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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 3355 GLENDALE AVENUE 3RD FLOOR City or town, state or country, and ZIP + 4 TOLEDO, OH 43614	D Employer identification number 20-1304472
	F Name and address of principal officer TAMMY SCARBOROUGH 3355 GLENDALE AVENUE 3RD FLOOR TOLEDO, OH 43614	E Telephone number (419) 383-7100
	H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
	H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
	H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ N/A		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 2004	M State of legal domicile OH

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTE, ENHANCE, SUPPLEMENT AND ASSIST IN THE PERFORMANCE OF THE MEDICAL AND HEALTH EDUCATION PROGRAMS AND SERVICES OF THE UNIVERSITY OF TOLEDO
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	7b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II	Signature Block
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	2012-05-15 Date			
	 TAMMY SCARBOROUGH CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JACK C HAGMEYER	Preparer's signature JACK C HAGMEYER	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ WILLIAM VAUGHAN COMPANY				Firm's EIN ▶
	Firm's address ▶ 145 CHESTERFIELD LANE MAUMEE, OH 435373836				Phone no ▶ (419) 891-1040
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

PROMOTE, ENHANCE, SUPPLEMENT AND ASSIST IN THE PERFORMANCE OF THE MEDICAL AND HEALTH EDUCATION PROGRAMS AND SERVICES OF THE UNIVERSITY OF TOLEDO

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 70,401,994 including grants of \$) (Revenue \$ 74,192,678)

FACULTY PRACTICE PLAN FOR THE UNIVERSITY OF TOLEDO TO PROVIDE HEALTH CARE SERVICES AS AN INTEGRAL COMPONENT OF THE ACADEMIC AND RESEARCH MISSION OF THE UNIVERSITY

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 70,401,994

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V						
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	54			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	449	2b	Yes	
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b		If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d		If "Yes," indicate the number of Forms 8282 filed during the year.		7d		
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8		Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9		Sponsoring organizations maintaining donor advised funds.				
a		Did the organization make any taxable distributions under section 4966?		9a		
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter						
a		Initiation fees and capital contributions included on Part VIII, line 12.		10a		
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b		
11 Section 501(c)(12) organizations. Enter						
a		Gross income from members or shareholders.		11a		
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b		
13		Section 501(c)(29) qualified nonprofit health insurance issuers.				
a		Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b		
c		Enter the amount of reserves on hand.		13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TAMMY SCARBOROUGH 3355 GLENDALE AVE THIRD FLOOR TOLEDO, OH 43614 (419) 383-7100

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	125
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Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f ▶				
	Program Service Revenue	2a	Business Code		
PATIENT SERVICE		621110	73,746,998	73,746,998	
b DIALYSIS CENTER		621110	130,490	130,490	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a–2f ▶			73,877,488		
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▶		97	
	4 Income from investment of tax-exempt bond proceeds . . ▶				
	5 Royalties ▶				
	6a Gross Rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory . . ▶				
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	217,780	217,780		
b REFUND OF EMPLOYER FIC	900099	97,410	97,410		
c					
d All other revenue					
e Total. Add lines 11a–11d ▶		315,190			
12 Total revenue. See Instructions ▶		74,192,775	74,192,678	0	97

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	18,360,056	18,360,056		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,770,995	25,735,360	2,035,635	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,935,897	2,727,250	208,647	
9	Other employee benefits	655,917	337,478	318,439	
10	Payroll taxes	1,094,031	933,666	160,365	
a	Fees for services (non-employees)				
	Management				
b	Legal	1,278,226	1,278,226		
c	Accounting	130,762		130,762	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	875,393	841,273	34,120	
14	Information technology				
15	Royalties				
16	Occupancy	481,328	390,363	90,965	
17	Travel	991,137	991,137		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,700	91,700		
23	Insurance	2,878,530	2,878,530		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PHARMACEUTICALS AND LAB	8,217,314	8,217,314		
b	BAD DEBT EXPENSE	4,615,275	4,615,275		
c	MCO CLINICAL COST AND D	1,798,382	1,798,382		
d	MISCELLANEOUS	613,781	271,736	342,045	
e	PROFESSIONAL DUES AND S	429,468	429,468		
f	All other expenses	504,780	504,780		
25	Total functional expenses. Add lines 1 through 24f	73,722,972	70,401,994	3,320,978	0
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,280,390	1	4,812,688
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,238,179	4	13,933,137
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			75,210	8	81,620
	9	Prepaid expenses and deferred charges			96,430	9	167,648
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	751,033			
	b	Less: accumulated depreciation	10b	355,024	394,512	10c	396,009
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			548,357	12	488,847
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			206,000	15	232,576
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,839,078	16	20,112,525
Liabilities	17	Accounts payable and accrued expenses			5,132,166	17	5,144,733
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			7,688,180	25	7,479,257
	26	Total liabilities. Add lines 17 through 25			12,820,346	26	12,623,990
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			7,018,732	27	7,488,535
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			7,018,732	33	7,488,535
	34	Total liabilities and net assets/fund balances			19,839,078	34	20,112,525

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,192,775
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,722,972
3	Revenue less expenses Subtract line 2 from line 1	3	469,803
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,018,732
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,488,535

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC	Employer identification number 20-1304472
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☒	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☒ Type III - Functionally integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h		Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) UNIVERSITY OF TOLEDO	340967014	6		No	Yes		Yes		0
Total									0

Part II

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. 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 meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 			
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 20-1304472

Name: UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY L BLUMER PHD MD TRUSTEE	40 00	X						45,330	42,443	13,341
ROBERT L BOOTH JR MD TRUSTEE	40 00	X						146,944	108,559	40,927
KRISTOPHER BRICKMAN MD TRUSTEE	40 00	X						307,260	160,431	61,467
ANDREW B CASABIANCA MD TRUSTEE	40 00	X						239,461	133,717	56,896
NABIL EBRAHEIM MD TRUSTEE	40 00	X						2,247,614	213,270	71,865
LAWRENCE W ELMER MD SECRETARY	40 00	X		X				58,844	99,413	33,297
HAITHAM M ELSAMALOTY MD TREASURER	40 00	X		X				342,091	70,719	52,658
LINDA M FRENCH MD VICE PRESIDENT	40 00	X		X				208,338	177,147	57,527
JEFFREY R HAMMERSLEY MD TRUSTEE	40 00	X						229,266	108,131	57,080
KELLY MANAHAN MD TRUSTEE	40 00	X						384,190	55,109	44,465
ALAN P MARCO MD TRUSTEE	40 00	X						190,096	181,160	57,634
ROBERT MRAK MD TRUSTEE	40 00	X						210,000	179,740	58,192
MUNIER MS NAZZAL MD TRUSTEE	40 00	X						403,665	124,010	57,368
STEVEN H SELMAN MD TRUSTEE	40 00	X						290,000	204,001	67,567
JOSEPH I SHAPIRO MD TRUSTEE	40 00	X						155,000	221,942	59,579
MARTIN SKIE MD TRUSTEE	40 00	X						619,632	93,278	54,466
MARIJO TAMBURRINO MD TRUSTEE	40 00	X						15,000	200,345	30,298
GRETCHEN E TIETJEN MD TRUSTEE	40 00	X						61,258	190,507	36,083
LEE S WOLDENBERG MD PRESIDENT	40 00	X		X				366,673	115,860	56,898
GERALD B ZELENOCK MD TRUSTEE	40 00	X						272,830	204,619	70,999
JEFFREY P GOLD MD CHAIRMAN	40 00	X		X				166,100	409,885	84,556
STEVEN J FARRELL MD TRUSTEE	40 00	X						162,152	105,777	42,669
SANFORD R KIMMEL MD TRUSTEE	40 00	X						61,904	98,636	25,823
CHRISTOPHER K LYNN MD TRUSTEE	40 00	X						41,294	117,260	24,138
MICHAEL REES MD PHYSICIAN	40 00				X			225,578	147,216	59,704

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ASHOK BIYANI MD PHYSICIAN	40 00				X			676,289	74,371	48,828
ABDUL AZIM MUSTAPHA MD PHYSICIAN	40 00				X			635,862	70,749	48,912
HOSSEIN ELGAFY MD PHYSICIAN	40 00				X			579,205	58,893	47,252
JOSEPH ATALLAH MD PHYSICIAN	40 00				X			457,251	114,489	55,035
AZEDINE MEDHKOUR MD PHYSICIAN	40 00				X			451,525	117,397	55,443
THOMAS SCHWANN MD PHYSICIAN	40 00				X			400,000	159,536	103,459
CHRISTOPHER J COOPER MD PHYSICIAN	40 00				X			224,920	265,139	73,075
JIHAD T ABBAS MD PHYSICIAN	40 00				X			399,122	73,763	49,295
AMISH PATEL DO PHYSICIAN	40 00				X			400,417	58,690	45,721
JASON LEVINE MD PHYSICIAN	40 00				X			381,264	61,273	46,051
JOHN GEISLER MD PHYSICIAN	40 00				X			391,162	49,116	46,701
REGINALD BAUGH MD PHYSICIAN	40 00				X			325,000	100,227	53,684
JACOB ZEISS MD PHYSICIAN	40 00				X			323,789	89,731	56,840
ROBERT J COOMBS MD PHYSICIAN	40 00				X			325,770	83,628	50,715
MARK W BURKET MD PHYSICIAN	40 00				X			248,424	146,978	59,584
DAVID SOHN MD PHYSICIAN	40 00				X			340,000	50,341	47,055
IMAN E MOHAMED MD PHYSICIAN	40 00				X			258,234	130,595	55,033
YOUNGSOOK YOON KRAWCZYK MD PHYSICIAN	40 00				X			313,703	65,094	45,863
PRABIR CHAUDHURI MD PHYSICIAN	40 00				X			229,034	147,696	56,560
BASIL E AKPUNONU MD PHYSICIAN	40 00					X		204,584	157,519	54,998
JAMES P HOFMANN MD PHYSICIAN	40 00					X		247,985	118,693	58,769
DANIEL GAUDIN MD PHYSICIAN	40 00					X		273,966	76,787	49,187
IMRAN ALI MD PHYSICIAN	40 00					X		185,936	159,014	52,409
MOHAMMED Y KANJWAL MD PHYSICIAN	40 00					X		265,955	78,295	49,968
TERRENCE J HARRIGAN MD PHYSICIAN - FORMER TRUSTEE							X	112,473	187,493	48,522

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors						
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee
(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
JOAN GRIFFITH MD PHYSICIAN - FORMER TRUSTEE						X
80,000	128,935	34,588				

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL
FACULTY INC

Employer identification number

20-1304472

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		751,033	355,024	396,009
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				396,009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC

Employer identification number

20-1304472

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	GERARD L OTTEN RECEIVED \$51,189 FROM UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY, INC. FOR SERVERANCE

Software ID:

Software Version:

EIN: 20-1304472

Name: UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL
FACULTY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT L BOOTH JR MD	(i) 143,944	3,000	(i) 0	22,042	0	168,986	0
	(ii) 108,559		(ii) 0	15,198	3,687	127,444	0
KRISTOPHER BRICKMAN MD	(i) 307,260	0	(i) 0	36,750	0	344,010	0
	(ii) 160,431		(ii) 0	22,460	2,257	185,148	0
ANDREW B CASABIANCA MD	(i) 239,461	0	(i) 0	35,919	0	275,380	0
	(ii) 133,717		(ii) 0	18,720	2,257	154,694	0
NABIL EBRAHEIM MD	(i) 12,604	2,235,010	(i) 0	36,750	0	2,284,364	0
	(ii) 213,270		(ii) 0	29,858	5,257	248,385	0
LAWRENCE WELMER MD	(i) 0	58,844	(i) 0	8,827	3,000	70,671	0
	(ii) 99,413		(ii) 0	13,918	7,552	120,883	0
HAITHAM M ELSAMALOTY MD	(i) 20,000	322,091	(i) 0	36,750	1,800	380,641	0
	(ii) 70,719		(ii) 0	9,901	4,207	84,827	0
LINDA M FRENCH MD	(i) 208,338	0	(i) 0	31,251	0	239,589	0
	(ii) 177,147		(ii) 0	24,801	1,475	203,423	0
JEFFREY R HAMMERSLEY MD	(i) 47,945	181,321	(i) 0	34,390	0	263,656	0
	(ii) 108,131		(ii) 0	15,138	7,552	130,821	0
KELLY MANAHAN MD	(i) 384,190	0	(i) 0	36,750	0	420,940	0
	(ii) 55,109		(ii) 0	7,715	0	62,824	0
ALAN P MARCO MD	(i) 190,096	0	(i) 0	28,515	0	218,611	0
	(ii) 181,160		(ii) 0	25,362	3,757	210,279	0
ROBERT MRAK MD	(i) 210,000	0	(i) 0	31,500	0	241,500	0
	(ii) 179,740		(ii) 0	25,164	1,528	206,432	0
MUNIER MS NAZZAL MD	(i) 0	403,665	(i) 0	36,750	1,000	441,415	0
	(ii) 124,010		(ii) 0	17,361	2,257	143,628	0
STEVEN H SELMAN MD	(i) 290,000	0	(i) 0	36,750	0	326,750	0
	(ii) 204,001		(ii) 0	28,560	2,257	234,818	0
JOSEPH I SHAPIRO MD	(i) 155,000	0	(i) 0	23,250	0	178,250	0
	(ii) 221,942		(ii) 0	31,072	5,257	258,271	0
MARTIN SKIE MD	(i) 0	619,632	(i) 0	36,750	0	656,382	0
	(ii) 93,278		(ii) 0	13,059	4,657	110,994	0
MARIJO TAMBURRINO MD	(i) 15,000	0	(i) 0	2,250	0	17,250	0
	(ii) 200,345		(ii) 0	28,048	0	228,393	0
GRETCHEN E TIETJEN MD	(i) 0	61,258	(i) 0	9,189	0	70,447	0
	(ii) 190,507		(ii) 0	26,671	223	217,401	0
LEE S WOLDENBERG MD	(i) 50,000	316,673	(i) 0	36,750	2,400	405,823	0
	(ii) 115,860		(ii) 0	16,220	1,528	133,608	0
GERALD B ZELENOCK MD	(i) 272,830	0	(i) 0	36,750	0	309,580	0
	(ii) 204,619		(ii) 0	28,647	5,602	238,868	0
JEFFREY P GOLD MD	(i) 166,100	0	(i) 0	24,915	0	191,015	0
	(ii) 409,885		(ii) 0	57,384	2,257	469,526	0
STEVEN J FARRELL MD	(i) 0	162,152	(i) 0	24,323	0	186,475	0
	(ii) 105,777		(ii) 0	14,809	3,537	124,123	0
SANFORD R KIMMEL MD	(i) 60,404	1,500	(i) 0	9,286	0	71,190	0
	(ii) 98,636		(ii) 0	13,809	2,728	115,173	0
CHRISTOPHER K LYNN MD	(i) 25,665	15,629	(i) 0	6,194	0	47,488	0
	(ii) 117,260		(ii) 0	16,416	1,528	135,204	0
MICHAEL REES MD	(i) 120,222	105,356	(i) 0	33,837	0	259,415	0
	(ii) 147,216		(ii) 0	20,610	5,257	173,083	0
ASHOK BIYANI MD	(i) 0	676,289	(i) 0	36,750	0	713,039	0
	(ii) 74,371		(ii) 0	10,412	1,666	86,449	0
ABDUL AZIM MUSTAPHA MD	(i) 0	635,862	(i) 0	36,750	0	672,612	0
	(ii) 70,749		(ii) 0	9,905	2,257	82,911	0
HOSSEIN ELGAFY MD	(i) 0	579,205	(i) 0	36,750	0	615,955	0
	(ii) 58,893		(ii) 0	8,245	2,257	69,395	0
JOSEPH ATALLAH MD	(i) 0	457,251	(i) 0	36,750	0	494,001	0
	(ii) 114,489		(ii) 0	16,028	2,257	132,774	0
AZEDINE MEDHKOUR MD	(i) 451,525	0	(i) 0	36,750	0	488,275	0
	(ii) 117,397		(ii) 0	16,436	2,257	136,090	0
THOMAS SCHWANN MD	(i) 400,000	0	(i) 0	73,500	0	473,500	0
	(ii) 159,536		(ii) 0	22,335	7,624	189,495	0
CHRISTOPHER J COOPER MD	(i) 182,305	42,615	(i) 0	33,738	0	258,658	0
	(ii) 265,139		(ii) 0	37,119	2,218	304,476	0
JIHAD T ABBAS MD	(i) 0	399,122	(i) 0	36,750	0	435,872	0
	(ii) 73,763		(ii) 0	10,327	2,218	86,308	0
AMISH PATEL DO	(i) 0	400,417	(i) 0	36,750	0	437,167	0
	(ii) 58,690		(ii) 0	8,217	754	67,661	0
JASON LEVINE MD	(i) 173,736	207,528	(i) 0	36,750	0	418,014	0
	(ii) 61,273		(ii) 0	8,578	723	70,574	0
JOHN GEISLER MD	(i) 391,162	0	(i) 0	36,750	0	427,912	0
	(ii) 49,116		(ii) 0	6,876	3,075	59,067	0
REGINALD BAUGH MD	(i) 325,000	0	(i) 0	36,750	1,500	363,250	0
	(ii) 100,227		(ii) 0	14,032	1,402	115,661	0
JACOB ZEISS MD	(i) 20,000	303,789	(i) 0	36,750	3,000	363,539	0
	(ii) 89,731		(ii) 0	12,562	4,528	106,821	0
ROBERT J COOMBS MD	(i) 20,000	305,770	(i) 0	36,750	0	362,520	0
	(ii) 83,628		(ii) 0	11,708	2,257	97,593	0
MARK W BURKET MD	(i) 207,855	40,569	(i) 0	36,750	0	285,174	0
	(ii) 146,978		(ii) 0	20,577	2,257	169,812	0
DAVID SOHN MD	(i) 325,000	15,000	(i) 0	36,750	1,000	377,750	0
	(ii) 50,341		(ii) 0	7,048	2,257	59,646	0
IMAN E MOHAMED MD	(i) 131,377	126,857	(i) 0	36,750	0	294,984	0
	(ii) 130,595		(ii) 0	18,283	0	148,878	0
YOUNGSOOK YOON KRAWCZYK MD	(i) 50,284	263,419	(i) 0	36,750	0	350,453	0
	(ii) 65,094		(ii) 0	9,113	0	74,207	0
PRABIR CHAUDHURI MD	(i) 229,034	0	(i) 0	34,355	0	263,389	0
	(ii) 147,696		(ii) 0	20,677	1,528	169,901	0
BASIL E AKPUNONU MD	(i) 51,379	153,205	(i) 0	30,688	0	235,272	0
	(ii) 157,519		(ii) 0	22,053	2,257	181,829	0
JAMES P HOFMANN MD	(i) 247,985	0	(i) 0	36,750	0	284,735	0
	(ii) 118,693		(ii) 0	16,617	5,402	140,712	0
DANIEL GAUDIN MD	(i) 273,966	0	(i) 0	36,750	0	310,716	0
	(ii) 76,787		(ii) 0	10,750	1,687	89,224	0
IMRAN ALI MD	(i) 12,363	173,573	(i) 0	27,890	0	213,826	0
	(ii) 159,014		(ii) 0	22,262	2,257	183,533	0
MOHAMMED Y KANJWAL MD	(i) 220,350	45,605	(i) 0	36,750	0	302,705	0
	(ii) 78,295		(ii) 0	10,961	2,257	91,513	0
TERRENCE J HERRIGAN MD	(i) 112,473	0	(i) 0	16,871	0	129,344	0
	(ii) 187,493		(ii) 0	26,249	5,402	219,144	0
JOAN GRIFFITH MD	(i) 80,000	0	(i) 0	12,000	0	92,000	0
	(ii) 128,935		(ii) 0	18,051	4,537	151,523	0

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC	Employer identification number 20-1304472
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS ONE CLASS OF STOCKHOLDERS, AND ALL STOCKHOLDERS HAVE EQUAL RIGHTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE ORGANIZATION HAS ONE CLASS OF STOCKHOLDERS, AND ALL STOCKHOLDERS HAVE EQUAL RIGHTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE ORGANIZATION HAS ONE CLASS OF STOCKHOLDERS, AND ALL STOCKHOLDERS HAVE EQUAL VOTING RIGHTS. MEMBERS SHALL NOMINATE, ELECT AND REMOVE THE BOARD OF DIRECTORS OF THE CORPORATION, APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS OF THE CORPORATION, AND EXERCISE SUCH OTHER POWERS AS ARE NECESSARY, APPROPRIATE, AND CONSISTENT WITH LAW AND WITH THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS OF THE CORPORATION. THE FOLLOWING ACTIONS REQUIRE PRIOR APPROVAL OF THE VOTING CLASS: (A) ANY CHANGE IN THE PURPOSE OR MISSION OF THE CORPORATION, (B) ANY CHANGE IN THE CODE OF REGULATIONS OR ARTICLES OF INCORPORATION OF THE CORPORATION, (C) ANY MERGER OR CONSOLIDATION OF THE CORPORATION WITH AN UNRELATED ENTITY, (D) THE PROPOSED SALE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, (E) ANY BORROWING OF FUNDS BY THE CORPORATION (EXCLUDING TRADE PAYABLES OR OTHER ORDINARY COURSE INDEBTEDNESS) IN EXCESS OF ITS GENERAL OPERATING LINE OF CREDIT IN AN AMOUNT TO BE ESTABLISHED ON AN ANNUAL BASIS BY APPROVAL OF THE BOARD OR ANY LOAN OF FUNDS BY THE CORPORATION, (F) ANY MATERIAL CHANGE IN THE CORPORATION'S PROFESSIONAL LIABILITY INSURANCE COVERAGE, INCLUDING CHANGES IN THE PARTIES PROVIDING SUCH COVERAGE, AND (G) THE DISSOLUTION OR LIQUIDATION OF THE CORPORATION.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		DISTRIBUTED TO BOARD OF DIRECTORS FOR REVIEW BEFORE SUBMISSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL TDOKE ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS, WHICH IS SPECIFIED IN EACH EMPLOYMENT CONTRACT, INCLUDING NON-COMPETE REQUIREMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	USE COMPARIBILITY DATA REVIEWED BY CHAIRMAN AND COMPENSATION COMMITTEE OF THE BOARD PROCESS IS THE SAME FOR OTHER OFFICERS AND EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS IN WHICH THE COMMITTEE RESPONSIBLE FOR OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL
FACULTY INC

Employer identification number

20-1304472

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNIVERSITY OF TOLEDO PHYSICIANS LLC 3355 GLENDALE AVE 3RD FLOOR TOLEDO, OH 43614 34-1127097	DISREGARDED ENTITY FORMED TO CARRY OUT PURPOSES OF MEMBER	OH	72,642,852	19,418,678	100 UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC
(2) UTP PATHOLOGY SERVICES LLC 3355 GLENDALE AVE 3RD FLOOR TOLEDO, OH 43614 26-4032238	DISREGARDED ENTITY FORMED TO CARRY OUT PURPOSES OF MEMBER	OH	1,419,433	0	100 UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC
(3) NORTHWEST OHIO MEDICINE INC 3355 GLENDALE AVE 3RD FLOOR TOLEDO, OH 43614 02-0624653	DISREGARDED ENTITY FORMED TO CARRY OUT PURPOSES OF MEMBER	OH	0	205,000	100 UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) TOLEDO AREA MEDICAL FOUNDATION 3355 GLENDALE AVE 3RD FLOOR TOLEDO, OH 43614 34-1308939	PROVIDE FINANCIAL SUPPORT TO UNIV OF TOLEDO PHYSICIANS CLINICAL FACULTY INC	OH	501(C)(3)	TYPE III	UNIVERSITY OF TOLEDO PHYSICIANS CLINICAL FACULTY INC	Yes	
(2) UNIVERSITY OF TOLEDO 3000 ARLINGTON AVE TOLEDO, OH 43614 34-0967014	HEALTH CARE AND EDUCATION	OH	501(C)(3)	2	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) REGIONAL CENTER FOR SLEEP MEDICINE OF TOLEDO LLC 3450 W CENTRAL AVE STE 118 TOLEDO, OH43606 26-4665939	SLEEP CENTER	OH	N/A	RELATED		27,750		No			No	5 000 %
(2) G A M RENAL LTD DIALYSIS PARTNERS OF NORTHWEST OHIO 30100 TELEGRAPH ROAD SUITE 200 BINGHAM FARMS, MI48025 34-1877956	DIALYSIS	MI	N/A	RELATED	130,490	461,097		No			No	19 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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