FAT IN PEOPLE WITH TYPE 2 DIABETES. WE ARE ALSO CONTINUING A STUDY IN PARTNERSHIP WITH BLUE CROSS BLUE SHIELD, TRACKING NOT ONLY CLINICAL OUTCOMES, SUCH AS BODY WEIGHT AND GLYCEMIC CONTROL, BUT ALSO HEALTH CARE EXPENDITURES IN PEOPLE WITH TYPE 2 DIABETES. 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.

| <b>EXPENSES</b> | <b>INCLUDING GRANTS</b> | <b>REVENUE</b> |
|-----------------|-------------------------|----------------|
| 842,746.        | 21,479.                 | 58,120.        |

EDUCATION AND POLICY

WE LEAD ADVOCACY EFFORTS TO EXPAND THE ADOPTION AND AVAILABILITY OF PLANT-BASED DIETS. WE ADVOCATE IN CONGRESS TO END THE INEQUITABLE STATUTORY BARRIERS THAT PREVENT STUDENTS FROM ACCESSING NONDAIRY MILKS AT SCHOOLS, INCREASE THE AVAILABILITY OF PLANT-BASED SCHOOL MEALS, AND PUSH BACK AGAINST THE DAIRY INDUSTRY'S EFFORTS TO FORCE SCHOOLS TO SERVE DAIRY. WE EMPOWER PHYSICIANS, CLINICIANS, AND STUDENTS TO ENSURE THEIR VOICES ARE HEARD ON THE NEED FOR BETTER NUTRITION. WE ADVOCATE TO REVISE THE DIETARY GUIDELINES FOR AMERICANS (DGA) TO END ITS UNNECESSARY PROMOTION

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

52-1394893

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

OF MEAT AND DAIRY AND TO INSTEAD PROMOTE HEALTHY PLANT-BASED DIETS. WE WORK ALONGSIDE NATIVE AMERICAN TRIBAL GOVERNMENTS TO ENSURE FEDERAL AGENCIES CONSULT WITH TRIBES REGARDING THE DGA AND THAT INDIGENOUS PLANT-BASED FOODS ARE INCORPORATED. AT THE STATE LEVEL, WE ADVOCATE FOR WIDER AVAILABILITY OF PLANT-BASED FOODS IN SCHOOLS AND OTHER INSTITUTIONS. WE ALSO ADVOCATE AT THE FEDERAL AND STATE LEVEL TO ENCOURAGE THE FUNDING, DEVELOPMENT, AND IMPLEMENTATION OF HUMAN-RELEVANT, NONANIMAL METHODS IN MEDICAL RESEARCH, EDUCATION, AND PRODUCT TESTING. WE CONSULT FEDERAL AGENCIES ON THEIR INITIATIVES TO REDUCE AND END THE USE OF ANIMALS IN RESEARCH, AND WE PROVIDE TESTIMONY AND EXPERTISE TO CONGRESS ON THE SAME. WE ADVOCATE FOR FEDERAL LEGISLATION THAT WOULD ENSURE THE NATIONAL INSTITUTES OF HEALTH IS PROPERLY COUNTING ANIMALS USED IN ITS FUNDED LABORATORIES, AS WELL AS LEGISLATION TO REMOVE REQUIREMENTS FOR ANIMAL TESTING AND RESEARCH. AT THE STATE LEVEL, WE CONTINUE TO WORK WITH LEGISLATORS IN MICHIGAN TO SUPPORT LEGISLATION THAT WOULD PROHIBIT PAINFUL EXPERIMENTS ON DOGS AND CATS, AND WE SEEK AN END TO EGREGIOUS AND UNPRODUCTIVE RESEARCH ON NONHUMAN PRIMATES IN OREGON AND NATIONWIDE. PHYSICIANS COMMITTEE PRESIDENT NEAL BARNARD, MD, FACC, OVERSAW CLINICAL RESEARCH STUDIES AND MEDICAL EDUCATION PROGRAMS, INCLUDING THE INTERNATIONAL CONFERENCE ON NUTRITION IN MEDICINE. HE PRESENTED AT MEDICAL SCHOOLS AND HOSPITALS AND CONDUCTED INTERVIEWS TO EDUCATE LISTENERS ABOUT HEALTHFUL NUTRITION AND MODERN ETHICAL RESEARCH METHODS. OUR E-COMMERCE AND FULFILLMENT OPERATION PROVIDES EDUCATIONAL LITERATURE AND MERCHANDISE ON NUTRITION AND DISEASE PREVENTION TO ITS MEMBERS, THE HEALTH CARE COMMUNITY, AND THE PUBLIC. IN FISCAL YEAR 2025, WE FULFILLED MORE THAN 900 PHYSICAL ORDERS, COMPRISING 48,105 PIECES OF LITERATURE AND MERCHANDISE (BOOKS, EDUCATIONAL POSTERS, ETC.) SHIPPED TO LOCATIONS WORLDWIDE. WE WELCOMED 483 NEW CUSTOMERS. ADDITIONALLY, THE PUBLIC DOWNLOADED 4,700 PIECES OF EDUCATIONAL LITERATURE FROM OUR WEBSITE.

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer identification number

52-1394893

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

| EXPENSES | INCLUDING GRANTS | REVENUE |
|----------|------------------|---------|
| 725,176. |                  |         |

LEGAL ADVOCACY

THROUGH LITIGATION AND PETITIONS, WE PROMOTE BETTER HEALTH AND ETHICAL RESEARCH PRACTICES. IN CALIFORNIA, THE DISTRICT OF COLUMBIA, MINNESOTA, RHODE ISLAND, AND TEXAS, WE LITIGATED ON OPEN GOVERNMENT, FIRST AMENDMENT, AND CONSUMER PROTECTION GROUNDS TO RAISE PUBLIC AWARENESS ABOUT UNETHICAL EXPERIMENTS CARRIED OUT ON ANIMALS AT LARGE INSTITUTIONS. WE SUBMITTED AMICUS BRIEFS IN NUTRITION CASES AND CONTINUED OUR LITIGATION AGAINST THE CALIFORNIA OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT FOR VIOLATING STATE LAW BY REFUSING TO DESIGNATE PROCESSED MEAT AS A CARCINOGEN, DESPITE DESIGNATION AS SUCH BY THE WORLD HEALTH ORGANIZATION.

**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

**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 SENIOR VICE PRESIDENT OF LEGAL AFFAIRS. UPON UNANIMOUS APPROVAL OF THE DRAFT 990 BY INDIVIDUALS

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

52-1394893

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

NOTED ABOVE, AND AFTER ADDRESSING ANY CONCERNS AND/OR OTHER INPUT, AND OBTAINING APPROVAL, 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 AND KEY EMPLOYEES 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 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

DR. BARNARD (PRESIDENT OF PHYSICIANS COMMITTEE) DID NOT RECEIVE ANY COMPENSATION FROM PHYSICIANS COMMITTEE OR FROM ANY OF ITS AFFILIATES DURING THE TAX YEAR. PER THE IRS INSTRUCTIONS A "NO" RESPONSE WAS ENTERED FOR QUESTION 15A.

BETSY WASON'S (PHYSICIANS COMMITTEE'S SENIOR VICE PRESIDENT OF 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 THEN ASKED TO TEMPORARILY LEAVE THE MEETING, AT WHICH TIME THE REMAINING INDEPENDENT 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 NH NJ NM NY OR PA RI SC TN WI WV GA

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

52-1394893

**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, CFRE**

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

PCRM CLINIC - 1 HOUR

THE PCRM FOUNDATION - 1 HOUR

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

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

PCRM CLINIC - 2 HOURS

THE PCRM FOUN

**STACEY GLAESER, SPHR**

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

PCRM CLINIC - 2 HOURS

THE PCRM FOUNDATION - 0 HOURS

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

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

PCRM CLINIC - 0 HOURS

THE PCRM FOUNDATION - 0 HOURS

**JOHN PIPPIN, M.D.**

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED**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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

52-1394893

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

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

**ROXANNE BECKER, MBCHB**

ROXANNE BECKER DEVOTES HOURS TO RELATED ORGANIZATIONS PER THE FOLLOWING ESTIMATES:

PCRM CLINIC - 0 HOURS

THE PCRM FOUNDATION - 0 HOURS

**SCHEDULE R**  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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

**Open to Public  
Inspection**

Name of the organization

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity               | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                  | (g)<br>Sec 512(b)(13)<br>controlled entity? |    |
|--|---------------------------------------|--|----------------------------|---|---|---|----|
|  |                                       |  |                            |   |   | Yes   | No |
| (1) THE PCRM FOUNDATION<br>5100 WISCONSIN AVE, NW, SUITE #400<br>WASHINGTON, DC 20016<br>73-1669893        | SUPPORTING<br>ORGANIZATION            | DC   | 501 (C) (3)                | TYPE I - 12A  | PHYSICIANS<br>COMMITTEE FOR<br>RESPONSIBLE<br>MED | X   |    |
| (2) PCRM CLINIC D/B/A BARNARD MEDICAL<br>5100 WISCONSIN AVE, NW #401<br>WASHINGTON, DC 20016<br>46-4057257 | TO PROVIDE<br>PRIMARY MEDICAL<br>CARE | DC   | 501 (C) (3)                | 10  | PHYSICIANS<br>COMMITTEE FOR<br>RESPONSIBLE<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |    | (i)<br>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.

| <b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. |   | <b>Yes</b> | <b>No</b> |
|--|---|------------|-----------|
| 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.....  | 1 a        | X         |
| b  | Gift, grant, or capital contribution to related organization(s).....  | 1 b        | X         |
| c  | Gift, grant, or capital contribution from related organization(s).....  | 1 c        | X         |
| d  | Loans or loan guarantees to or for related organization(s).....   | 1 d        | X         |
| e  | Loans or loan guarantees by related organization(s).....  | 1 e        | X         |
| f  | Dividends from related organization(s).....   | 1 f        | X         |
| g  | Sale of assets to related organization(s).....  | 1 g        | X         |
| h  | Purchase of assets from related organization(s).....  | 1 h        | X         |
| i  | Exchange of assets with related organization(s).....  | 1 i        | X         |
| j  | Lease of facilities, equipment, or other assets to related organization(s).....   | 1 j        | X         |
| k  | Lease of facilities, equipment, or other assets from related organization(s).....   | 1 k        | X         |
| l  | Performance of services or membership or fundraising solicitations for related organization(s).....   | 1 l        | X         |
| m  | Performance of services or membership or fundraising solicitations by related organization(s).....  | 1 m        | X         |
| n  | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....  | 1 n        | X         |
| o  | Sharing of paid employees with related organization(s).....   | 1 o        | X         |
| p  | Reimbursement paid to related organization(s) for expenses.....   | 1 p        | X         |
| q  | Reimbursement paid by related organization(s) for expenses.....   | 1 q        | X         |
| r  | Other transfer of cash or property to related organization(s).....  | 1 r        | X         |
| s  | Other transfer of cash or property from related organization(s).....  | 1 s        | X         |

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

|     | <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved |
|-----|--|--------------------------------------|-------------------------------|---|
| (1) | THE PCRM FOUNDATION                        | C                                    | 317,489                       | FMV   |
| (2) | THE PCRM FOUNDATION                        | K                                    | 109,000                       | LEASE AGREEMEN                                      |
| (3) | PCRM CLINIC D/B/A BARNARD MEDICAL CENTER   | J                                    | 123,000                       | FMV   |
| (4) | PCRM CLINIC D/B/A BARNARD MEDICAL CENTER   | M                                    | 87,900                        | FMV   |
| (5) | PCRM CLINIC D/B/A BARNARD MEDICAL CENTER   | Q                                    | 123,109                       | FMV   |
| (6) |  |                                      |                               |   |

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

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

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

**Supplemental Information**

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

---