Term 990-EZ Return of Organization Exempt From Income Tax 2020 Under section 39(1c), 527, or 4947(8(1)) of the Internal Revenue Code (except private foundations). - Do not enter social security numbers on this form, as it may be made public. - Do not enter social security numbers on this form, as it may be made public. - Do not enter social security numbers on this form, as it may be made public. - Do not enter social security numbers on this form, as it may be made public. - Do not enter social security numbers on this form, as it may be made public. - Do not enter social security numbers on this form, as it may be made public. - Do not enter social security numbers on this form, as it may be made number. - Do not enter social security numbers on this form, as it may be made number. - Do not enter social security numbers on this form, as it may be made number. - Do not enter social security numbers on this form, as it may be made number. - Do not enter social security numbers.		~~	~ = =	Short Form		OMB No. 1545-0047	
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20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 20 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 10 21 21	SS	19			19	343 334	
Z Z Net assets or fund balances at end of year. Combine lines 18 through 20	ίA	20	-			2	
	Ne	21				211,850	

Short Form

Form	990-EZ (2020) Physicians for Social Respon	sibility - San Francisco Ba	y Area Chapter	94-270	2750	Page 2		
Par	Balance Sheets (see the instructions for	Part II)						
	Check if the organization used Schedule O to re	espond to any question in	this Part II....			X		
				A) Beginning of year		(B) End of year		
22	Cash, savings, and investments			341.837	22	228,871		
23	Land and buildings			011,007	23	220,071		
24	Other assets (describe in Schedule O)			4,082	-	4,495		
25	Total assets			345,919		233,366		
26	Total liabilities (describe in Schedule O).			2,585		21,516		
27	Net assets or fund balances (line 27 of column (E			343,334		211,850		
	rt III Statement of Program Service Accomplis			010,001		211,000		
	Check if the organization used Schedule O t		,			Expenses		
	-				(Re	quired for section		
	at is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)		
	cribe the organization's program service accomplishr					anizations; optional others.)		
	neasured by expenses. In a clear and concise manne	•	rovided, the number	of		,		
	ons benefited, and other relevant information for eac	unitally and a suitable as at				1		
20	Educ Projects - educate the public & health prof's th hospitals, med schools and community events, inclu	Iougn presentations at						
	to mentor and train young health professionals in lea	adership & policy						
				·····				
	(Grants \$) If this amoun	t includes foreign grants, o		🕨 🔄	28a	5,330		
29								
		t includes foreign grants, o			29a	1		
30								
	(Grants \$) If this amoun	t includes foreign grants, o	heck here	🕨 📘	30a	1		
31	Other program services (describe in Schedule O).							
	(Grants \$) If this amoun	t includes foreign grants, o	heck here	🕨 🗌	31a	1		
32	Total program service expenses. (add lines 28a th	nrough 31a)			32	5,330		
	Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)							
	LIST OF OTTICERS. DIRECTORS. I RUSTEES. and K	ev Employees (list each o	ne even if not comper	sated-see the inst	tructior	ns for Part IV)		
	Check if the organization used Schedule O to		in this Part IV .					
		(b) Average	in this Part IV	(d) Health benefi	 ts,			
		o respond to any question	in this Part IV	(d) Health beneficontributions to employee benefit p	ts, lans,	· · · · · □		
	Check if the organization used Schedule O to (a) Name and title	(b) Average hours per week	in this Part IV	(d) Health beneficontributions to employee benefit p	ts, lans,	(e) Estimated amount of		
Rob	Check if the organization used Schedule O to (a) Name and title ert Gould, MD	(b) Average hours per week devoted to position	in this Part IV	(d) Health benefi contributions to employee benefit p and deferred comper	ts, lans, isation	(e) Estimated amount of other compensation		
Rob	Check if the organization used Schedule O to (a) Name and title ert Gould, MD sident	(b) Average hours per week	in this Part IV	(d) Health beneficontributions to employee benefit p	ts, lans,	(e) Estimated amount of		
Rob Pres Tova	Check if the organization used Schedule O to (a) Name and title ert Gould, MD sident a Fuller, MD, PhD	b respond to any question (b) Average hours per week devoted to position Hr/WK 5.00	in this Part IV	(d) Health beneficontributions to employee benefit p and deferred comper	ts, lans, isation	(e) Estimated amount of other compensation		
Rob Pres Tova Vice	Check if the organization used Schedule O to (a) Name and title ert Gould, MD sident a Fuller, MD, PhD President	(b) Average hours per week devoted to position	in this Part IV	(d) Health benefi contributions to employee benefit p and deferred comper	ts, lans, isation	(e) Estimated amount of other compensation		
Rob Pres Tova Vice	Check if the organization used Schedule O to (a) Name and title ert Gould, MD sident a Fuller, MD, PhD	b respond to any question (b) Average hours per week devoted to position Hr/WK 5.00 Hr/WK 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MIS0 (if not paid, enter -0-	(d) Health beneficontributions to employee benefit p and deferred comper	ts, lans, isation	(e) Estimated amount of other compensation		
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Rob Pres Tova Vice Sara Sec'	Check if the organization used Schedule O to (a) Name and title ert Gould, MD sident a Fuller, MD, PhD President ah Janssen, MD, PhD, MPH y/Treasurer e Bouagnon, PhD	b respond to any question (b) Average hours per week devoted to position Hr/WK 5.00 Hr/WK 5.00	in this Part IV	(d) Health beneficontributions to employee benefit pland deferred compering 0	ts, lans, isation 0	(e) Estimated amount of other compensation 0 0		
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Robo Press Tova Vice Sara Sec' Audo Dire	Check if the organization used Schedule O to (a) Name and title ert Gould, MD sident a Fuller, MD, PhD President ah Janssen, MD, PhD, MPH y/Treasurer e Bouagnon, PhD ctor nael Geschwind, MD	b respond to any question (b) Average hours per week devoted to position Hr/WK 5.00 Hr/WK 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health beneficontributions to employee benefit pland deferred compering 0	ts, lans, isation 0 0	(e) Estimated amount of other compensation 0 0 0		
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Par				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	art V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	55		~
34				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		v
250	change on Schedule O. See instructions	34		Х
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		v
b		35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice,	25.0		v
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		v
27-	during the year? If "Yes," complete applicable parts of Schedule N.	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	276		v
b	· · · · · · · · · · · · · · · · · · ·	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	20-		V
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		Х
b 20	Section 501(c)(7) organizations. Enter:	-		
39	Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 4917 Section 4912 Section 4912 Section 4953 Section 4953 Section 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
U.	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		х
~	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		~
U	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
U	transaction? If "Yes," complete Form 8886-T.	40e		Х
41	List the states with which a copy of this return is filed. ► CA	400		~
		(415) 7	00 11	10
42a	The organization's books are in care of ► Steve Vezeris Telephone no. ►	(415) 7	00-114	+0
	Located at ► 65520 E Greensprings Street City Welches ST OR ZIP + 4 ► 970	67		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
с	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O.	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions.	45b		Х

Form	99	0-EZ	(2020)
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Part V

X

46

Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines
50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47	Х	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49a	Did the organization make any transfers to an exempt non-charitable related organization?.	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and	d key		

employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

51 Complete this table for the organization's five highest compensated independent contractors who each received more than

\$100,000 of compensation from the organization. If there is none, enter "None."

a) Name and business address of each independe	(b) Type of service (c) Compensation	
Str		
ST	ZIP	
Str		
ST	ZIP	
Str		
ST	ZIP	
Str		
ST	ZIP	
Str		
ST	ZIP	
	ST Str ST Str ST ST Str Str Str Str ST Str ST ST ST ST ST ST	ST ZIP Str ST ZIP ST ZIP Str ST ZIP Str

d Total number of other independent contractors each receiving over \$100,000 ▶
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer			ate			
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN		
	Antoinette G Nies	Antoinette G Nies	5/6/2021		P00177373		
Preparer	Firm's name Antoinette G Nies				Firm's EIN ► 68-0402098		
Use Only	Firm's address 🕨 61 Prince Royal Dr., Corte M	F	hone no. 415-9	924-6960			
May the IRS discuss this return with the preparer shown above? See instructions							

No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees Page 1 of 1 of Part IV								
Name of Organization		Employer identification	on number					
Physicians for Social Responsibility - San Francisco	Bay Area Chapter	94-2702750						
Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation				
Mary L Williams, MD	_							
Director	Hr/WK 2.00	0	0	0				
Randall Miller, PhD								
Executive Director	Hr/WK 20.00	66,000	0	0				
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	Hr/WK							
	- Hr/WK							
	_ Hr/WK							
	- Hr/WK							

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

1

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. way/Farm000 far instructions and the latest infor

2020 **Open to Public**

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OMB No. 1545-0047

Internal R	evenue Service		.o www.irs.gov/Form	1990 Ior Instructions a	id the late	st informa	uon.	Inspection
	the organization						Employer identification	
	ans for Social Respons							02750
Part I				ganizations must co				
The org			•	or lines 1 through 12,	•		,	
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
2								
3				zation described in sec	•			
4	A medical research hospital's name, city	•		nction with a hospital o	described	in section	170(b)(1)(A)(iii). En	iter the
5	An organization ope section 170(b)(1)(A			ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state, or lo	ocal govern	iment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).	
7 X	An organization that described in section			al part of its support fro Part II.)	om a gove	rnmental ι	unit or from the gene	ral public
8	A community trust de	escribed in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9	An agricultural resear or university or a nor university:	arch organi n-land-grar	zation described in nt college of agricult	section 170(b)(1)(A)(i) sure (see instructions).	() operated Enter the	d in conjur name, city	nction with a land-gra /, and state of the co	ant college llege or
10	receipts from activities support from gross in	es related t nvestment	to its exempt functic income and unrelat	nan 33 1/3% of its supp ons—subject to certain red business taxable in See section 509(a)(2) .	exception come (les	s, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
11	An organization orga	anized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	∂(a)(4).	
12	of one or more publi	cly support	ed organizations de	ly for the benefit of, to escribed in section 50 9 bes the type of suppor	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а	the supported org	anization(s		pervised, or controlled llarly appoint or elect a tions A and B.				
b	control or manage	ement of th		r controlled in connect ization vested in the sa ections A and C.				
С				organization operated You must complete I				rated with,
d	Type III non-function	ctionally in nally integr	tegrated. A suppor ated. The organizat	ting organization operation generally must sat	ated in cor isfy a distr	nnection w	vith its supported org quirement and an att	anization(s) entiveness
_				olete Part IV, Sections				- 111
е				itten determination from ally integrated supportion			турет, турет, тур	em
f	Enter the number of		•	· · · · · · · · · · ·				0
g	Provide the following	informatio	•	ed organization(s).				
(i) Name of supported organiz	ation	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)					103			
(~)								
(B)								
(C)								
(D)								
(E)								
Total							0	

Schedule A (Form 990 or 990-	EZ) 2020 Physicia	ns for Social Responsibili	ty - San Francisco E	Bay Area Chapter
Part II Support	Schedule for Or	ganizations Describe	d in Sections 17	0(b)(1)(A)(iv) and '

94-2702750

Page 2

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

Sec	tion A. Public Support	• •				•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,818	95,562	241,124	48.490	47,845	492,839
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .			,	,		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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	59,818	95,562	241,124	48,490	47,845	492,839
	shown on line 11, column (f)						299,176
6	Public support. Subtract line 5 from line 4						193,663
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	59,818	95,562	241,124	48,490	47,845	492,839
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources		132	165	270	82	649
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						493,488
12	Gross receipts from related activities, etc. (see	ee instructions) .				12	
	First 5 years. If the Form 990 is for the organization, check this box and stop here attion C. Computation of Public Superior Stress St			•			
	Public support percentage for 2020 (line 6, c		0	(f))		14	39.24%
	Public support percentage from 2019 Sched	().				15	46.63%
	a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test—2019. If the organiz box and stop here. The organization qualifier						
	 a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 						
	15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstand	circumstances test ces test. The orgar	, check this box an nization qualifies as	d stop here . Expl a publicly support	ain ted	
18	Private foundation. If the organization did r instructions .						

	(Complete only if you checke					qualify under Pa	art II.
	If the organization fails to qua	alify under the to	ests listed belo	w, please com	plete Part II.)		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						0
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						0
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						0
5	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5.	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	0	0	0	0	0	0
74	received from disqualified persons						0
h	Amounts included on lines 2 and 3						
	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
с	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support					<u>.</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						-
4.5	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		_	~	~	_	^
	and 12.)	0	0	0	$\frac{0}{0}$	0	0
14	organization, check this box and stop here .			•			
- <u>Soc</u>	ction C. Computation of Public Sup						
				£\)		15	0.00%
15	Public support percentage for 2020 (line 8, co	.,				16	0.00%
<u>16</u> Soc	Public support percentage from 2019 Schedu ction D. Computation of Investment			<u></u>		10	0.0076
	-			olumn (f))		17	0.00%
17 18							0.00%
	33 1/3% support tests—2020. If the organiz					18 and line 17 is	0.00 //
٠Ja	not more than 33 1/3%, check this box and st						
b	33 1/3% support tests—2019. If the organiz				-		
	line 18 is not more than 33 1/3%, check this b						Þ 🥅
20	Private foundation. If the organization did no	ot check a box on l	ine 14, 19a, or 19t	o, check this box a	nd see instructions		

Schedule A (Form 990 or 990-EZ) 2020 Physicians for Social Responsibility - San Francisco Bay Area Chapter Support Schedule for Organizations Described in Section 509(a)(2)

Part III

94-2702750

Page **3**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **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.*
- **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.
- **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.*
- **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.*
- 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 ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in 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.**
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Qh		
9b		
9c		
10a		
10b		

Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	<u>.</u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

- The the governing body, members of the governing body, oncers adding in their original capacity, of membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*.

Section D. All Type III Supporting Organizations

- Yes No
 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?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If* "*No*," *explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
 By reason of the relationship described in 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 **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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 _____

Yes No

1

2

1

Yes No

Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 tion B - Minimum Asset Amount (A Aggregate fair market value of all non-exempt-use assets (see linstructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1 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): 3 Acade adeemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 </th <th>v. 20, 1970<i>(explain</i></th> <th>in Part VI) See</th>	v. 20, 1970 <i>(explain</i>	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organizations musi- tion A - Adjusted Net Income (A Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 tion B - Minimum Asset Amount (A Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of othor chage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets <th>t complete Sections</th> <th>in Part VI) Soo</th>	t complete Sections	in Part VI) Soo
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Enter 0.85 of line 1. 2		Current Year
Enter 0.85 of line 1. 2		0
		0
Minimum asset amount for prior year (from Section B, line 8, column A) 3		0
Enter greater of line 2 or line 3.		0
Income tax imposed in prior year 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions).		0
Check here if the current year is the organization's first as a non-functionally integrated T		

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3			4-2/02/50 Page /		
		j Supporting Organi		Current Year		
Sectio	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.			0		
8	Distributions to attentive supported organizations to which the	ne organization is respor	sive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2020 from Section C, line 6			0		
10	Line 8 amount divided by line 9 amount			0.000		
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6			0		
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required— <i>explain in Part VI</i>). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015 0					
b	From 2016 0					
С	From 2017 0					
d	From 2018 0					
е	From 2019 0					
f	Total of lines 3a through 3e	0				
	Applied to underdistributions of prior years		0			
h	Applied to 2020 distributable amount			0		
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0				
4	Distributions for 2020 from					
	Section D, line 7: \$ 0					
	Applied to underdistributions of prior years		0			
b	Applied to 2020 distributable amount			0		
С	Remainder. Subtract lines 4a and 4b from line 4.	0				
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI . See instructions.		0			
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain</i>					
	in Part VI. See instructions.			0		
7	Excess distributions carryover to 2021. Add lines 3j	_				
	and 4c.	0				
8	Breakdown of line 7:					
<u>a</u>	Excess from 2016					
<u>b</u>	Excess from 2017					
	Excess from 2018					
d	Excess from 2019					
e	Excess from 2020 0			A (Form 000 or 000 EZ) 2020		

Schedule A (Fo	orm 990 or 990-EZ) 2020 Physicians for Social Responsibility - San Francisco Bay Area Chapter	94-2702750	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,	Fage U
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

Schedule B
(Form 990, 990-EZ,

Department of the Treasury

Internal Revenue Service

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Physicians for Social Responsibility - San Francisco Bay Area Chapter	94-2702750
Organization type (check one):	

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the
	regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020
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Name of organization

	ganization s for Social Responsibility - San Francisco Bay Area Cha		Employer identification number 94-2702750
Part I	Contributors (see instructions). Use duplicate of	copies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Robert Gould, MD 870 Market St., Ste 578 San Francisco CA 94102 Foreign State or Province: Foreign Country:	\$ <u>10,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	 \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

loncash Property (see instructions). Use duplicate (b) Description of noncash property given		ace is needed.
(b) Description of noncash property given	(2)	
	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) Description of noncash property given (c) FMV (or estimate) (See instructions.)

\$

Name of org	janization for Social Responsibility - San Francisco Bay	Area Chanter	Employer identification number 94-2702750
Part III	<i>Exclusively</i> religious, charitable, etc., cor (10) that total more than \$1,000 for the year the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional s	ntributions to organizations des ar from any one contributor. Co impleting Part III, enter the total of (Enter this information once. See	cribed in section 501(c)(7), (8), or mplete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
	 For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
(a) No.	For. Prov. Country		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
		· · ·	

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign	and Lobby	ing Activitie	s	OMB No. 1545-0047	
	For Organizations Exempt From Inco	me Tax Under sec	tion 501(c) and sectio	n 527	2020	
Department of the Treasury Internal Revenue Service	Complete if the organization is describe	rganization is described below. ► Attach to Form 990 or Form 990-EZ.			Open to Public Inspection	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Acti						
-	nizations: Complete Parts I-A and B. Do not cor			inpaign Act	ivities), then	
	nan section 501(c)(3)) organizations: Complete		w Do not complete Pa	rt I-B		
	ons: Complete Part I-A only.					
-	ered "Yes," on Form 990, Part IV, line 4, or I	Form 990-EZ, Part	VI, line 47 (Lobbying	Activities), t	hen	
-	nizations that have filed Form 5768 (election un					
()()	nizations that have NOT filed Form 5768 (electi	())	•	•		
If the organization answe	ered "Yes," on Form 990, Part IV, line 5 (Pro	oxy Tax) (See sepa	rate instructions) or F	orm 990-EZ	, Part V, line 35c	
(Proxy Tax) (See separat	e instructions), then					
• Section 501(c)(4), (5), o	or (6) organizations: Complete Part III.					
Name of organization			Er	nployer ider	ntification number	
	sponsibility - San Francisco Bay Area Cha				4-2702750	
	te if the organization is exempt und					
	on of the organization's direct and indirect p	political campaign	activities in Part IV. (See instructi	ions for	
	al campaign activities")			• •		
	activity expenditures (See instructions).					
	political campaign activities (See instruction te if the organization is exempt und			<u>· ·</u>		
	f any excise tax incurred by the organization			•		—
	f any excise tax incurred by the organization m					• •
	ncurred a section 4955 tax, did it file Form				Yes No	
•		•				
	nade?			• • •	Yes No	,
b If "Yes," describe in			(a) and a set a	- F04(-)/2	<u>, </u>	
	te if the organization is exempt und			n 501(C)(3).	
	irectly expended by the filing organization	for section 527 exe	empt function	•		
activities		••••••••••••••••••••••••••••••••••••••		▶ ३		
	f the filing organization's funds contributed n activities			• •		
•	on expenditures. Add lines 1 and 2. Enter l			φ		
line 17b	-			▶ \$		0
	ization file Form 1120-POL for this year? .			Ψ	Yes No	
•••	ddresses and employer identification numb			nizations to		,
	payments. For each organization listed, er					
	cal contributions received that were promp					
	egated fund or a political action committee					
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s co -0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)		-				
(3)						
(4)						
(5)						
(6)						

Physicians for Social Responsibility - San Francisco Bay Area Chapter Schedule C (Form 990 or 990-EZ) 2020

				Page Z			
Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and filed	Form 5768 (ele	ction			
A B	Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ► if the filing organization checked box A and "limited control" provisions apply.						
		ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence publi	c opinion (grassroots lobbying)	0	0			
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	0	0			
С	Total lobbying expenditures (add lines 1a and	l 1b)	0	0			
d	Other exempt purpose expenditures		179,393	0			
е	Total exempt purpose expenditures (add lines	s 1c and 1d)	179,393	0			
f	Lobbying nontaxable amount. Enter the amou	int from the following table in both					
	columns.		35,879	0			
	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)	8,970	0			
h	Subtract line 1g from line 1a. If zero or less, e	enter -0	0	0			
i	Subtract line 1f from line 1c. If zero or less, en	nter -0	0	0			
j		r line 1h or line 1i, did the organization file Form 472		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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a	Lobbying nontaxable amount	6,862	12,119	17,803	0	36,784	
b	Lobbying ceiling amount (150% of line 2a, column(e))					55,176	
с	Total lobbying expenditures	4,591	6,372	3,927	0	14,890	
d	Grassroots nontaxable amount	1,716	3,030	4,451	0	9,197	
е	Grassroots ceiling amount (150% of line 2d, column (e))					13,796	
f	Grassroots lobbying expenditures	90	135	0	0	225	

Schedule C (Form 990 or 990-EZ) 2020

94-2702750

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(6	a)	(b)	
	description of the lobbying activity.		No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
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................................			0	
2a	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?				
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or se	ction	
	501(c)(6).				

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	0
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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	0
_			

Part IV Supplemental Information

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

Part IV	Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			
Name of the organization		Employer identif	ication number
Physicians for Social	Responsibility - San Francisco Bay Area Chapter	94-2702750	
	Line 16, Other Expenses: Travel: 525		
Form 990-EZ, Part I,	Line 16, Other Expenses: Fundraising: 20		
Form 990-EZ, Part I,	Line 16, Other Expenses: Telephone: 960		
Form 990-EZ, Part I,	Line 16, Other Expenses: Insurance: 2,309		
Form 990-EZ, Part I,	Line 16, Other Expenses: E-PO Box: 2,704		
Form 990-EZ, Part I,	Line 16, Other Expenses: Miscellaneous: 3,217		
Form 990-EZ, Part I,	Line 16, Other Expenses: Office expense: 16,928		
Form 990-EZ, Part I,	Line 16, Other Expenses: Webhosting: 6,100		
Form 990-EZ, Part I,	Line 20, Net Assets: Rounding: 2		
Form 990-EZ, Part II,	Line 24, Other Assets: Prepaid Expenses: Beginning of year: 4,082, End		
of year: 4,495			
Form 990-EZ, Part II,	Line 26, Liabilities: Accounts Payable: Beginning of year: 2,585, End of		
year: 4,816			
Form 990-EZ, Part II,	Line 26, Liabilities: PPP Loan: Beginning of year: 0, End of year:		
16,700			

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Physicians for Social Responsibility - San Francisco Bay Area Chapter	94-2702750