

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **INSTITUTE FOR RESEARCH & EDUCATION IN FAMILY MEDICINE** Employer identification number: **43-1863752**

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|--|-------------------------|------------------------------|------------------------|-------------------------------------|
| | | RUN IFM (event type) | TRIVIA NIGHT (event type) | NONE (total number) | (add column (a) through column (c)) |
| | 1 Gross receipts | 5,905. | 13,979. | | 19,884. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 5,905. | 13,979. | | 19,884. |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | 200. | | 200. |
| | 7 Food and beverages | | 314. | | 314. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 350. | 467. | | 817. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | 18,553. |

Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|--|-------------------------|-------------------|---|-------------------|-------------------------------------|
| | | | | | (add column (a) through column (c)) |
| | 1 Gross revenue | | | | |
| DIRECT EXPENSES | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes _____ % No | Yes _____ % No | Yes _____ % No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

| | | |
|--|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? _____ Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

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Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

INSTITUTE FOR RESEARCH & EDUCATION IN FAMILY MEDICINE

43-1863752

Part III Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part IV Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) DAVID CAMPBELL | SPOUSE | COVER PAYROLL | X | | 1,400,000. | 1,400,000. | | X | X | | X | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total ▶ \$ | | | | | | 1,400,000. | | | | | | |

Part V Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of Assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

Name of the organization

Employer identification number

INSTITUTE FOR RESEARCH & EDUCATION IN FAMILY MEDICINE

43-1863752

Pt VI, Line 11b THE ORGANIZATION SENT OUT A COPY OF THE 990 VIA E-MAIL BEFORE IT WAS FILED

Pt VI, Line 12c THE BOARD REQUIRES ALL COVERED PERSONS TO COMPLETE AND SIGN AN ANNUAL DISCLOSURE

Pt VI, Line 12c STATEMENT REGARDING CONFLICTS OF INTEREST. WHEN CONSIDERING A CONFLICT OF INTEREST

Pt VI, Line 12c MATTER, THE BOARD PREPARES AND MAINTAINS MINUTES OF THOSE PROCEEDINGS. THE INSTITUTE

Pt VI, Line 12c SHALL ENGAGE IN NO TRANSACTIONS OR ARRANGEMENT IN WHICH A COVERED PERSON

Pt VI, Line 12c HAS A CONFLICT OF INTEREST WITHOUT BOARD APPROVAL.

Pt VI, Line 15a SALARY COMPARISONS HAVE BEEN MADE OF OTHER CEO'S OF NON-PROFITS ORGANIZATION

Pt VI, Line 15a BY A BOARD COMMITTEE. THE CEO'S SALARY IS BELOW OTHER NON-PROFITS OF THE

Pt VI, Line 15a SAME SIZE.

Pt VI, Line 15b THE SALARIES OF THE CBO AND CNO ARE IN THE LOW END RANGE OF SIMILAR

Pt VI, Line 15b NON-PROFITS. A SURVEY WAS DONE ON LINE TO HATHER THE DATA

Pt VI, Line 15b FROM LOCAL COMPANIES.

Pt VI, Line 19 BY REQUEST

Supporting Statement of:

Form 990 p 9/Line 8b Direct Expenses

| Description | Amount |
|--------------|-------------|
| | 685. |
| Total | 685. |

Supporting Statement of:

Form 990 p 9/Line 11 Total Revenue-1

| Description | Amount |
|-----------------|-----------------|
| Capitation | 9,966. |
| Medical Records | 1,652. |
| Miscellaneous | 144,511. |
| Interest income | 51. |
| Total | 156,180. |

Supporting Statement of:

Form 990 p 9/Line 11 Rel/Exem Fun Rev-1

| Description | Amount |
|---------------------|----------------|
| Capitation payments | 86,222. |
| Medical records chg | 1,351. |
| Miscellaneous | 0. |
| Interest income | 29. |
| Total | 87,602. |

Supporting Statement of:

Form 990 p 10/Line 7 col (B)

| Description | Amount |
|------------------|-----------------|
| Staff salaries | 294,155. |
| Payroll expenses | |
| Total | 294,155. |

Supporting Statement of:

Form 990 p 10/Line 10 col (A)

| Description | Amount |
|-------------------------------|----------------|
| Payroll Taxes & Benefits Mgmt | 77,946. |
| Payroll Taxes & benefits | 21,697. |
| Total | 99,643. |

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

| Description | Amount |
|---------------------------|----------------|
| Dues & Subscription | 150. |
| Office Supplies | 2,954. |
| Printing | 518. |
| Bank Charges | 4,121. |
| Courier | 1,119. |
| Postage | 3,606. |
| Computer/License-software | 334. |
| Leased Equipment | 3,449. |
| Telephone | 8,492. |
| Answering services | 2,843. |
| Due & Subscription | 2,975. |
| Training | 304. |
| Total | 30,865. |

Supporting Statement of:

Form 990 p 10/Line 13 col (B)

| Description | Amount |
|-----------------------|----------------|
| Bank Services Charges | 2,762. |
| Due & Subscription | 35. |
| Claims & Admin Fee | 521. |
| Courier Exp | 1,812. |
| Telephone | 6,161. |
| Answering Service | 5,652. |
| Total | 16,943. |

Supporting Statement of:

Form 990 p 10/Line 13 col (C)

| Description | Amount |
|-----------------------|----------------|
| Printing | 894. |
| Repairs & Maintenance | 1,694. |
| Bank Charges | 1,904. |
| Postage | 1,368. |
| Lease Equip | 5,865. |
| Waste Removal | 1,601. |
| Telephone exp | 2,054. |
| Due & Subscription | 905. |
| Outside Training | 89. |
| Total | 16,374. |

Supporting Statement of:

Form 990 p 10/Line 14 col (C)

| Description | Amount |
|--------------|-------------|
| | |
| | 481. |
| | 234. |
| Total | 715. |

Supporting Statement of:

Form 990 p 10/Line 16 col (A)

| Description | Amount |
|-----------------------|----------------|
| Rent | 8,650. |
| Occupancy | 50,695. |
| Personal Property Tax | 1,213. |
| Off site storage | 202. |
| Repairs & Maintenance | 3,262. |
| Waste removal | 5,364. |
| Janitorial | 390. |
| Total | 69,776. |

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

| Description | Amount |
|-------------|----------------|
| Rent | 25,200. |
| Total | <u>25,200.</u> |

Supporting Statement of:

Form 990 p 10/Line 16 col (C)

| Description | Amount |
|--------------|----------------|
| Property tax | 957. |
| | 25,200. |
| Total | <u>26,157.</u> |

Supporting Statement of:

Form 990 p 10/Line 17 col (A)

| Description | Amount |
|-----------------------|---------------|
| Meals & Entertainment | 1,146. |
| Total | <u>1,146.</u> |

Supporting Statement of:

Form 990 p 10/Line 23 col (A)

| Description | Amount |
|-------------|----------------|
| Malpractice | 16,034. |
| Insurance | 6,998. |
| Total | <u>23,032.</u> |

Supporting Statement of:

Form 990 p 10/Line 23 col (B)

| Description | Amount |
|--------------|---------|
| Mal Practice | 10,996. |

Continued

Supporting Statement of:

Form 990 p 10/Line 23 col (B)

| Description | Amount |
|-------------|----------------|
| Total | <u>10,996.</u> |

Supporting Statement of:

Form 990 p 10/Line 23 col (C)

| Description | Amount |
|--------------------|---------------|
| Mal Practice | 1,222. |
| Business Insurance | 2,112. |
| Total | <u>3,334.</u> |

Supporting Statement of:

Form 990 p 10/Line 24 col (A)-1

| Description | Amount |
|-------------------|----------------|
| Locum Tenes | 25,983. |
| Professional FEES | 9,548. |
| Total | <u>35,531.</u> |

Supporting Statement of:

Form 990 p 10/Line 24 col (A)-2

| Description | Amount |
|------------------------|---------------|
| Legal/Audit consulting | 9,599. |
| | 320. |
| Total | <u>9,919.</u> |

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-2

| Description | Amount |
|-------------|--------|
| Legal/Audit | 9,599. |

Continued

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-2

| Description | Amount |
|---------------|----------------|
| Lucum Tenants | 2,800. |
| consulting | 320. |
| Total | 12,719. |

Supporting Statement of:

Form 990 p 10/Line 24 col (A)-3

| Description | Amount |
|-----------------------|----------------|
| Vaccine and Medicines | 0. |
| Medical supplies | 35,579. |
| Total | 35,579. |

Supporting Statement of:

Form 990 p 10/Line 24 col (A)-4

| Description | Amount |
|----------------------|----------------|
| Lab Services | 0. |
| Radiology services | 5,493. |
| Lab Outside services | 12,757. |
| Total | 18,250. |

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-4

| Description | Amount |
|--------------------|-----------------|
| Lab services | 12,757. |
| Radiology services | 5,493. |
| Hospital | 148,758. |
| Total | 167,008. |

Supporting Statement of:

Form 990 p 11/Line 9, column (A)

| Description | Amount |
|---------------------|----------------|
| Payroll Liabilities | 24,048. |
| | 9,890. |
| | 500. |
| Total | <u>34,438.</u> |

Supporting Statement of:

Form 990 p 11/Line 22, column (B)

| Description | Amount |
|---------------------------------|-----------------|
| due to Charles Campbell | 35,000. |
| Due to David Campbell | 91,057. |
| Long term due to David Campbell | 234,848. |
| Due to Mary Cappel | 12,400. |
| Total | <u>373,305.</u> |

Supporting Statement of:

Form 990 p 11/Line 27, column (B)

| Description | Amount |
|------------------|------------------|
| Openning balance | -1,203,091. |
| Unrestricted | 668,547. |
| Net income | 6,841. |
| Temporarily | -97,489. |
| | -1,586. |
| Total | <u>-626,778.</u> |