

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)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 8/01, 2006, and ending 7/31, 2007

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.

C 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 [X] 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 [X]

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 [X]

G Web site: WWW.PCRM.ORG

J Organization type (check only one)

[X] 501(c) 3 (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number

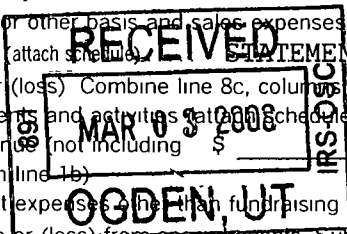
M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 11,407,740.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

SCANNED MAR 24 2008



EXPENSES ASSETS

917-20 12

**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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,755,390.	1,724,922.	20,283.	10,185.
27 Pension plan contributions not included on lines 25a, b, and c	27	35,958.	35,760.	186.	12.
28 Employee benefits not included on lines 25a - 27	28	166,656.	166,374.	216.	66.
29 Payroll taxes	29	129,700.	127,176.	1,552.	972.
30 Professional fundraising fees	30				
31 Accounting fees	31	15,818.		15,818.	
32 Legal fees	32	316,861.	293,599.	22,477.	785.
33 Supplies	33	90,595.	57,544.	32,425.	626.
34 Telephone	34	234,045.	148,800.	247.	84,998.
35 Postage and shipping	35	630,456.	480,826.	1,963.	147,667.
36 Occupancy	36	455,263.	432,947.	8,117.	14,199.
37 Equipment rental and maintenance	37	165,777.	153,031.	765.	11,981.
38 Printing and publications	38	1,627,942.	1,399,277.	337.	228,328.
39 Travel	39	158,171.	155,565.	90.	2,516.
40 Conferences, conventions, and meetings	40	17,945.	17,945.		
41 Interest	41	17,216.	559.	16,654.	3.
42 Depreciation, depletion, etc (attach schedule)	42	6,927.	6,827.	54.	46.
43 Other expenses not covered above (itemize)					
a CAGING & FULFILLMENT	43a	23,197.	16,687.		6,510.
b MAILING LIST COSTS	43b	85,802.	60,507.		25,295.
c OTHER PERSONNEL EXPENSES	43c	173,697.	173,486.	163.	48.
d PROFESSIONAL/ CONSULTING	43d	2,308,007.	1,395,183.	619,757.	293,067.
e PUBLICATIONS	43e	16,734.	16,734.		
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	8,432,157.	6,863,749.	741,104.	827,304.

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 \$ 818,770. , (ii) the amount allocated to Program services \$ 603,195. , (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ 215,575. .

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? <b>RESEARCH ADVOCACY/PREVENTIVE MEDICINE</b> 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<b>a</b> SEE STATEMENT 5 ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	6,863,749.
<b>b</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	6,863,749.

BAA Form 990 (2006)

**Part IV Balance Sheets** (See the 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	66,238.	45	277,816.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 233,168.		
	b Less allowance for doubtful accounts	47b 24,704.	120,661.	47c 208,464.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		24,729.	52 17,925.
	53 Prepaid expenses and deferred charges		133,427.	53 109,450.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,044,134.	54b 6,323,896.
	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 44,221.		
	b Less accumulated depreciation (attach schedule) <b>STATEMENT 6</b>	57b 40,355.	10,794.	57c 3,866.
58 Other assets, including program-related investments (describe ► <u>SEE STATEMENT 7</u> )		264,317.	58 400,272.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		4,664,300.	59 7,341,689.	
LIABILITIES	60 Accounts payable and accrued expenses		290,497.	60 474,676.
	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 ► <u>SEE STATEMENT 8</u> )		235,145.	65 554,832.
66 <b>Total liabilities.</b> Add lines 60 through 65		525,642.	66 1,029,508.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		2,278,761.	67 4,289,617.
	68 Temporarily restricted		1,859,897.	68 2,022,564.
	69 Permanently restricted			69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> 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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		4,138,658.	73 6,312,181.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		4,664,300.	74 7,341,689.

BAA

Form 990 (2006)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	10,402,640.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		81,378.
	2 Donated services and use of facilities	<b>b2</b>		39,200.
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____ SEE STM 9	<b>b4</b>		206,239.
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	326,817.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	10,075,823.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____ SEE STM 10	<b>d2</b>		448,479.
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	448,479.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	10,524,302.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	11,513,935.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		39,200.
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____ SEE STMT 11	<b>b4</b>		3,042,578.
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	3,081,778.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	8,432,157.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	8,432,157.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the 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 plans	(E) Expense account and other allowances
NEAL D. BARNARD, M.D. 5100 WISCONSON AVE., NW #400 WASHINGTON, DC 20016	PRESIDENT 40	0.	0.	0.
RUSSELL BUNAI, M.D. 5100 WISCONSIN AVE., NW #400 WASHINGTON, DC 20016	TREASURER 1	0.	0.	0.
MARK SKLAR, M.D. 5100 WISCONSIN AVE., NW #400 WASHINGTON, DC 20016	DIRECTOR 1	0.	0.	0.
BETSY WASON 5100 WISCONSIN AVE., NW #400 WASHINGTON, DC 20016	ASSISTANT SEC 40	0.	0.	0.
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**Part V-A** Current Officers, Directors, Trustees, and Key Employees (continued)

<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ 3	Yes	No
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)		X
<b>75b</b>			X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'		X
<b>75c</b>			X
	If 'Yes,' attach a statement that includes the information described in the instructions		
<b>d</b>	Does the organization have a written conflict of interest policy?	X	
<b>75d</b>		X	

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

**Part VI** Other Information (See the instructions.)

<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	Yes	No
<b>76</b>			X
<b>77</b>	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	Yes	No
<b>77</b>			X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>78a</b>		X	
<b>78b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
<b>78b</b>		X	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	Yes	No
<b>79</b>			X
<b>80a</b>	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?	X	
<b>80a</b>		X	
	If 'Yes,' enter the name of the organization ▶ SEE STATEMENT 12		
	and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures (See line 81 instructions )	<b>81 a</b>	0.
<b>81a</b>			
<b>81b</b>	Did the organization file Form 1120-POL for this year?	Yes	No
<b>81b</b>			X

Part VII Other Information (continued)		Yes	No
<b>82 a</b>	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?	X	
<b>82 b</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.)		39,200.
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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.			
<b>85 c</b>	Dues, assessments, and similar amounts from members		N/A
<b>85 d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85 h</b>	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?		N/A
<b>86 a</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12		N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders		N/A
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<b>88 a</b>	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		X
<b>88 b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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		X
<b>89 c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>89 d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
<b>89 e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>SEE STATEMENT 13</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		37
<b>91 a</b>	The books are in care of ▶ <u>THE CORPORATION</u> Telephone number ▶ <u>(202) 686-2210</u> Located at ▶ <u>5100 WISCONSIN AVE NW #400 WASHINGTON, DC,</u> ZIP + 4 ▶ <u>20016</u>		
<b>91 b</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)? If 'Yes,' enter the name of the foreign country ▶		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91c		X

If 'Yes,' enter the name of the foreign country

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 the 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			14	24,626.	
96 Dividends & interest from securities			14	113,307.	
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			18	-5,546.	
101 Net income or (loss) from special events			1	30,937.	
102 Gross profit or (loss) from sales of inventory					154,632.
103 Other revenue a					
b MISCELLANEOUS INCOME			1	17,114.	
c ROYALTY INCOME			15	13,915.	
d SPONSORSHIP/ADVERTISI	900004	10,660.			
e					
104 Subtotal (add columns (B), (D), and (E))		10,660.		194,353.	154,632.
105 Total (add line 104, columns (B), (D), and (E))					359,645.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the 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 the 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)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<p><b>106</b> Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity</p>	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

<p><b>107</b> Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity</p>	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

<p><b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?</p>	Yes	No
		X

**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.

Signature of officer: Neal Barnard |  Date: 9/22/08  
 Type or print name and title: Neal Barnard, President

**Paid Preparer's Use Only**

Preparer's signature: <u>[Signature]</u> CPA	Date: <u>2/19/08</u>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W): <u>N/A</u>
Firm's name (or yours if self-employed), address, and ZIP + 4: <u>ARKIN &amp; COMPANY, CHARTERED</u> <u>15020 SHADY GROVE ROAD, SUITE 460</u> <u>ROCKVILLE, MD 20850</u>		EIN: <u>N/A</u> Phone no: <u>(301) 340-1550</u>	

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2006**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

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

**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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14		404,854.	11,487.	0.
Total number of other employees paid over \$50,000 ▶	2			

**Part II A 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
SEE STATEMENT 15		1,911,148.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SHARE GROUP 99 DOVER STREET SOMERVILLE, MA 02144	TELEMARKETING	71,783.
ZIMMERMAN & MARKMAN, INC. 725 ARIZONA AVE. SUITE 406 SANTA MONICA, CA 90401	VIDEO PRODUCTION	149,674.
LAUTMAN, MASKA, NEAL & COMPANY 1730 RHODE ISLAND NW, SUITE 301 WASHINGTON, DC 20036	MEMBERSHIP DEVELOPMT	89,523.
LISA SCHULZ TITUSSTR 24 , KOELN 50678 GERMANY	DESIGN	50,894.
IMAGE STUDIOS, INC. 4900 AUBURN AVE BETHESDA, MD 20814	VIDEO PRODUCTION	158,053.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See instructions)

	Yes	No
<b>1</b> 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 <b>▶ \$ 151,753.</b> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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	X	
<b>2a</b> Sale, exchange, or leasing of property?		X
<b>2b</b> Lending of money or other extension of credit?		X
<b>2c</b> Furnishing of goods, services, or facilities?		X
<b>2d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>2e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)		X
<b>3b</b> Did the organization have a section 403(b) annuity plan for its employees?	X	
<b>3c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
<b>3d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g		X
<b>4b</b> Did the organization make any taxable distributions under section 4966?		N/A
<b>4c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b>		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b>		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>▶</b>		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year <b>▶</b>		0.

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

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶  
 Type I  Type II  Type III-Functionally Integrated  Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,007,624.	3,114,441.	3,910,959.	4,040,289.	17,073,313.
16 Membership fees received					0.
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	169,041.	147,762.	31,498.	151,101.	499,402.
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	105,742.	47,932.	63,583.	30,326.	247,583.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	6,282,407.	3,310,135.	4,006,040.	4,221,716.	17,820,298.
24 Line 23 minus line 17	6,113,366.	3,162,373.	3,974,542.	4,070,615.	17,320,896.
25 Enter 1% of line 23	62,824.	33,101.	40,060.	42,217.	

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

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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test Enter line 24, column (e)

d Add Amounts from column (e) for lines **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_

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

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

26a	
26b	
26c	
26d	
26e	
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  
 (2005) 76,885. (2004) 0. (2003) 0. (2002) 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 11b, 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.  
 (2005) 0. (2004) 0. (2003) 0. (2002) 0.

c Add Amounts from column (e) for lines **15** 17,073,313. **16** \_\_\_\_\_  
**17** 499,402. **20** \_\_\_\_\_ **21** \_\_\_\_\_

d Add Line 27a total 76,885. and line 27b total 0.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) **27f** 17,820,298.

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

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

27c	17,572,715.
27d	76,885.
27e	17,495,830.
27f	17,820,298.
27g	98.18 %
27h	1.39 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  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?		
b	Has the organization's right to such aid ever been revoked or suspended? 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.		

**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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	5,045.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	146,708.
38	Total lobbying expenditures (add lines 36 and 37)	38 0.	151,753.
39	Other exempt purpose expenditures	39	6,711,996.
40	Total exempt purpose expenditures (add lines 38 and 39)	40 0.	6,863,749.
41	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41			493,187.
42	Grassroots nontaxable amount (enter 25% of line 41)	42 0.	123,297.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43 0.	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44 0.	0.
<b>Caution:</b> 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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45	Lobbying nontaxable amount	493,187.	431,547.	391,185.	684,191.	2,000,110.
46	Lobbying ceiling amount (150% of line 45(e))					3,000,165.
47	Total lobbying expenditures	151,753.	115,929.	53,615.	92,207.	413,504.
48	Grassroots non-taxable amount	123,297.	107,887.	97,796.	171,048.	500,028.
49	Grassroots ceiling amount (150% of line 48(e))					750,042.
50	Grassroots lobbying expenditures	5,045.	86.	2,282.	92,207.	99,620.

**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 VIII** 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?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
  - (i)** Cash
  - (ii)** Other assets
- b** Other transactions
  - (i)** Sales or exchanges of assets with a noncharitable exempt organization
  - (ii)** Purchases of assets from a noncharitable exempt organization
  - (iii)** Rental of facilities, equipment, or other assets
  - (iv)** Reimbursement arrangements
  - (v)** Loans or loan guarantees
  - (vi)** Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		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
N/A			

**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		



## PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 641,012.  
COST OR OTHER BASIS: 646,558.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -5,546.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -5,546.

STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
ART OF COMPASSION '07	232,025.	0.	232,025.	204,815.	27,210.
PFC EVENT	5,151.	0.	5,151.	1,424.	3,727.
TOTAL	<u>\$ 237,176.</u>	<u>\$ 0.</u>	<u>\$ 237,176.</u>	<u>\$ 206,239.</u>	<u>\$ 30,937.</u>

STATEMENT 3  
FORM 990, PART I, LINE 10  
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

INVENTORY SALES	\$ 86,157.
OTHER SALES	99,116.
GROSS SALES	<u>\$ 185,273.</u>
LESS RETURNS & ALLOWANCES	0.
NET SALES	<u>\$ 185,273.</u>
LESS COST OF GOODS SOLD	30,641.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 154,632.</u>

STATEMENT 4  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS	\$ 81,378.
TOTAL	<u>\$ 81,378.</u>

## PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

STATEMENT 5  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
RESEARCH ADVOCACY:		
<p>PCRM STRONGLY ADVOCATES AGAINST UNETHICAL HUMAN RESEARCH PRACTICES AND VIGOROUSLY PROMOTES ALTERNATIVES TO ANIMAL USE IN LABORATORIES. PCRM HAS A FULL-TIME TEAM OF PHYSICIANS, SCIENTISTS AND CAMPAIGNERS RAISING AWARENESS OF THE ETHICAL AND PRACTICAL PROBLEMS OF ANIMAL RESEARCH AND ASSISTING IN THE IMPLEMENTATION OF NON-ANIMAL METHODS IN RESEARCH. THROUGH THE USE OF INNOVATIVE PROGRAMS, PCRM HAS BEEN INSTRUMENTAL IN ELIMINATING ANIMAL USE AT MEDICAL SCHOOLS AND TRAUMA LABORATORIES IN NORTH AMERICA AND ABROAD. MORE THAN 100 OF 126 U.S. MEDICAL SCHOOLS HAVE ELIMINATED ANIMAL USE IN TEACHING.</p> <p>PCRM ADMINISTERS THE HUMANE CHARITY SEAL OF APPROVAL PROGRAM, WHICH LETS PROSPECTIVE DONORS KNOW WHICH HEALTH CHARITIES HAVE POLICIES AGAINST ANIMAL EXPERIMENTS. AT THE END OF THE CURRENT FISCAL YEAR, 254 HEALTH CHARITIES HAD BEEN AWARDED THE HUMANE SEAL.</p> <p>PCRM ALSO DEVELOPED THE WORLD'S FIRST CRUELTY-FREE HUMAN INSULIN ASSAY AND WAS A SPONSORING ORGANIZATION AND PRESENTER AT THE 5TH WORLD CONGRESS ON ALTERNATIVES AND ANIMAL USE IN THE LIFE SCIENCES IN BERLIN, A FORUM FOR SCIENTISTS FROM INDUSTRY, GOVERNMENT AGENCIES, ACADEMIA, AND ANIMAL ADVOCACY ORGANIZATIONS TO DISCUSS STRATEGIES FOR REDUCING THE NUMBERS OF ANIMALS USED IN RESEARCH AND TESTING. AS OF APRIL 2006, PCRM ALSO ASSUMED THE ROLE OF SECRETARIAT OF ICAPO (INTERNATIONAL COALITION OF ANIMAL PROTECTION IN OECD PROGRAMMES). AS SUCH, PCRM COORDINATES THE ACTIVITIES OF 10 ANIMAL PROTECTION ORGANIZATIONS IN NORTH AMERICA, ASIA AND WESTERN EUROPE IN ADDRESSING ANIMAL USE IN GLOBAL CHEMICAL TESTING PROGRAMS. PCRM'S DIRECTOR OF RESEARCH AND TOXICOLOGY SERVES AS AN EXPERT SCIENTIST IN EPA'S VOLUNTARY CHILDREN'S CHEMICAL EXPOSURE PROGRAM, ADDRESSING ANIMAL WELFARE ISSUES AND CHILDREN'S RISK TO INDUSTRIAL CHEMICALS. PCRM ALSO TRACKS THE LATEST TECHNOLOGICAL DEVELOPMENTS IN REPLACING ANIMALS IN RESEARCH AND ACTIVELY WORKS WITH INDUSTRY TO ENCOURAGE ADOPTION OF THESE NEWEST NON-ANIMAL METHODS.</p> <p>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 EXPOSÉ OF THE HIGHLY CONTROVERSIAL PRACTICE OF USING HIGH-DOSE ESTROGENS TO SUPPRESS GROWTH IN TALL ADOLESCENT GIRLS. WHEN THE U.S. FOOD AND DRUG ADMINISTRATION AUTHORIZED THE USE OF GENETICALLY ENGINEERED GROWTH HORMONE IN HEALTHY CHILDREN, PCRM POINTED OUT THE RISKS OF SUCH TREATMENT FOR CHILDREN WHO ARE NOT HORMONE-DEFICIENT.</p>		
		2,681,566.
	INCLUDES FOREIGN GRANTS: NO	

NUTRITION EDUCATION:

## PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

STATEMENT 5 (CONTINUED)  
 FORM 990, PART III, LINE A  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>PCRM PROMOTES HEALTHY DIETS, PARTICULARLY VEGETARIAN AND VEGAN CHOICES, AND WORKS TO REFORM PUBLIC NUTRITION POLICIES. STAFF MEMBERS CONDUCT LITERATURE REVIEWS, WHICH ARE PUBLISHED IN PEER-REVIEWED MEDICAL JOURNALS, LECTURE AT SCIENTIFIC CONFERENCES, LIBRARIES, AND CORPORATE AND GOVERNMENTAL VENUES ACROSS THE COUNTRY ON NUMEROUS NUTRITION TOPICS, AND CRITIQUE THE HEALTH STATUS OF FOODS SERVED IN INSTITUTIONAL SETTINGS, INCLUDING SCHOOLS AND HOSPITALS. PCRM ALSO WORKS WITH SCHOOLS TO IMPROVE THE HEALTHFULNESS OF FOODS SERVED TO CHILDREN.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		1,295,422.
<p>LEGAL ADVOCACY:</p> <p>THROUGH LITIGATION, GOVERNMENT RELATIONS, AND FEDERAL AGENCY PETITIONS, PCRM'S ATTORNEYS PROMOTE BETTER HEALTH AND COMPASSIONATE RESEARCH PRACTICES. IN THE PAST YEAR, PCRM ATTORNEYS HAVE REPRESENTED A PLAINTIFF IN A LAWSUIT AGAINST MERCK &amp; CO. FOR WRONGFULLY RELYING ON TESTS SHOWING VIOXX WAS SAFE IN ANIMALS WHILE IGNORING MOUNTING EVIDENCE THAT THE DRUG IS DANGEROUS TO HUMANS. IN ADDITION TO FILING CONSUMER COMPLAINTS WITH THE FEDERAL TRADE COMMISSION AND THE FOOD AND DRUG ADMINISTRATION, PCRM ATTORNEYS HAVE REPRESENTED A PLAINTIFF IN A SUIT AGAINST DAIRY INDUSTRY TRADE GROUPS AND INTERNATIONAL FOOD GIANTS TO STOP THEIR MULTIMILLION-DOLLAR ADVERTISING CAMPAIGN CLAIMING THAT MILK FACILITATES WEIGHT LOSS. PCRM ALSO FILED A CLASS ACTION LAWSUIT ON BEHALF OF PERSONS WHO ARE LACTOSE INTOLERANT, SEEKING WARNING LABELS ON MILK SOLD IN THE DISTRICT OF COLUMBIA. PCRM LAWYERS HAVE ALSO CONTINUED TO PURSUE A LAWSUIT AGAINST ATKINS NUTRITIONALS FOR HIDING THE DANGERS OF THE ATKINS DIET.</p> <p>PCRM IS ENGAGED IN GOVERNMENT RELATIONS EFFORTS WITH BOTH FEDERAL AND STATE GOVERNMENTS TO ADVOCATE FOR GOOD NUTRITION AND ALTERNATIVES TO ANIMAL TESTING.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		978,457.
<p>PUBLICATIONS:</p> <p>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 110,000. PCRM'S WEB SITES RECEIVE MORE THAN 1,550,000 VISITS A YEAR.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		485,138.
<p>PUBLIC EDUCATION:</p> <p>PCRM HAS AN EVER-GROWING SUPPORT BASE OF BOTH MEDICAL PROFESSIONALS AND LAYPERSONS THAT EXTENDS 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 DIETETIC ASSOCIATION, THE AMERICAN ASSOCIATION OF</p>		

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

STATEMENT 5 (CONTINUED)  
 FORM 990, PART III, LINE A  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
DIABETES EDUCATORS, THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN MEDICAL STUDENT ASSOCIATION, AND MANY OTHER EVENTS. INCLUDES FOREIGN GRANTS: NO		800,987.
COMMUNICATIONS:  THROUGH THE EFFORTS OF OUR PHYSICIANS AND OTHER HEALTH PROFESSIONALS WHO ACT AS PCRM SPOKESPERSONS, PCRM'S COMMUNICATIONS PROGRAMS REACH THE PUBLIC THROUGH TELEVISION AND RADIO BROADCASTS, PRINT MEDIA, WEB SITES, AND PRINTED MATERIALS. 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.		
IN SUMMARY, PCRM IS A STRONG VOICE FOR GOOD HEALTH, EFFECTIVE AND ETHICAL RESEARCH, AND PREVENTIVE MEDICINE. INCLUDES FOREIGN GRANTS: NO		622,179.
	<u>\$ 0.</u>	<u>\$ 6,863,749.</u>

STATEMENT 6  
 FORM 990, PART IV, LINE 57  
 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 44,221.	\$ 40,355.	\$ 3,866.
TOTAL	<u>\$ 44,221.</u>	<u>\$ 40,355.</u>	<u>\$ 3,866.</u>

STATEMENT 7  
 FORM 990, PART IV, LINE 58  
 OTHER ASSETS

DEPOSITS	\$ 2,245.
DUE FROM AFFILIATES	75,265.
LEGACIES & BEQUESTS RECEIVABLE	322,762.
TOTAL	<u>\$ 400,272.</u>

PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

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STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ANNUITIES PAYABLE	\$ 358,321.
CAPITAL LEASE PAYABLE	4,310.
DUE TO AFFILIATES	<u>192,201.</u>
TOTAL	<u>\$ 554,832.</u>

STATEMENT 9  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS	\$ 206,239.
TOTAL	<u>\$ 206,239.</u>

STATEMENT 10  
FORM 990, PART IV-A, LINE D(2)  
OTHER AMOUNTS

CONSOLIDATED F/S ADJUSTMENT	\$ 448,479.
TOTAL	<u>\$ 448,479.</u>

STATEMENT 11  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

CONSOLIDATED F/S ADJUSTMENT	\$ 2,836,339.
DIRECT EXPENSES OF SPECIAL EVENTS	206,239.
TOTAL	<u>\$ 3,042,578.</u>

STATEMENT 12  
FORM 990, PART VI, LINE 80B  
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
PCRM FOUNDATION	X	
THE CANCER PROJECT	X	
WASHINGTON CENTER FOR CLINICAL RESEARCH	X	

STATEMENT 13  
FORM 990, PART VI, LINE 90A  
LIST OF STATES WHICH THIS RETURN IS FILED

AL AK AZ AR CA CT FL GA IL KS KY LO ME MD MA MI MN MS NH NJ NM NY NC ND OH OK OR  
PA RI SC TN UT VA WA WV WI

## PHYSICIANS COMMITTEE FOR RESPONSIBLE MED

52-1394893

STATEMENT 14  
SCHEDULE A, PART I  
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE &amp; AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP &amp; DC</u>	<u>EXPENSE ACCOUNT</u>
AYSHA AKHTAR 5100 WISCONSIN AVE NW #400 WASHINGTON, DC 20016	MEDICAL ADVISOR 40	85,525.	2,566.	0.
CHAD SANDUSKY 5100 WISCONSIN AVE NW #400 WASHINGTON, DC 20016	DIR OF RESEARCH 40	86,791.	2,604.	0.
JOHN PIPPIN 5100 WISCONSIN AVE NW #400 WASHINGTON, DC 20016	MEDICAL ADVISOR 40	84,371.	2,531.	0.
DANIEL KINBURN 5100 WISCONSIN AVE NW #400 WASHINGTON, DC 20016	GENERAL COUNSEL 40	81,822.	1,796.	0.
KENNETH HALL 5100 WISCONSIN AVE NW#400 WASHINGTON, DC 20016	PUBLICATION DIR 40	66,345.	1,990.	0.
		TOTAL \$ 404,854.	\$ 11,487.	\$ 0.

STATEMENT 15  
SCHEDULE A, PART II-A  
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
THE PCRM FOUNDATION 5100 WISCONSIN AVENUE NW, #400 WASHINGTON, DC 20016	SUPPORT SERVICES	1,595,442.
PAUL MARCONE & ASSOCIATES LLC 14048 EAGLE CHASE CIRCLE CHANTILLY, VA 20151	LEGAL	98,750.
RICHARDS, WATSON & GERSHON 355 SOUTH GRAND AVENUE, 40TH FLOOR LOS ANGELES, CA 90071	LEGAL	79,435.
SENDER ASSOCIATES, CHARTERED 464 SOUTH FARMER AVE. SUITE 102 TEMPE, AZ 85281	LEGAL	137,521.
		TOTAL \$ 1,911,148.

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I**  **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>PHYSICIANS COMMITTEE FOR RESPONSIBLE MED</b>	Employer identification number <b>52-1394893</b>
File by the due date for filing your return See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>P.O. BOX 6322</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20015</b>	

**Check type of return to be filed** (file a separate application for each return).

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ THE CORPORATION -----

Telephone No ▶ (202) 686-2210 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 3/15, 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 8/01, 20 06, and ending 7/31, 20 07.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$ 0.
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<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$ 0.
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<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$ 0.
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**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**