Form **990**

Department 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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 8/01 , 2001, and ending 7/31 , 20 02

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type See specific instructions

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED
P O BOX 6322
WASHINGTON, DC 20015

D Employer Identification Number: 52-1394893

E Telephone number: (202) 686-2210

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If yes, enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No (If no, attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site ► N/A

I Enter 4 digit group GEN ►

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

M Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 3,346,034

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

RECEIVED
DEC 0 8 2002
OGDEN, UT
458

SCANNED DEC 3 0 2002

REVENUE	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	3,157,459			
	b	Indirect public support	1b	61,212			
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash $ 3,205,262 noncash $ 13,409)				1d	3,218,671
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	
	5	Dividends and interest from securities				5	4,309.
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
	7	Other investment income (describe ►)				7	
			(A) Securities		(B) Other		
	8a	Gross amount from sales of assets other than inventory	17,637	8a			
	b	Less cost or other basis and sales expenses	22,819	8b	3,283.		
	c	Gain or (loss) (attach schedule) STATEMENT 1	-5,182	8c	-3,283.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	-8,465
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a				
	b	Less direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
	10a	Gross sales of inventory, less returns and allowances	10a	35,249			
	b	Less cost of goods sold	10b	11,737			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STATEMENT 2				10c	23,512
	11	Other revenue (from Part VII, line 103)				11	70,168
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	3,308,195.
EXPENSES	13	Program services (from line 44, column (B))				13	2,107,232.
	14	Management and general (from line 44, column (C))				14	212,961
	15	Fundraising (from line 44, column (D))				15	347,719
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** (add lines 16 and 44, column (A))				17	2,667,912
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	640,283
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	238,807
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3				20	8,019.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	887,109.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

	Do not include amounts reported on line 6b 8b, 9b 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash $ ______ non cash $ ______)	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	884,121	751,966	95,243.	36,912
27	Pension plan contributions	27				
28	Other employee benefits	28	63,292.	53,017	6,429	3,846
29	Payroll taxes	29	70,371	59,617	7,553	3,201
30	Professional fundraising fees	30				
31	Accounting fees	31	13,007	907.	12,100	
32	Legal fees	32	3,743	2,510		1,233
33	Supplies	33	45,131	37,557.	2,188.	5,386
34	Telephone	34	32,794	29,932	1,433.	1,429.
35	Postage and shipping	35	402,337	294,864	2,036.	105,437.
36	Occupancy	36	216,486	195,389.	15,868.	5,229
37	Equipment rental and maintenance	37	20,004.	16,028	1,121.	2,855
38	Printing and publications	38	666,818	503,488.	2,258	161,072
39	Travel	39	24,941	24,228.	333	380
40	Conferences, conventions, and meetings	40				
41	Interest	41	7,119.	4,856		2,263
42	Depreciation, depletion, etc (attach schedule)	42	36,387.	31,544	3,751	1,092
43	Other expenses not covered above (itemize)					
	a CAGING & FULFILLMENT	43a	14,833	9,789		5,044
	b MAILING LIST COSTS	43b	30,305	19,453		10,852
	c OTHER PERSONNEL EXPENSES	43c	13,280	6,684	6,033.	563.
	d PROFESSIONAL/ CONSULTING	43d	118,257	60,717	56,615.	925
	e PUBLICATIONS	43e	4,686	4,686		
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) (D), carry these totals to lines 13 - 15	44	2,667,912.	2,107,232	212,961	347,719

Joint Costs. Check ► ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☒ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs $ 760,784 , (ii) the amount allocated to program services $ 493,029 , (iii) the amount allocated to management and general $ ______ , and (iv) the amount allocated to fundraising $ 267,755

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► RESEARCH ADVOCACY/PREVENTIVE MEDICINE

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a	SEE STATEMENT 4 (Grants and allocations $)	2,107,232
b	(Grants and allocations $)	
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e	Other program services (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), program services) ►	2,107,232

Part IV Balance Sheets (See instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end of year amounts only*

			(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest bearing		255,655	45	128,441.
	46 Savings and temporary cash investments			46	
	47a Accounts receivable	47a 56,515			
	b Less allowance for doubtful accounts	47b	13,439.	47c	56,515
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		22,276.	52	23,114.
	53 Prepaid expenses and deferred charges		19,573.	53	23,171.
	54 Investments – securities (attach schedule) ► ☐ Cost ☒ FMV		90,652.	54	339,084
	55a Investments – land, buildings, & equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
	56 Investments – other (attach schedule)			56	
	57a Land, buildings, and equipment basis	57a 264,251			
	b Less accumulated depreciation (attach schedule) STATEMENT 5	57b 139,226	131,193	57c	125,025
	58 Other assets (describe ► SEE STATEMENT 6)		16,228	58	541,778.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		549,016	59	1,237,128
LIABILITIES	60 Accounts payable and accrued expenses		182,339	60	216,205.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ► SEE STATEMENT 7)		127,870	65	133,814
	66 **Total liabilities** (add lines 60 through 65)		310,209	66	350,019.
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		196,790	67	15,854
	68 Temporarily restricted		42,017	68	871,255
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid in or capital surplus, or land building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19 and column (B) **must** equal line 21)		238,807	73	887,109
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)		549,016	74	1,237,128

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements. ►	a	3,366,214
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 8,019		
(2)	Donated services and use of facilities $ 50,000		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ►	b	58,019
c	Line a minus line b ►	c	3,308,195
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ►	e	3,308,195

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ►	a	2,717,912
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $ 50,000		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ►	b	50,000
c	Line a minus line b ►	c	2,667,912.
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ►	e	2,667,912.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		0	0	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ► ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See specific instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X	
b	If 'Yes,' enter the name of the organization ► FOUNDATION TO SUPPORT ANIMAL PROTECTION and check whether it is [X] exempt or [ ] nonexempt			
81 a	Enter direct or indirect political expenditures. See line 81 instructions — 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b: 50,000			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301 7701-2 and 301 7701 3? If 'Yes,' complete Part IX	88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under Section 4911 ► 0, Section 4912 ► 0, Section 4955 ► 0			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ► 0.

d Enter Amount of tax on line 89c, above, reimbursed by the organization ► 0.

90 a List the states with which a copy of this return is filed ► SEE STATEMENT 9

b Number of employees employed in the pay period that includes March 12, 2001 (see instructions) 90b 27

91 The books are in care of ► THE CORPORATION Telephone number ► (202) 686-2210

Located at ► SEE ATTACHED SCHEDULE ZIP + 4 ►

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** – Check here N/A ► [ ]

and enter the amount of tax exempt interest received or accrued during the tax year ► 92 N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	4,309	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-8,465
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					23,512
103 Other revenue a					
b AFFINITY INCOME			15	20,570	
c MISC INCOME			1	10,187	
d ROYALTY INCOME			15	39,411	
e					
104 Subtotal (add columns (B), (D), and (E))				74,477	15,047.
105 Total (add line 104, columns (B), (D), and (E)) ►					89,524.

Note. *Line 105 plus line 1d Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
102	SALES OF EDUCATIONAL MATERIALS INCREASE PUBLIC AWARENESS AND PROMOTE HEALTHY DIETARY HABITS
100	ASSETS DISPOSED WERE COMPUTER EQUIPMENT JUNKED AND LEASEHOLD IMPROVEMENTS THAT WERE PART OF OFFICE SPACE GIVEN UP

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)*

Please Sign Here

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

► Neal Barnard — Signature of Officer — Date 12/4/02

► Neal D Barnard, President — Type or Print Name and Title

Paid Preparer's Use Only

Preparer's Signature ► DBB CPA	Date 11/25/2002	Check if self employed ► ☐	Preparer's SSN or PTIN (see General Instruction W)
Firm's name (or yours if self employed) and address and ZIP + 4 ► ARKIN & COMPANY, CHARTERED 5 CHOKE CHERRY ROAD, SUITE 370 ROCKVILLE, MD 20850		EIN ►	
		Phone no ► (301) 840-9800	

Schedule A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information – (See separate instructions.) Supplementary Information — (see separate instructions) ► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.	OMB No 1545 0047 2001

Name of the Organization: PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer Identification Number: 52-1394893

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PEGGY HILDEN SAN FRANCISCO, CA	DEVELOPMENT DIR 40	58,163	2,747	0.
MINDY KURSBAN WASHINGTON, DC	STAFF COUNSEL 40	53,954	4,386	0.
KENNETH HALL WASHINGTON, DC	PUBLICATION DIR 40	50,661	3,997.	0.
Total number of other employees paid over $50,000 ►	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
FOUNDATION TO SUPPORT ANIMAL PROTECTION 501 FRONT STREET, NORFOLK, VA 23510	FINANCIAL SERVICES	62,299.
Total number of others receiving over $50,000 for professional services ► 0		

Part III Statements About Activities (See instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ 4,187. **(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)**	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note· *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments*

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ► ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12 ☒ 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note. *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,823,831	2,646,672	1,911,408	2,193,785	9,575,696
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	152,742	29,358	84,673	26,255	293,028
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,790	4,403	8,394.	20,871.	49,458.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,992,363	2,680,433	2,004,475	2,240,911.	9,918,182.
24 Line 23 minus line 17	2,839,621	2,651,075	1,919,802	2,214,656	9,625,154.
25 Enter 1% of line 23	29,924	26,804	20,045	22,409	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A ► 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ► 26b

c Total support for Section 509(a)(1) test: Enter line 24, column (e) ► 26c

d Add: Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ 26d

e Public support (line 26c minus line 26d total) ► 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f %

27 Organizations described on line 12.

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2000) 0 (1999) 0 (1998) 0 (1997) 0

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2000) 0 (1999) 0 (1998) 0 (1997) 0.

c Add: Amounts from column (e) for lines 15 9,575,696 16 ______ 17 293,028 20 ______ 21 ______ 27c 9,868,724

d Add: Line 27a total 0 and line 27b total 0 27d 0

e Public support (line 27c total minus line 27d total) ► 27e 9,868,724

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f 9,918,182

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g 99.50 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h 0.50 %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
(To be completed Only by schools that checked the box on line 6 In Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed Only by an eligible organization that filed Form 5768)

Check ► a [ ] if the organization belongs to an affiliated group Check ► b [ ] if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		4,187.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		4,187
39 Other exempt purpose expenditures	39		2,663,725
40 Total exempt purpose expenditures (add lines 38 and 39)	40		2,667,912.
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is – / **The lobbying nontaxable amount is –**			
Not over $500,000 / 20% of the amount on line 40			
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	41		283,396
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		70,849.
43 Subtract line 42 from line 36. Enter 0 if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38	44		0.
Caution. *If there is an amount on either line 43 or line 44, you must file Form 4720*			

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 instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount	283,396	295,042	276,664.	267,507	1,122,609
46 Lobbying ceiling amount (150% of line 45(e))					1,683,914.
47 Total lobbying expenditures	4,187	15,000	60,000	39,394	118,581.
48 Grassroots nontaxable amount	70,849	73,761.	69,166	66,877	280,653.
49 Grassroots ceiling amount (150% of line 48(e))					420,980.
50 Grassroots lobbying expenditures	4,187				4,187.

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
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 other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X	

d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51C	446	JUSTICE PROJECT	MAILING LIST RENTAL
51C	584	SIERRA CLUB	MAILING LIST RENTAL

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization
PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer Identification Number
52-1394893

Organization type (check one)

Filers of:

Section:

Form 990 or 990 EZ

[X] 501(c)(3) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule. (Note** *Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)*

General Rule –

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

[ ] For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this orgainization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more duing the year) ► $ ____________

Caution *Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)*

Name of Organization: PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer Identification Number: 52-1394893

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 94,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
2		$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
3		$ 65,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
4		$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
5		$ 511,491	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
6		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer Identification Number: 52-1394893

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of Organization: PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

Employer Identification Number: 52-1394893

Part III ***Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year** (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (enter this information once — see instructions) ► $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE	17,637	
COST OR OTHER BASIS	22,819.	
TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES		$ -5,182

OTHER ASSETS

DESCRIPTION	DISPOSITION OF PROPERTY & EQUIPMENT	
DATE ACQUIRED	VARIOUS	
HOW ACQUIRED	PURCHASE	
DATE SOLD	1/01/2002	
TO WHOM SOLD		
GROSS SALES PRICE	0.	
COST OR OTHER BASIS	52,796	
DEPRECIATION	49,513	
GAIN (LOSS)		-3,283
TOTAL GAIN (LOSS) OTHER ASSETS		$ -3,283.
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES		$ -8,465

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

INVENTORY SALES	$ 35,249.
GROSS SALES	$ 35,249.
LESS RETURNS & ALLOWANCES	0.
NET SALES	$ 35,249.
LESS COST OF GOODS SOLD	11,737.
GROSS PROFIT FROM SALES OF INVENTORY	$ 23,512.

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON SECURITITES	$ 8,019.
TOTAL	$ 8,019

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
RESEARCH ADVOCACY. PCRM STRONGLY ADVOCATES AGAINST UNETHICAL HUMAN RESEARCH PRACTICES AND VIGOROUSLY PROMOTES ALTERNATIVES TO ANIMAL USE IN LABORATORIES. PCRM HAS A FULL-TIME TEAM OF SCIENTISTS AND CAMPAIGNERS RAISING AWARENESS OF THE ETHICAL AND PRACTICAL PROBLEMS OF ANIMAL RESEARCH AND ASSISTING IN THE IMPLEMENTATION OF NONANIMAL METHODS WITH INNOVATIVE PROGRAMS, PCRM HAS BEEN INSTRUMENTAL IN ELIMINATING ANIMAL USE AT MEDICAL SCHOOLS AND TRAUMA LABORATORIES IN NORTH AMERICA AND ABROAD. PCRM ADMINISTERS THE HUMANE CHARITY SEAL OF APPROVAL PROGRAM, WHICH LETS PROSPECTIVE DONORS KNOW WHICH HEALTH CHARITIES HAVE POLICIES AGAINST ANIMAL EXPERIMENTS AS OF THE END OF THE CURRENT FISCAL YEAR, 203 HEALTH CHARITIES HAVE BEEN AWARDED THE HUMANE SEAL PCRM PHYSICIANS HAVE ALSO EXPOSED DANGEROUS RESEARCH AND TREATMENT PRACTICES INVOLVING HUMAN PARTICIPANTS, PARTICULARLY CHILDREN IN FEBRUARY , 2002, THE JOURNAL OF PEDIATRIC AND ADOLESCENT GYNECOLOGY PUBLISHED PCRM'S EXPOSE OF THE HIGHLY CONTROVERSIAL PRACTICE OF USING HIGH-DOSE ESTROGENS TO SUPPRESS GROWTH IN TALL ADOLESCENT GIRLS		802,869.
CLINICAL RESEARCH PCRM CONDUCTS CLINICAL RESEARCH STUDIES TO ESTABLISH THE LINKS BETWEEN DIET, HEALTH, AND ILLNESS PCRM'S WEIGHT-LOSS STUDY, COMPARING A LOW-FAT, VEGAN DIET TO A MORE CONVENTIONAL LOW-FAT DIET, CONCLUDED OVER THE SUMMER, AND FOUR SCIENTIFIC MANUSCRIPTS HAVE BEEN SUBMITTED TO SCIENTIFIC JOURNALS STAFF MEMBERS PRESENTED RESULTS FROM THIS STUDY AT THE AMERICAN DIABETES ASSOCIATION CONFERENCE IN SAN FRANCISCO, CA, AND THE INTERNATIONAL CONGRESS ON VEGETARIAN NUTRITION IN LOMA LINDA, CA. THE JOURNAL FOR AMERICAN DIETETIC ASSOCIATION WILL PUBLISH PCRM'S RESEARCH BRIEF "THE CONSUMER COST OF CALCIUM FROM FOOD SUPPLEMENTS" IN ITS NOVEMBER ISSUE PLANNING WAS COMPLETED FOR AN UPCOMING CLINICAL TRIAL IN DIABETES		63,968.
NUTRITION EDUCATION PCRM PROMOTES HEALTHY DIETS, PARTICULARLY VEGETARIAN AND VEGAN CHOICES, AND WORKS TO REFORM PUBLIC NUTRITION POLICIES THE CANCER PROJECT'S NUTRITION AND COOKING CLASSES FOR CANCER SURVIVORS CONTINUE AS A WEEKLY SERIES FOR CANCER SURVIVORS AND THEIR FAMILIES PCRM EXPERTS PUBLISHED FIVE NEW BOOKS IN FY 2002, INCLUDING HEALTHY EATING FOR LIFE SERIES AND BEST IN THE WORLD II, A COOKBOOK OF ELEGANT VEGAN RECIPES STAFF MEMBERS LECTURED AT SCIENTIFIC CONFERENCES, BOOKSTORES, AND CORPORATE AND GOVERNMENTAL VENUES ACROSS THE COUNTRY ON NUMEROUS NUTRITION TOPICS MAJOR NEW PROJECTS INCLUDED THE STRONG BONES CAMPAIGN, THE HEALTHY SCHOOL LUNCH CAMPAIGN, AND THE NATION'S FIRST ON-LINE VEGETARIAN NUTRITION COURSE TAUGHT THROUGH THE UNIVERSITY OF ALABAMA		413,613
LEGAL ADVOCACY THROUGH GOVERNMENT PETITIONS AND COURT CHALLENGES, PCRM'S LITIGATION ATTORNEYS PROMOTE BETTER		

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
HEALTH AND COMPASSIONATE RESEARCH PRACTICES IN THE PAST YEAR, PCRM FILED A LAWSUIT WITH THE GOAL OF TERMINATING THE HIGH PRODUCTION VOLUME CHALLENGE PROGRAM, A MASSIVE FEDERAL ANIMAL-TESTING PROGRAM THAT SUBJECTS THOUSANDS OF ANIMALS TO POINTLESS AND CRUEL PROCEDURES. PCRM ALSO CHALLENGED THE FEDERAL GOVERNMENT'S REFUSAL TO TURN OVER DOCUMENTS RELATED TO FEDERALLY FUNDED CAT EXPERIMENTS CONDUCTED AT OHIO STATE UNIVERSITY AS OF THIS WRITING, THESE CASES ARE STILL PENDING PCRM HAS ALSO PUSHED FOR A MAJOR REVISION OF THE NATIONAL SCHOOL LUNCH PROGRAM AND OF THE FOOD GUIDE PYRAMID, BASED ON CURRENT SCIENTIFIC NUTRITIONAL FINDINGS, WORKING WITH MANY OTHER PHYSICIANS AND DIETITIANS AS AMERICA'S OBESITY EPIDEMIC WORSENS, PCRM LAUNCHED A NEW WEB SITE (ATKINSDIETALERT ORG) TO ADVISE DOCTORS AND PATIENTS ABOUT THE DANGERS OF HIGH-PROTEIN, LOW-CARBOHYDRATE DIETS		115,176.
PUBLICATIONS: THE PUBLICATIONS DEPARTMENT SUPPORTS PCRM'S EDUCATIONAL EFFORTS THROUGH A WIDE VARIETY OF PRINT AND ONLINE MATERIALS GOOD MEDICINE, PCRM'S 24-PAGE MAGAZINE, HAS AN AVERAGE QUARTERLY DISTRIBUTION OF 88,000 PCRM'S PRIMARY WEB SITE RECEIVES NEARLY 1,250,000 VISITORS A YEAR		276,099.
PUBLIC EDUCATION THE DEPARTMENT BROADENS PCRM'S SUPPORT BASE OF BOTH MEDICAL PROFESSIONALS AND LAYPERSONS, THEREFORE INCREASING THE ORGANIZATION'S STRENGTH AND EFFECTIVENESS IN THE PAST YEAR, PCRM STAFF MEMBERS WERE A PRESENCE AT THE CONFERENCES OF THE AMERICAN COLLEGE OF SURGEONS, THE AMERICAN DIABETES ASSOCIATION, THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN STUDENT ASSOCIATION, POINT/COUNTERPOINT TRAUMA AND CRITICAL CARE, THE ACS TRAUMA AND CRITICAL CARE CONFERENCES IN KANSAS AND LAS VEGAS, THE TORONTO VEGETARIAN FOOD FAIR, THE BAY AREA VEGETARIAN FAIR, AND MANY OTHER EVENTS		183,852
COMMUNICATIONS PCRM'S COMMUNICATIONS PROGRAMS REACH THE PUBLIC THROUGH TELEVISION AND RADIO PROGRAMS, PRINT MEDIA, WEB SITES, AND PRINTED MATERIALS THROUGH THE EFFORT OF OUR PHYSICIANS AND OTHER HEALTH PROFESSIONALS WHO ACT AS PCRM SPOKESPERSONS IN THE PAST YEAR, PCRM'S WORK WAS FEATURED IN HUNDREDS OF RADIO, TELEVISION, AND PRINT STORIES REACHING TENS OF MILLIONS OF PEOPLE PCRM DOCTORS, SCIENTISTS, AND NUTRITION STAFF ALSO PROMOTED THE ORGANIZATION'S PERSPECTIVE IN NUMEROUS OP-EDS AND LETTERS TO THE EDITOR		251,655
	$ 0	$ 2,107,232

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	$ 22,780	$ 13,805	$ 8,975
MACHINERY AND EQUIPMENT	116,986.	93,807	23,179.
IMPROVEMENTS	95,730	29,697	66,033.
MISCELLANEOUS	28,755	1,917	26,838.
TOTAL	$ 264,251	$ 139,226	$ 125,025.

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	$ 6,617
LEGACIES & BEQUESTS RECEIVABLE	535,161
TOTAL	$ 541,778

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ANNUITIES PAYABLE	$ 98,913.
CAPITAL LEASE PAYABLE	27,124
DEFERRED ROYALTY INCOME	7,777
TOTAL	$ 133,814

STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NEAL D BARNARD, M D 5100 WISCONSON AVE , NW #400 WASHINGTON, DC 20016	PRESIDENT 40	$ 0	$ 0	$ 0
ANDREW S NICHOLSON 5100 WISCONSIN AVE , NW, #400 WASHINGTON, DC 20016	DIRECTOR NONE	0	0.	0
ROGER GALVIN 5100 WISCONSIN AVE , NW, #400 WASHINGTON, DC 20016	SECRETARY NONE	0	0.	0.
TOTAL		$ 0	$ 0	$ 0

STATEMENT 9
FORM 990 , PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

CA, CT, FL, IL, MD, MN, NY, NJ, PA, SC, TN, UT, VA, WA, WV

SCHEDULE
FORM 990, PART VI, LINE 91
LOCATION OF BOOKS

THE BOOKS ATE LOCATED AT 5100 WISCONSIN AVE , NW, SUITE 400, WASHINGTON, DC, 20016