990

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



	Open to Public Inspection
Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.         A       For the 2022 calendar year, or tax year beginning       and ending         B       Check if applicable:       C Name of organization       Physicians for Informed Consent       D Employer ide	Inspection entification number
A         For the 2022 calendar year, or tax year beginning         and ending           B         Check if applicable:         C Name of organization         Physicians for Informed Consent         D Employer ide	entification number
	400
Address change Doing business as 81-09414	IUU
Name change         Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         E         Telephone nu	
Initial return 4533 MacArthur Boulevard 1277 (805)364	4-2388
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code	
Amended return Newport Beach, CA 92660 G Gross receipt	ts\$ 110,830.
Application pending F Name and address of principal officer: Shira Miller H(a) Is this a group return for su	subordinates? Yes X No
4533 MacArthur Boulevard Ste. 1277 Newport Beach, CA 92660 H(b) Are all subordinates i	included? Yes No
I Tax-exempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. S	See instructions
J Website: physiciansforinformedconsent.org H(c) Group exemption num	mber
K Form of organization: X Corporation Trust Association Other L Year of formation: 2015 M State of	of legal domicile: CA
Part I Summary	
1 Briefly describe the organization's mission or most significant activities:	
B Delivering data on infectious diseases & vaccines; uniting d	doctors,
<ul> <li>Delivering data on infectious diseases &amp; vaccines; uniting of scientists, attorneys, and families who support voluntary values</li> <li>Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> <li>Number of voting members of the governing body (Part VI, line 1a)</li></ul>	accination.
2 Check this box 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	5
	5
<ul> <li>A Number of independent voting members of the governing body (Part VI, line 1b).</li> <li>5 Total number of individuals employed in calendar year 2022 (Part V, line 2a).</li> <li>6 Total number of volunteers (estimate if necessary).</li> <li>7a Total unrelated business revenue from Part VIII, column (C), line 12</li> </ul>	0
6 Total number of volunteers (estimate if necessary).	126
7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	110,830.
9 Program service revenue (Part VIII, line 2g)	
<ul> <li>9 Program service revenue (Part VIII, line 2g)</li></ul>	
12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       228,641.	110,830.
13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         5,000.	7,300.
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	
<b>û 17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>158,894.</b>	161,056.
18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).         163,894.	168,356.
19 Revenue less expenses. Subtract line 18 from line 12	-57,526.
Beginning of Current Year         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20	End of Year
ទីត្តី 20 Total assets (Part X, line 16)	110,354.
	<u> </u>
	98,577.
Part II Signature Block	adaa and halist it is
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	euge and beller, 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 Date	
Here Shira Miller, President	
Type or print name and title	
Paid         Print/Type preparer's name         Preparer's signature         Date         Check X if	PTIN

Pald				5								
Preparer	Joe Richar	dson								self-employed	P0121	2842
Use Only	Firm's name <b>JOE</b>	Richardso	n, CPA						Firm's	EIN		
	Firm's address 302	Washington	Street,	#259	San	Diego,	CA	92103	Phone	e no. (619)	822-24	65
May the IRS d	scuss this return with	n the preparer show	n above? See	e instructio	ns						X Yes	No
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)												
UYA												

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III.
1	Briefly describe the organization's mission:
	Mission: Delivering data on infectious diseases and vaccines, and
	uniting doctors, scientists, healthcare professionals, attorneys, and
	families who support voluntary vaccination.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes 🗴 No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 95,935. including grants of \$ ) (Revenue \$ )
	Education
	a) PIC continued delivering data on infectious diseases and vaccines
	through its website, newsletter, print and digital educational
	letters and documents, and social media public service
	announcement campaigns-reaching over 17 million people.
	announcement campaigns-reaching over 17 million people.
	Ear mara infa da ta
	For more info, go to:
	physiciansforinformedconsent.org/education
	physiciansforinformedconsent.org/news
	- Continued on Supplemental Schedule Part III, 4a -
4b	(Code:) (Expenses \$ 39,879. including grants of \$) (Revenue \$)
	Outreach
	PIC provided customer service to the public, PIC members, the PIC
	Physician Web Forum, over 330 U.S. and international members of
	its Coalition for Informed Consent; and engagement with over
	200,000 followers on its social media channels (Facebook, LinkedIn,
	Instagram, and Twitter).
	For more info, go to:
	physiciansforinformedconsent.org/cic
	linkedin.com/company/physicians-for-informed-consent
	twitter.com/picphysicians, facebook.com/PICphysicians
	or instagram.com/picphysicians
4C	(Code:) (Expenses \$ 18,738. including grants of \$) (Revenue \$)
	Legal
	PIC hired an attorney to:
	a) Provide legal guidance to PIC members on mandatory vaccination
	laws, medical privacy violations, and public health law.
	b) Provide legal guidance to PIC on governmental regulations
	and violations that impact medical privacy and informed consent
	in vaccination.
	- Continued on Supplemental Schedule Part III, 4c -
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

# Form 990 (2022) Physicians for Informed Consent Part IV Checklist of Required Schedules

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

Form 990 (2022) Physicians for Informed Consent Part IV Checklist of Required Schedules (continued)

I ai				
22	Did the experiantian report more than #5,000 of grants or other exciptions to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			
	If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
27	related organization? If "Yes,", complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	3/		<u> </u>
38	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	50	Λ	1
a	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling)			
v	winnings to prize winners?	1c		
			000	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
-	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			37
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
12 0	against amounts due or received from them.)	12a		v
12 a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
із а	Is the organization licensed to issue qualified health plans in more than one state?	13a		x
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
-	or excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		x
	If "Yes," complete Form 6069.			

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Z

Secti	ion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint			
	venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with			
	respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.			

X Own website Another's website X Upon request X Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records (619)822-2465 Joe Richardson 302 Washington Street Ste. 259 San Diego, CA 92103

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

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

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

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one					ne	Reportable	Reportable	Estimated amount
	hours	box, unless person is both an				is both	an	compensation	compensation	of other
	per week (list any	office	officer and a director/tr					from the organization (W-2/	from related organization (W-2/	compensation from the
	hours for	Ind or o	Ins	Officer	Ke	Fo Hig Em		1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	cer	Key employee	hes:	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor t	ona		oldt	ee				
	below dotted line)	ust	tru		/ee	npe				
		e	stee			Highest compensated employee				
						ted				
(1) Shira Miller	20.00	-								
President		x		x				0.00	0.00	0.00
(2) Douglas Mackenzie	03.00							0.00	0 00	0 00
Treasurer		x		х				0.00	0.00	0.00
(3) Ilona French	04.00								0 00	0 00
Secretary	00.00	X		X				0.00	0.00	0.00
(4) Yoshi Rahm	02.00							0.00	0 00	0 00
Director		x			<u> </u>			0.00	0.00	0.00
(5) Cammy Benton	02.00								0.00	0.00
Director		x						0.00	0.00	0.00
(6)										
(7)										
(8)										
(9)										
(10)										
		1								
(11)										
		1								
(12)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tr	ustees, Key	y Em	ploy	yee	s, a	nd Hi	ighe	est Compensate	ed Employe	es (co	ontinued)		
				(0	C)								
(A)	(B)			Posi	ition			(D)	(E)			(F)	
Name and title				eck	more	than o	ne	Reportable	Reportabl	е	Estima	ted amo	ount
	hours per		unles	s pe	rson	is both	an	compensation	compensati			other	
	week (list any hours for	office	er and	dad	irecto	or/truste	ee)	from the organization (W-2/	from relate organization (			ensatio	n
	related	or o	Inst	Officer	Kej	em Hig	For	1099-MISC/	1099-MIS0			zation a	ind
	organizations	ΙŐĒ	Institutional trustee	cer	Key employee	hest	Former	1099-NEC)	1099-NEC	) r	elated o	organiza	itions
	below dotted	for t	ona		ploy	ee							
	line)	uste	trug		/ee	npe							
		, Å	stee			Highest compensated employee							
						ed							
(15)													
(16)													
(4.7)													
(17)													
(18)													
(10)													
(19)													
(13)													
(20)													
(21)													
<u>()</u>													
(22)													
(23)													
<u></u>													
(24)													
(25)													
1b Subtotal													
c Total from continuation sheets to Pa													
d Total (add lines 1b and 1c)													
2 Total number of individuals (including		ted to	tho	se l	liste	d abc	ove)	who received m	ore than \$1	00,000	0 of		
reportable compensation from the orga	Inization												
	P											Yes	No
3 Did the organization list any <b>former</b> offic				-				- ·			•		
<ul><li>employee on line 1a? If "Yes," complete</li><li>For any individual listed on line 1a, is the</li></ul>										 	3		X
4 For any individual listed on line Ta, is the organization and related organizations g										the			
	reater than	\$15U	,000	)? 11	I YO	9 <i>5,</i> C	omp	olete Schedule J	IOF SUCH		4		
<i>individual</i> <b>5</b> Did any person listed on line 1a receive of		 	 nea	 tion	 fro	 m	 	related organiza	tion or indiv	 vidual			X
for services rendered to the organization											5		v
Section B. Independent Contractors	100,	oomp	1010	00	1100					<u>· · ·</u>	v		X
1 Complete this table for your five highest	compensat	ed ind	dep	end	ent	contra	acto	ors that received	more than	\$100.0	)00 of		
compensation from the organization. Re tax year.											nizatio		
(A) Name and business address								(B) Description of se	rvices	ſ	(C) ompen	sation	
								Description of Se			Sinpon	Janon	
	/ I I'	1 /		• -	1.1								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business	Revenue excluded from tax under
					revenue	sections 512-514
່ເບັ	1a	Federated campaigns				
Contributions, Gifts, Grants, and Other Similar Amounts		Membership dues	5.			
Đ ể		Fundraising events				
ifts r A		Related organizations	-			
nila, G		Government grants (contributions) 1e	-			
Contributions, and Other Sim			-			
utic Ter	'	All other contributions, gifts, grants,	-			
đ∐Đ		and similar amounts not included above. If 83,555	<b>·</b>			
ind Ind	g	Noncash contributions included in lines 1a-1f 1g \$	110 930			
<u> </u>	n	Total. Add lines 1a–1f				
Program Service Revenue						
evel	2a					
ы В	b					
izio	C					
n Se	d					
gran	e					
õ	†	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal	_			
	6a	Gross rents 6a	_			
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other	_			
		assets other than inventory 7a				
	b	Less: cost or other basis				
		and sales expenses 7b				
	c	Gain or (loss) 7c				
	d	Net gain or (loss)				
đ						
enue	8a	Gross income from fundraising				
eve		events (not including \$				
۲ ۲		of contributions reported on line 1c).				
Other Rev		See Part IV, line 18				
0	b	Less: direct expenses				
	c	Net income or (loss) from fundraising events				
		Gross income from gaming activities.				
		See Part IV, line 19				
	b	Less: direct expenses 9b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances				
	Ь	Less: cost of goods sold				
		Net income or (loss) from sales of inventory				
	-	Business Cod				
Miscellaneous Revenue	11a					
scellaneo Revenue	b					
ella 3ve	c					
lisc R		All other revenue				
Σ		Total. Add lines 11a-11d				
		Total revenue. See instructions				

## Form 990 (2022) Physicians for Informed Consent Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)		
	10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations			general expenses	c,penece		
	and domestic governments. See Part IV, line 21	7,300.					
2	Grants and other assistance to domestic	.,					
	individuals. See Part IV, line 22.						
3	Grants and other assistance to foreign organizations,						
-	foreign governments, and foreign individuals. See Part IV,						
	lines 15 and 16						
4	Benefits paid to or for members.						
5	Compensation of current officers, directors, trustees,						
-	and key employees						
6	Compensation not included above to disqualified persons						
	(as defined under section 4958(f)(1)) and persons						
	described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include section						
-	401(k) and 403(b) employer contributions).						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (nonemployees):						
		18,738.	18,738.				
d							
	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A), amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion	70,760.	70,760.				
13	Office expenses	3,452.	675.	2,777.			
14	Information technology.	6,038.	6,038.				
15	Royalties						
16	Occupancy						
17		4,837.	4,837.				
18	Payments of travel or entertainment expenses for any						
	federal, state, or local public officials						
19	Conferences, conventions, and meetings	12,625.	12,625.				
20							
21 22	Payments to affiliates						
22	Depreciation, depletion, and amortization	1 511		1 511			
23 24		1,511.		1,511.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount						
	exceeds 10% of line 25, column (A), amount, list line 24e						
	expenses on Schedule O.)						
а	Bank & Merchant Fees	2,216.		2,216.			
	Meals & Entertainment	2,210.	2,974.	212100			
c	<b>a</b>	37,905.	37,905.				
d							
	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	168,356.	154,552.	6,504.			
26	Joint costs. Complete this line only if the organization	-	-	-			
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation. Check						
	here if following SOP 98-2 (ASC 958-720)						

# Form 990 (2022) Physicians for Informed Consent Part X Balance Sheet

1	Check if Schedule O contains a response or note to any line in this Part X		· · · ·	
		(A) Beginning of year		(B) End of year
	Cash — non-interest-bearing.	156,103.	1	106,314
	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
	Accounts receivable, net		4	4,04
	Loans and other receivables from any current or former officer, director,			
1	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges.		9	
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation		10c	
11	Investments — publicly traded securities		11	
12	Investments — other securities. See Part IV, line 11		12	
13	Investments — program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11.		15	
16	Total assets. Add lines 1 through 15 (must equal line 33).	156,103.	16	110,35
	Accounts payable and accrued expenses	-	17	11,77
	Grants payable		18	
			19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
1	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	Secured mortgages and notes payable to unrelated third parties		23	
1	Unsecured notes and loans payable to unrelated third parties		24	
1	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	not included on lines 17-24). Complete Part X of Schedule D.		25	
1	Total liabilities. Add lines 17 through 25		26	11,77
	Organizations that follow FASB ASC 958, check here		20	±±,//
1	and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions		27	
			21	
20	INCL COOCLO WITH COTION ICOTIONS		20	
	Organizations that do not follow FASD ASC 050 shart have		28	
1	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.		00	
	Capital stock or trust principal, or current funds		29	
1	Paid-in or capital surplus, or land, building, or equipment fund	156 100	30	00 55
	Retained earnings, endowment, accumulated income, or other funds	156,103.	31	98,57
1	Total net assets or fund balances.	156,103.	32	98,57
33	Total liabilities and net assets/fund balances.	156,103.	33	110,35

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Form **990** (2022)

Form 99	<sup>20 (2022)</sup> Physicians for Informed Consent	81-0	941400	Page <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	110	,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2	168	,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	-57	,526.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	156	,103.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	98	,577.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🗌
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (	).		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2a</b>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed c	n a separate		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate l	asis, consolidat	ed	
	basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	theUniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		<b>3b</b>	

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Form **990** (2022)

SCHEDULE A	Pu	hlic Chari	tv Status and	Publi	c Sur		OMB No. 1545-0047		
(Form 990)		ublic Charity Status and Public Support <b>2022</b>							
、 <i>,</i>	Complete if the organ	the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
Department of the Treasury Internal Revenue Service	G	Attach to Form 990 or Form 990-EZ. Open to Publ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
Name of the organization		<u>.</u>				Employer identification	=		
Physicians f	or Informe	d Consent				81-0941400			
Part I Reason	for Public Cha	rity Status.(Al	l organizations mus			oart.) See instructi			
The organization is no	•		. 0		2	'			
			on of churches descri			′0(b)(1)(A)(i).			
			. (Attach Schedule E	-					
			anization described i						
	-	-	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A	)(III). Enter the		
	me, city, and state		ollege or university ow	uned or o	noratod h	v a governmental u	nit described in		
	(b)(1)(A)(iv). (Cor		bliege of university of		perateur	y a governmentar u			
			mental unit described	in secti	on 170(h	)(1)(A)(v).			
	•	•	antial part of its supp		•		he general public		
v	section 170(b)(1				0.		5		
8 🗌 A community	/ trust described in	n section 170(b)	(1)(A)(vi). (Complete	e Part II.)					
9 🗌 An agricultur	al research organ	ization described	d in <b>section 170(b)(1</b> )	) <b>(A)(ix)</b> o	perated in	n conjunction with a	land-grant college		
or university	or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	er the na	me, city, and state o	of the college or		
university:									
support from	gross investment	t income and uni	e than 33 1/3% of its nctions, subject to cer related business taxa	ble incom	ie (less s	ection 511 tax) from	hip fees, and gross 33 1/3% of its businesses		
			75. See section 509( sively to test for public						
			vely for the benefit of,				out the purposes of		
			escribed in section 5						
		-	scribes the type of sup						
a 🗌 Type I. A s	supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), t	ypically by giving		
the support	ted organization(s	) the power to re	gularly appoint or ele	ct a majo	ority of th	e directors or truste	es of the supporting		
		-	Sections A and B.						
		•	d or controlled in con						
	-		anization vested in th	e same p	ersons tl	hat control or mana	ge the supported		
•	. ,	-	, Sections A and C.	4 I <sup>1</sup>		with and from attacks			
			ng organization opera s). <b>You must comple</b>				ly integrated with,		
		•	porting organization				ted organization(s)		
	•	•	zation generally must	•		•••	•		
			mplete Part IV, Secti						
	-		written determination				II, Type III		
	•		onally integrated supp			•••••••			
	• •	•							
g Provide the fol	lowing information	n about the supp	orted organization(s)			1			
(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $\ensuremath{\mathsf{UYA}}$ 

81-0941400 Page 2

Physicians for Informed Consent81-0941400PageSupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.").						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		•	•		1	
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc		,			12	
13	First 5 years. If the Form 990 is for the c						
<u>C.a.a.t.</u>	organization, check this box and <b>stop he</b>	re	<u></u>				
	on C. Computation of Public Suppo Public support percentage for 2022 (line (			11 ookuman (f)			0/
14 15			-		-	14	<u>%</u>
15 160	Public support percentage from 2021 Sch 33 1/3 % support test-2022. If the organ					15	
16a	box and <b>stop here</b> . The organization qua						
h	33 1/3 % support test–2021. If the organ	•	• • • •	•			
b	check this box and <b>stop here.</b> The organ						
170		-			-		
17a	<b>10%-facts-and-circumstances test–202</b> 10% or more, and if the organization me	-					
	Part VI how the organization meets the fa						
	organization			•	•		
<b>h</b>	0						· · · · · · · <u> </u>
a	<b>10%-facts-and-circumstances test-202</b> 15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m						
	supported organization.				-	quaines as a f	
18	<b>Private foundation.</b> If the organization d					ck this box and	
10	C C						
	instructions						

Schedule A (Form 990) 2022

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(4)2010	(6)2010	(0) 2020	(d) 2021	(0) 2022	
•	received. (Do not include any "unusual grants.")	88.867.	165.188.	156.882.	228 641	110.830	750,408.
2	Gross receipts from admissions, merchandise		<u>+057+00.</u>	1307002.	220/0110	<u>++0,000</u>	/ 30 / 1001
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
0	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	88 867	165 188	156 882	228 641	110 830	750,408.
-	Amounts included on lines 1, 2, and 3	00,007.	105,100.	130,002.	220,041.	110,030.	730,400.
1 a	received from disqualified persons.						
h	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
-	line 6.)						750,408.
Secti	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						750,408.
10a	Gross income from interest, dividends,	-		-	-	-	
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						750,408.
14	First 5 years. If the Form 990 is for the or	•			•		
	organization, check this box and stop her	e					
-	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (lin						100.00%
<u>16</u>	Public support percentage from 2021			15		. 16	100.00%
	ion D. Computation of Investment In			by line 12 co	lump (f))	17	0/
17 19	Investment income percentage for 2022			-		. 17 . 18	<u>%</u> %
18 192	Investment income percentage from 202						
199	<b>331/3 % support tests–2022.</b> If the organ line 17 is not more than 331/3 %, check this						
b	33 <sup>1</sup> / <sub>3</sub> % support tests–2021. If the organiz						
U	line 18 is not more than 331/3%, check this b						
20	<b>Private foundation.</b> If the organization die						
<u></u>				,,,,			

#### **Supporting Organizations** Part IV (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 8 If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b

determine whether the organization had excess business holdings.)

10b

	le A (Form 990) 2022 Physicians for Informed Consent 81-09	414	00 F	Page
Part	V Supporting Organizations (continued)		Yes	NL
11	Has the organization accepted a gift or contribution from any of the following persons?		res	IN
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
ecti	ion B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	otion	•)
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	151110	JUONS	<i>y</i> .
h	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			

- **b** U The organization is the parent of each of its supported organizations. *Complete* **line 3** below.
- c U The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

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Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).
 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990) 2022

Schedule A (Form	990) 2022
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Part	V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Orgar</li></ol>	nizations (continu	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	tVI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- <i>explain in Part VI</i> ). See instr.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

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Schedule A (Form 990) 2022

Schedule A (F	orm 990) 2022	Physicians	for	Informed	Consent	<b>81-0941400</b> Page <b>8</b>
Part VI	Supplemental I	nformation. Provide	the exp	lanations require	ed by Part II, lin	e 10; Part II, line 17a or 17b;
	Part III, line 12; I	Part IV, Section A, line	es 1, 2,	3b, 3c, 4b, 4c, 5	5a, 6, 9a, 9b, 9c	, 11a, 11b, and 11c; Part IV, Section B,
						t IV, Section E, lines 1c, 2a, 2b,
						5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6.	Also complete this pa	irt for a	ny additional inf	ormation. (See	instructions.)

### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

OMB No. 1545-0047

2022

Attach to Form 990 or Form 990-PF.

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

Employer identification number

81-0941400

## Physicians for Informed Consent

Filers of:	Section:					
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. UYA

SCHEDULE C	Political Campaign and Lobbying Activ	OMB No. 1545-0047		
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and sect	ion 527	202	22
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or For	m 990-EZ.	Open to	Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informati	ion.	Inspec	tion
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Politica	al Campaign Activiti	ies), then	
<ul> <li>Section 501(c)(3) d</li> </ul>	organizations: Complete Parts I-A and B. Do not complete Part I-C.			
<ul> <li>Section 501(c) (oth</li> </ul>	er than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not comp	olete Part I-B.		
<ul> <li>Section 527 organi</li> </ul>	zations: Complete Part I-A only.			
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobby	ing Activities), then	ı	
<ul> <li>Section 501(c)(3) d</li> </ul>	organizations that have filed Form 5768 (election under section 501(h)): Complete Part I	II-A. Do not complete	Part II-B.	
<ul> <li>Section 501(c)(3) d</li> </ul>	organizations that have NOT filed Form 5768 (election under section 501(h)): Complete	Part II-B. Do not com	plete Part II-A	
If the organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions)	or Form 990-EZ, Pa	art V, line 35c	(Proxy
Tax) (See separate inst	ructions), then			
	(5), or (6) organizations: Complete Part III.			
Name of organization		Employer identification	on number	
Physicians f	or Informed Consent	81-094140	0	
Part I-A Comp	lete if the organization is exempt under section 501(c) or is a	section 527 org	anization.	
	on of the organization's direct and indirect political campaign activities in Part IV. See in al campaign activities."	structions for		
2 Political campaign	activity expenditures. See instructions	\$		Ο.
3 Volunteer hours for	r political campaign activities. See instructions			0
Part I-B Comp	lete if the organization is exempt under section 501(c)(3).			
1 Enter the amount of	f any excise tax incurred by the organization under section 4955	\$		0.
2 Enter the amount of	f any excise tax incurred by organization managers under section 4955	\$		0.
3 If the organization i	ncurred a section 4955 tax, did it file Form 4720 for this year?		🗌 Yes	X No
4a Was a correction r	nade?		🗌 Yes	No No
<b>b</b> If "Yes," describe i	n Part IV.			
Part I-C Comp	lete if the organization is exempt under section 501(c), except	section 501(c)	(3).	
1 Enter the amount of	lirectly expended by the filing organization for section 527 exempt function activities	\$		0.
2 Enter the amount of	f the filing organization's funds contributed to other organizations for section 527 exemption	ot		
function activities	· · · · · · · · · · · · · · · · · · ·	\$		0.
3 Total exempt funct	ion expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$		0.
4 Did the filing organ	ization file Form 1120-POL for this year?		. Yes	X No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

ī

Sch	edule C (Form 990) 2022 Physicians	s for Informed Consent	81-09	41400 Page 2
Pa		is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).			
Α	Check if the filing organization belongs to an affil	liated group (and list in Part IV each affiliated group memb	er's name, address, EIN	l, expenses,
	and share of excess lobbying expenditure	,		
В	Check if the filing organization checked box A an	nd "limited control" provisions apply.	· · · · ·	
	Limits on Lobbyi	ng Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence public opi	inion (grassroots lobbying).		
	<b>b</b> Total lobbying expenditures to influence a legislati	ve body (direct lobbying).		
	c Total lobbying expenditures (add lines 1a and 1b)			
	d Other exempt purpose expenditures			
	e Total exempt purpose expenditures (add lines 1c a	and 1d)		
	f Lobbying nontaxable amount. Enter the amount from	om the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
	g Grassroots nontaxable amount (enter 25% of line	1f)		
	h Subtract line 1g from line 1a. If zero or less, enter	-0		
	i Subtract line 1f from line 1c. If zero or less, enter	-0		
	j If there is an amount other than zero on either line	1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		[	Yes No

4-Year Averaging Period Under Section 501(h)

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	<b>(e)</b> Total		
2a Lobbying nontaxable amount	34,740.				34,74		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					52,11		
c Total lobbying expenditures	6,574.				6,57		
d Grassroots nontaxable amount	8,685.				8,68		
<ul> <li>e Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>					13,02		
f Grassroots lobbying expenditures							

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Schedule C (Form 990) 2022

Schedu	le C (Form 990) 2022 Physicians for Informed Consent	8	1-0	9414	00	Page 3
Part		filed	Forr	n 576	3	
					(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including					
	any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912.					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5),	or se	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?					
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."					3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses					
	for which the section 527(f) tax was paid).					
а	Current year.		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the					
	organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next y	ear?	4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part	IV Supplemental Information					
Provida	the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group list): Part II-A, li	noc 1	and 2	(See inc	tructio	ne).

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

Schedule C (F	orm 990) 2022
Dart IV	Supple

raitiv	Supplemental information	(continueu)	

Schedule O (Form 990) 2022	Page 2					
Name of the organization	Employer identification number					
Physicians for Informed Consent	81-0941400					
Part VI Line 11b						
Form 990 is prepared by CPA who forwards initial draft						
Part VI Line 11b						
to President and Treasurer for review.						
Part VI Line 12c						
Compliance with conflicts of interest policy monitored b	y President.					
Part VI Line 18						
Form 1023 is available upon request. 990 is available on	GuideStar					
Part VI Line 18						
and physiciansforinformedconsent.org/donate	and physiciansforinformedconsent.org/donate					
Part VI Line 19						
Governing documents and conflicts of interest policy available						
Part VI Line 19						
on Attorney General website.						

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Education (continued)

b) PIC produced the following new educational documents: 1. CDC Data Show COVID-19 Mass Vaccination Has Had No Measurable Impact on COVID-19 Mortality in the U.S.

2. Vaccines: What About Immunocompromised Schoolchildren? Update – Includes COVID-19 Data

3. Hepatitis B Disease Information Statement (DIS)

4. Hepatitis B Vaccine Risk Statement (VRS)

5. COVID-19 Vaccine Mandates: 21 Scientific Facts That Challenge the Assumptions

For more info, go to: physiciansforinformedconsent.org/education

c) PIC wrote educational letters to California legislators in opposition to a

proposed 1) COVID-19 Vaccine Mandate for School Attendance (SB 871),

2) COVID-19 Doctor Censorship Law (AB 2098), 3) COVID-19 Vaccine Mandate for Private and Public Employees and Independent Contractors (AB 1993), and 4) Law Allowing Minors to Obtain Vaccination Without Parental Knowledge or Consent (SB 866); and wrote Congressman Gohmert a support letter for H.R. 5816, the National Informed Consent Exemption (NICE) Act.

For more info, go to: physiciansforinformedconsent.org/news

Scientists, physicians, educators, and administrators managing all the above are all volunteers.

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Legal (continued)

c) File amicus briefs in support of parental rights and informed consent in vaccination in the case Booth v. Bowser (United States District Court, District of Columbia).

d) File amicus brief in support of the right of municipal workers to informed consent in the case of Marciano v. Adams (United States Supreme Court).

e) File a First Amendment free speech lawsuit and motion for preliminary injunction against the Medical Board of California over investigating doctors who publicly question or disagree with the government's COVID-19 policies.

f) File a First Amendment free speech lawsuit and motion for preliminary injunction against the State of California over new law censoring physicians' speech on COVID-19 (AB 2098).

Learn more here: physiciansforinformedconsent.org/news

All related legal work was performed both pro bono and through paid consultants.