| 990 |
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|     |

# 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<br>Inspection      |
|--|-----------------------------------|
| Department of the Treasury<br>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<br>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<br>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 |          |

|           | 0 (2022) Physicians for Informed Consent 81-09  | <u>414</u> | <u>00</u> F | Page 5   |
|-----------|---|------------|-------------|----------|
| 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<br>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<br>b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?<br>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<br>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.   |            |             |          |

| 81- | 09 | 41 | 40 | 0 | Page | 6 |
|-----|----|----|----|---|------|---|
|-----|----|----|----|---|------|---|

| 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<br>(list any | office                            | officer and a director/tr |         |              |                              |        | from the organization (W-2/ | from related<br>organization (W-2/ | compensation<br>from the |
|                       | hours for             | Ind<br>or o                       | Ins                       | Officer | Ke           | Fo<br>Hig<br>Em              |        | 1099-MISC/                  | 1099-MISC/                         | organization and         |
|                       | related               | Individual trustee<br>or director | Institutional trustee     | cer     | Key employee | hes:                         | Former | 1099-NEC)                   | 1099-NEC)                          | related organizations    |
|                       | organizations         | tor t                             | ona                       |         | oldt         | ee                           |        |                             |                                    |                          |
|                       | below<br>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<br>organization (W-2/ | from relate<br>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<br>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> |                          |        |                       |          |              |                                 |        |                                |                               | <br>         | 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   |                          | <br>   | <br>nea               | <br>tion | <br>fro      | <br>m                           | <br>   | related organiza               | tion or indiv                 | <br>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)<br>Name and business address   |                          |        |                       |          |              |                                 |        | (B)<br>Description of se       | rvices                        | ſ            | (C)<br>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<br>business | Revenue excluded<br>from tax under |
|  |     |  |               |                                    | revenue               | sections 512-514                   |
| ່ເບັ   | 1a  | Federated campaigns                                  |               |                                    |                       |                                    |
| Contributions, Gifts, Grants,<br>and Other Similar Amounts |     | Membership dues                                      | 5.            |                                    |                       |                                    |
| Đ ể  |     | Fundraising events                                   |               |                                    |                       |                                    |
| ifts<br>r A  |     | Related organizations                                | -             |                                    |                       |                                    |
| nila, G  |     | Government grants (contributions) 1e                 | -             |                                    |                       |                                    |
| Contributions,<br>and Other Sim                            |     |  | -             |                                    |                       |                                    |
| utic<br>Ter  | '   | All other contributions, gifts, grants,              | -             |                                    |                       |                                    |
| đ∐Đ  |     | and similar amounts not included above. If 83,555    | <b>·</b>      |                                    |                       |                                    |
| ind<br>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<br>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<br>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<br>Revenue                                   | 11a |  |               |                                    |                       |                                    |
| scellaneo<br>Revenue                                       | b   |  |               |                                    |                       |                                    |
| ella<br>3ve  | c   |  |               |                                    |                       |                                    |
| lisc<br>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<br>expenses | Management and general expenses | Fundraising<br>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<br>22 | Payments to affiliates  |                |                             |                                 |                         |  |  |
| 22       | Depreciation, depletion, and amortization   | 1 511          |                             | 1 511                           |                         |  |  |
| 23<br>24 |   | 1,511.         |                             | 1,511.                          |                         |  |  |
| 24       | Other expenses. Itemize expenses not covered above.<br>(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)<br>Beginning of year |         | (B)<br>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<br>Internal Revenue Service | G                     | Attach to Form 990 or Form 990-EZ. Open to Publ<br>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<br>nctions, subject to cer<br>related business taxa           | ble incom          | ie (less s                            | ection 511 tax) from                                    | hip fees, and gross<br>33 1/3% of its<br>businesses   |  |  |
|  |                       |  | 75. See section 509(<br>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<br>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<br>(described on lines 1-10<br>above (see instructions)) | listed in you      | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |  |
|  |                       |  |   | Yes                | No                                    |   |   |  |  |
| (A)  |                       |  |   |                    |                                       |   |   |  |  |
| (A)  |                       |  |   |                    |                                       |   |   |  |  |
| (B)  |                       |  |   |                    |                                       |   |   |  |  |
| (C)  |                       |  |   |                    |                                       |   |   |  |  |
| (D)  |                       |  |   |                    |                                       |   |   |  |  |
| (E)  |                       |  |   |                    |                                       |   |   |  |  |
| Total  |                       |  |   |                    |                                       |   |   |  |  |

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

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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<br>Public support percentage for 2022 (line (          |                 |          | 11 ookuman (f) |          |                 | 0/                     |
| 14<br>15        |  |                 | -        |                | -        | 14              | <u>%</u>               |
| 15<br>160       | Public support percentage from 2021 Sch<br>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><br>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><br>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<br>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<br>19  | Investment income percentage for 2022  |          |                 | -             |           | . 17<br>. 18   | <u>%</u><br>% |
| 18<br>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

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|-------|--|--------|-------|------------|
| 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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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<br>(optional) |
|--|----|----------------|-------------------------------|
| 1 Net short-term capital gain  | 1  |                |                               |
| 2 Recoveries of prior-year distributions   | 2  |                |                               |
| 3 Other gross income (see instructions)  | 3  |                |                               |
| 4 Add lines 1 through 3.   | 4  |                |                               |
| 5 Depreciation and depletion   | 5  |                |                               |
| 6 Portion of operating expenses paid or incurred for production or   |    |                |                               |
| collection of gross income or for management, conservation, or   |    |                |                               |
| maintenance of property held for production of income (see instructions)   | 6  |                |                               |
| 7 Other expenses (see instructions)  | 7  |                |                               |
| 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<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see<br>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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|------------------|-----------|
|------------------|-----------|

| 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<br>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)<br>Excess Distributions        | (ii)<br>Underdistribution<br>Pre-2022 | ns   | (iii)<br>Distributable<br>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<br>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<br>any. Subtract lines 3g and 4a from line 2. For result<br>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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|---------------|----------------------|--------------------------|-----------|-------------------|--------------------|--|
| 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.)                           |
|               |                      |                          |           |                   |                    |  |
|               |                      |                          |           |                   |                    |  |
|               |                      |                          |           |                   |                    |  |
|               |                      |                          |           |                   |                    |  |
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### 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<br>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<br>filing organization's<br>funds. If none, enter -0 | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0 |
|-----------------|-------------|---------|--|---|
| (1)             |             |         |  |   |
| (2)             |             |         |  |   |
| (3)             |             |         |  |   |
| (4)             |             |         |  |   |
| (5)             |             |         |  |   |
| (6)             |             |         |  |   |

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| 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<br/>(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<br/>(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<br>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)<br>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)<br>501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O<br>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 |
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| Dart IV       | Supple        |

| raitiv | Supplemental information | (continueu) |      |
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| 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.                                   |   |  |  |  |  |  |

Form 990 (2022) #81-0941400 Supplemental Schedule Part III, 4a

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.

Form 990 (2022) #81-0941400 Supplemental Schedule Part III, 4c

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.