

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150  
**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>PHYSICIANS FOR REFORM  | <b>D</b> Employer identification number<br>20-8048412 |
|  | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>1126 10TH STREET LN NW | <b>E</b> Telephone number<br>(828) 256-9080           |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>HICKORY, NC 28601                   | <b>F</b> Group Exemption Number                       |

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: [WWW.PHYSICIANSFORREFORM.ORG](http://WWW.PHYSICIANSFORREFORM.ORG)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 5,194**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

|   |   |           |          |
|---|---|-----------|----------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | 5,194    |
|   | <b>2</b> Program service revenue including government fees and contracts  | <b>2</b>  |          |
|   | <b>3</b> Membership dues and assessments  | <b>3</b>  |          |
|   | <b>4</b> Investment income  | <b>4</b>  |          |
|   | <b>5a</b> Gross amount from sale of assets other than inventory   | <b>5a</b> |          |
|   | <b>b</b> Less cost or other basis and sales expenses  | <b>5b</b> |          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> |          |
|   | <b>6</b> Gaming and fundraising events  |           |          |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |          |
|   | <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |          |
| <b>c</b> Less direct expenses from gaming and fundraising events  | <b>6c</b>   |           |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>   |           |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>   |           |          |
| <b>b</b> Less cost of goods sold  | <b>7b</b>   |           |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | <b>7c</b>   |           |          |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>  |           |          |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>  | 5,194     |          |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)  | <b>10</b> |          |
|   | <b>11</b> Benefits paid to or for members   | <b>11</b> |          |
|   | <b>12</b> Salaries, other compensation, and employee benefits   | <b>12</b> |          |
|   | <b>13</b> Professional fees and other payments to independent contractors   | <b>13</b> | 6,528    |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance   | <b>14</b> |          |
|   | <b>15</b> Printing, publications, postage, and shipping   | <b>15</b> | 514      |
|   | <b>16</b> Other expenses (describe in Schedule O)   | <b>16</b> | 29,297   |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>   | 36,339    |          |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)   | <b>18</b> | -31,145  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  | <b>19</b> | -104,269 |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)  | <b>20</b> |          |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20   | <b>21</b> | -135,414 |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year    |
|--|-----------------------|--------------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 1,878                 | <b>22</b> 46       |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b>          |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  | 1,178                 | <b>24</b> 584      |
| <b>25 Total assets</b> . . . . .   | 3,056                 | <b>25</b> 630      |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 107,325               | <b>26</b> 136,044  |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | -104,269              | <b>27</b> -135,414 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO ORGANIZE PHYSICIANS, PATIENTS AND THE BUSINESS COMMUNITY IN AN EFFORT TO KEEP THE PATIENT'S WELFARE THE CENTRAL FOCUS OF MEDICINE, NOT THE FLUCTUATING INTERESTS OF GOVERNMENT PHYSICIANS FOR REFORM ADVOCATES RESTORING THE PATIENT/PHYSICIAN RELATIONSHIP, REBUILDING THE HIPPOCRATIC MEDICINE, REFORMING TODAY'S BROKEN MEDICAL/LEGAL SYSTEM, AND REDUCING HEALTHCARE COSTS AND MAKING HEALTH INSURANCE AFFORDABLE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

|   |   |            |        |
|---|---|------------|--------|
| <b>28</b> DISIMINATE INFORMATION TO THE GENERAL PUBLIC VIA DIRECT MAIL, INTERNET, PRESS RELEASES, ARTICLES, RESEARCH PAPERS, SEMINARS, NEWSLETTERS, MONOGRAPHS, AND MEDIA APPEARANCES<br>(Grants \$ ) | If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 33,968 |
| <b>29</b>   | If this amount includes foreign grants, check here <input type="checkbox"/> | <b>29a</b> |        |
| <b>30</b>   | If this amount includes foreign grants, check here <input type="checkbox"/> | <b>30a</b> |        |
| <b>31</b> Other program services (describe in Schedule O)<br>(Grants \$ )   | If this amount includes foreign grants, check here <input type="checkbox"/> | <b>31a</b> |        |
| <b>32 Total program service expenses</b> (add lines 28a through 31a)  |   | <b>32</b>  | 33,968 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title              | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------|--|--|---|--|
| CLARE GRAY MD<br>P,CEO,DIRECT   | 000 00   | 0  |   |  |
| BILL SHILLITO<br>VP, CFO, TRE   | 000 00   | 0  |   |  |
| PHIL GREENE MD<br>DIRECTOR      | 000 00   | 0  |   |  |
| DICK GARLITZ DDS<br>DIRECTOR    | 000 00   | 0  |   |  |
| CAROLL KOSCHESKI MD<br>DIRECTOR | 000 00   | 0  |   |  |
| PATSY GRAY<br>SECRETARY         | 000 00   | 0  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2014) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes fields for Form 990-T, Form 1120-POL, and foreign account information.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (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

f Total number of other employees paid over \$100,000

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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 completed Schedule 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 (DR CLARE GRAY PRESIDENT & CEO) and Date (2015-05-29)

Paid Preparer Use Only: Print/Type preparer's name (STEPHEN P PRIESTLEY), Preparer's signature, Date (2015-06-02), Check self-employed, PTIN (P00652978), Firm's name (STEPHEN P PRIESTLEY CPA PLLC), Firm's EIN (46-2893888), Firm's address (200 1ST AVE NW STE 303B HICKORY, NC 286016113), Phone no (828) 855-9414

May the IRS discuss this return with the preparer shown above? See instructions

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PHYSICIANS FOR REFORM

Employer identification number  
20-8048412

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 |
|   |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by 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 II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part 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  | Yes                    | No |
| (1) DR CLARE GRAY             |                                    | OPERATING EXPENSES  | X                                     |      |                               | 136,044         |    | No              | Yes |                                     | Yes |                        |    |

Total ▶ \$ 136,044

**Part III 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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |

**Part IV 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 |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
PHYSICIANS FOR REFORM

Employer identification number

20-8048412

**990 Schedule O, Supplemental Information**

| Return Reference               | Explanation  |
|--------------------------------|--|
| FORM 990-EZ, PART I, LINE 16   |  |
| FORM 990-EZ, PART II, LINE 24  | FURNITURE AND EQUIPMENT 5,840 5,840 LESS ACCUMULATED DEPRECIATION 4,662 5,256 TOTAL 1,178 584  |
| FORM 990-EZ, PART II, LINE 26  | LOANS FROM OFFICERS 107,325 136,044  |
| FORM 990-EZ, PART III          | TO ORGANIZE PHYSICIANS, PATIENTS AND THE BUSINESS COMMUNITY IN AN EFFORT TO KEEP THE PATIENT'S WELFARE THE CENTRAL FOCUS OF MEDICINE, NOT THE FLUCTUATING INTERESTS OF GOVERNMENT PHYSICIANS FOR REFORM ADVOCATES RESTORING THE PATIENT/PHYSICIAN RELATIONSHIP, REBUILDING THE HIPPOCRATIC MEDICINE, REFORMING TODAY'S BROKEN MEDICAL/LEGAL SYSTEM, AND REDUCING HEALTH CARE COSTS AND MAKING HEALTH INSURANCE AFFORDABLE. |
| FORM 990-EZ, PART III, LINE 28 | DISSEMINATE INFORMATION TO THE GENERAL PUBLIC VIA DIRECT MAIL, INTERNET, PRESS RELEASES, ARTICLES, RESEARCH PAPERS, SEMINARS, NEWSLETTERS, MONOGRAPHS, AND MEDIA APPEARANCES   |

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2014

Attachment Sequence No 179

Name(s) shown on return PHYSICIANS FOR REFORM

Business or activity to which this form relates INDIRECT DEPRECIATION

Identifying number

20-8048412

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 Summary rows.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for Part II: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions for assets placed in service in tax years beginning before 2014, 18 If you are electing to group any assets.

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions.)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year.



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation/deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)
43 Amortization of costs that began before your 2014 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44