



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

OHIO STATE UNIVERSITY PHYSICIANS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

700 ACKERMAN RD STE 505

Room/suite

City or town, state or country, and ZIP + 4

COLUMBUS, OH 43202

F Name and address of principal officer

RICHARD SOBIERAY

700 ACKERMAN RD STE 600

COLUMBUS, OH 43202

D Employer identification number

31-1447726

E Telephone number

(614) 784-7800

G Gross receipts \$ 309,891,039

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.OSUPHYSICIANS.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 2002

M State of legal domicile OH

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities OHIO STATE UNIVERSITY PHYSICIANS ALONG WITH THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE RENDER CLINICAL SERVICES IN CONNECTION WITH THEIR TEACHING DUTIES AND PROVIDE MEDICAL CARE TO ALL THOSE WHO SEEK SUCH SERVICES THE PHYSICIANS SUPPORT ACADEMIC ENRICHMENT TO THE EDUCATIONAL AND RESEARCH PROGRAMS OF THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE AS WELL AS CHARITY CARE TO SUPPORT THE CLINICAL MISSION OF OSU INCLUDING PROVIDING CARE TO INDIVIDUALS THAT MAY NOT BE ABLE TO AFFORD CARE ADDITIONALLY THEY SUPPORT PATIENTS THAT ARE A PART OF THE MEDICARE /MEDICAID PROGRAMS BY ACCEPTING PAYMENTS FOR SERVICES THAT ARE LESS THAN COST	
	2	Check this box <input type="checkbox"/> 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)	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	1
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	1,619
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,404,757Current Year 1,571,687
	9	Program service revenue (Part VIII, line 2g)	222,230,840229,278,112
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,426876,106
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,369,27477,538,799
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	293,061,297309,264,704
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	01,540,003
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	218,216,677230,142,242
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
	b	Total fundraising expenses (Part IX, column (D), line 25)	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	67,908,57367,252,365
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	286,125,250298,934,610
	19	Revenue less expenses Subtract line 18 from line 12	6,936,04710,330,094
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 130,507,655End of Year 138,976,163
	21	Total liabilities (Part X, line 26)	65,036,73363,192,298
	22	Net assets or fund balances Subtract line 21 from line 20	65,470,92275,783,865

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

RICHARD SOBIERAY CFO

Date

2013-05-14

Preparer's signature

STEPHEN A SHERIDAN

Date

2013-05-13

Check if self-employed

Preparer's taxpayer identification number (see instructions)

P00028551

Firm's name (or yours if self-employed), address, and ZIP + 4

BLUE & CO LLC
8800 LYRA DRIVE SUITE 450
COLUMBUS, OH 43240

EIN

35-1178661

Phone no

(614) 885-2583

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO ENHANCE, IMPROVE AND SUPPORT THE EDUCATIONAL, RESEARCH, AND CLINICAL PROGRAMS OF THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE, THE PHYSICIANS WHO RENDER CLINICAL AND RESEARCH SERVICES IN CONNECTION WITH THEIR TEACHING DUTIES AND TO PROVIDE MEDICAL CARE TO ALL THOSE WHO SEEK SUCH SERVICES. PROGRAMS PROVIDE HEALTH CARE AND TEACHING TO THE CENTRAL OHIO AREA AND MULTIPLE CLINICAL LOCATIONS. OTHER SERVICES INCLUDE BILLING AND COLLECTIONS FOR RELATED ENTITIES AND DEPARTMENTS. CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS CHARITY CARE IN ACCORDANCE WITH FEDERAL GUIDELINES, THE OHIO STATE UNIVERSITY HEALTH SYSTEM AND OHIO STATE UNIVERSITY PHYSICIANS, AND AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE WRITTEN OFF.

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

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

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 70,030,684 including grants of \$) (Revenue \$ 4,610,318)

ACADEMIC ENRICHMENT - TO SUPPORT THE EDUCATIONAL PROGRAMS OF OHIO STATE UNIVERSITY COLLEGE OF MEDICINE. THE NUMBER OF RESIDENTS IN ACCREDITED AND NON-ACCREDITED PROGRAMS FOR FISCAL YEAR ENDED JUNE 30, 2012 WAS 801.

4b

(Code) (Expenses \$ 131,501,668 including grants of \$) (Revenue \$ 78,943,874)

SUPPORT PATIENTS THAT ARE A PART OF THE MEDICARE/MEDICAID PROGRAMS BY ACCEPTING PAYMENTS FOR SERVICES THAT ARE LESS THAN COST. THE TOTAL NUMBER OF PATIENT VISITS FOR FISCAL YEAR ENDED JUNE 30, 2012 WAS 1,629,260.

4c

(Code) (Expenses \$ 12,162,198 including grants of \$) (Revenue \$)

CHARITY CARE - TO SUPPORT THE CLINICAL MISSION OF OSU INCLUDING PROVIDING CARE TO INDIVIDUALS THAT MAY NOT BE ABLE TO AFFORD CARE.

(Code) (Expenses \$ 57,463,140 including grants of \$) (Revenue \$ 195,466,755)

ALL OTHER PROGRAM SERVICES INCLUDING CLINICAL CARE FOR PATIENTS TYPICAL OF AN ACADEMIC PHYSICIAN OFFICE PRACTICE.

4d

Other program services (Describe in Schedule O)

(Expenses \$ 57,463,140 including grants of \$) (Revenue \$ 195,466,755)

4e

Total program service expenses \$ 271,157,690

Form 990 (2011)

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)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		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? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part 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.? If "Yes," complete Schedule F, Part II and IV.		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.? If "Yes," complete Schedule F, Part III and IV.		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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 <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	111			
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,619			
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).	2b	Yes			
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 or securities 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	Yes			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Yes			
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate 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	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1
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	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
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	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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. <input checked="" type="checkbox"/> MIKE LAWRENCE 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 (614) 947-3700

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

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

Form **990** (2011)

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	1,571,687			
	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		1,571,687			
Program Service Revenue	2a	NET PATIENT CARE REVEN	Business Code 900099	229,278,112	229,278,112		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		229,278,112			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		81,681		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real 2,334,393	(ii) Personal			
b		Less rental expenses	0				
c		Rental income or (loss)	2,334,393				
d		Net rental income or (loss)		2,334,393			2,334,393
7a		Gross amount from sales of assets other than inventory	(i) Securities 801,890	(ii) Other 618,870			
b		Less cost or other basis and sales expenses	0	626,335			
c		Gain or (loss)	801,890	-7,465			
d		Net gain or (loss)		794,425			794,425
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	CONTRACT REVENUE	900099	48,171,148	48,171,148			
b	MEDICAL CENTER REVENUE	900099	26,283,217	26,283,217			
c	MISCELLANEOUS	900099	750,041			750,041	
d	All other revenue						
e	Total. Add lines 11a-11d		75,204,406				
12	Total revenue. See Instructions		309,264,704	303,732,477	0	3,960,540	

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)

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

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 United States See Part IV, line 21	1,540,003	1,540,003		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,749,101	6,121,435	627,666	
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	180,624,338	163,826,275	16,798,063	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,185,849	5,610,565	575,284	
9	Other employee benefits	35,511,381	32,208,823	3,302,558	
10	Payroll taxes	1,071,573	971,917	99,656	
11	Fees for services (non-employees)				
a	Management				
b	Legal	838,981	760,956	78,025	
c	Accounting	328,310	297,777	30,533	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	17,363	15,748	1,615	
g	Other	11,525,369	10,453,510	1,071,859	
12	Advertising and promotion	210,413	190,845	19,568	
13	Office expenses	24,527,536	22,246,475	2,281,061	
14	Information technology	1,171,513	1,062,562	108,951	
15	Royalties				
16	Occupancy	6,481,003	5,878,270	602,733	
17	Travel	2,203,580	1,998,647	204,933	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	304,017	275,743	28,274	
20	Interest	764,386	693,298	71,088	
21	Payments to affiliates	6,455,057	5,854,737	600,320	
22	Depreciation, depletion, and amortization	4,178,261	3,789,683	388,578	
23	Insurance	160,584	145,650	14,934	
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	MISCELLANEOUS	4,996,365	4,531,701	464,664	
b	PROFESSIONAL LIABILITY	2,683,070	2,683,070		
c	NON PATIENT BAD DEBT	406,557		406,557	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	298,934,610	271,157,690	27,776,920	0
26	Joint costs. Check here <input type="checkbox"/> 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				42,877,673	1	39,502,576
	2	Savings and temporary cash investments				2,699,935	2	7,826,510
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				34,582,596	4	45,748,809
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				1,033,759	8	786,286
	9	Prepaid expenses and deferred charges				1,518,458	9	894,363
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	38,711,685				
	b	Less: accumulated depreciation	10b	15,428,940		24,865,365	10c	23,282,745
	11	Investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11				2,050,495	12	5,106,341
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				20,879,374	15	15,828,533
	16	Total assets. Add lines 1 through 15 (must equal line 34)				130,507,655	16	138,976,163
Liabilities	17	Accounts payable and accrued expenses				17,042,121	17	13,883,388
	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				18,737,954	23	16,210,648
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				29,256,658	25	33,098,262
	26	Total liabilities. Add lines 17 through 25				65,036,733	26	63,192,298
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				65,470,922	27	75,783,865
	28	Temporarily restricted net assets					28	
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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				65,470,922	33	75,783,865
	34	Total liabilities and net assets/fund balances				130,507,655	34	138,976,163

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	309,264,704
2	Total expenses (must equal Part IX, column (A), line 25)	2	298,934,610
3	Revenue less expenses Subtract line 2 from line 1	3	10,330,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,470,922
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17,151
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	75,783,865

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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

2011

Open to Public
Inspection

Name of the organization OHIO STATE UNIVERSITY PHYSICIANS INC	Employer identification number 31-1447726
--	--

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 **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 Se**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) THE OHIO STATE UNIVERSITY	316025986	115	Yes		Yes		Yes		76,485,742
Total									76,485,742

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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

	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?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,090,595		2,090,595
b Buildings		17,788,510	4,402,792	13,385,718
c Leasehold improvements		3,226,567	1,479,003	1,747,564
d Equipment		12,500,647	7,793,980	4,706,667
e Other		3,105,366	1,753,165	1,352,201
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				23,282,745

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	309,264,704
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	298,934,610
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,330,094
4	Net unrealized gains (losses) on investments	4	-17,151
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	-17,151
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,312,943

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	309,255,017
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-17,151
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	-17,151
3	Subtract line 2e from line 1	3	309,272,168
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	-7,464
c	Add lines 4a and 4b	4c	-7,464
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	309,264,704

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	298,942,074
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	7,464
e	Add lines 2a through 2d	2e	7,464
3	Subtract line 2e from line 1	3	298,934,610
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	298,934,610

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
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SALE OF FIXED ASSETS -7,464
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON SALE OF FIXED ASSETS 7,464

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes

☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE OHIO STATE UNIVERSITY1960 KENNY ROAD COLUMBUS,OH 432101016	31-6025986	115	1,177,428				ACADEMIC ENRICHMENT
(2) THE OHIO STATE UNIVERSITY1960 KENNY ROAD COLUMBUS,OH 432101016	31-6025986	115	300,000				OHIO STATE UNIVERSITY PATHOLOGY DEPARTMENT
(3) THE JAMES - OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER660 ACKERMAN ROAD PO BOX 183112 COLUMBUS,OH 432101016	31-6025986	115	37,175				TO SUPPORT EFFORTS IN CANCER TREATMENT AND RESEARCH

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

10

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 A MAJORITY OF THE GRANTS MADE BY THE ORGANIZATION ARE GIVEN TO THE VARIOUS MEDICAL DEPARTMENTS AT THE OHIO STATE UNIVERSITY, A RELATED SECTION 115 ORGANIZATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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

OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number

31-1447726

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
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?	Yes	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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		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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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.

[illegible]

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
------------	------------------	-------------

Software ID:
Software Version:
EIN: 31-1447726
Name: OHIO STATE UNIVERSITY PHYSICIANS 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				
ALLEN JAMES	(i)	88,250	0	1,152	8,940	0	98,342	0
	(ii)	202,202	0	552	24,778	16,285	243,817	0
BAHNSON ROBERT	(i)	171,313	70,000	1,545	0	0	242,858	0
	(ii)	423,029	38,500	40,771	54,026	16,769	573,095	0
CALHOUN JASON	(i)	0	0	0	0	0	0	0
	(ii)	660,605	100,000	35,654	40,704	17,159	854,122	0
CHAKRAVARTI ARNAB	(i)	115,898	34,769	120	22,894	0	173,681	0
	(ii)	426,503	47,859	44,264	41,706	15,895	576,227	0
CHIOCCA E ANTONIO	(i)	0	0	0	0	0	0	0
	(ii)	552,315	279,083	39,031	42,375	16,285	929,089	0
HARTER RONALD	(i)	0	0	0	0	0	0	0
	(ii)	309,765	200,000	90	71,365	15,685	596,905	0
GABBE STEVEN	(i)	0	0	0	0	0	0	0
	(ii)	805,000	84,364	1,676	82,400	12,947	986,387	0
GEIER PETER	(i)	0	0	0	0	0	0	0
	(ii)	665,662	120,714	36,968	39,150	16,287	878,781	0
GREVER MICHAEL	(i)	89,657	0	1,654	9,131	0	100,442	0
	(ii)	445,482	70,666	2,842	66,667	14,113	599,770	0
MOSELEY MARK	(i)	84,881	28,419	1,049	15,437	0	129,786	0
	(ii)	122,172	73,250	216	28,742	15,865	240,245	0
MILLER MICHAEL	(i)	235,587	0	1,545	25,302	0	262,434	0
	(ii)	347,874	0	993	45,873	16,846	411,586	0
LANDON MARK	(i)	0	0	0	0	0	0	0
	(ii)	514,518	101,027	993	76,366	16,846	709,750	0
MAUGER THOMAS	(i)	0	0	317	67	0	384	0
	(ii)	382,520	0	552	45,438	16,285	444,795	0
MEKHIGIAN HAGOP	(i)	20,000	0	979	0	0	20,979	0
	(ii)	364,684	62,679	4,610	58,911	16,355	507,239	0
ANGELOS MARK	(i)	60,869	30,985	958	12,530	0	105,342	0
	(ii)	257,390	18,924	916	39,292	16,769	333,291	0
MYSIW WJ	(i)	33,000	0	396	2,527	0	35,923	0
	(ii)	231,448	22,200	993	34,191	16,846	305,678	0
RACKE MICHAEL	(i)	25,462	46,200	653	10,847	0	83,162	0
	(ii)	280,505	77,400	552	50,026	16,285	424,768	0
MELVIN SCOTT	(i)	222,759	35,000	1,485	24,697	0	283,941	0
	(ii)	287,669	12,000	552	57,545	16,285	374,051	0

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				
CAMPO JOHN	(i)	0	30,000	0	2,250	0	32,250	0
	(ii)	327,428	0	8,066	33,463	16,846	385,803	0
SEDMAK DANIEL	(i)	50,004	0	516	14,735	0	65,255	0
	(ii)	426,879	44,500	839	71,894	10,348	554,460	0
SIGAFOOS KAMILLA	(i)	35,859	0	110	3,597	0	39,566	0
	(ii)	250,625	0	12,603	29,531	6,519	299,278	0
LOCKWOOD CHARLES	(i)	0	0	0	0	0	0	0
	(ii)	236,667	110,000	318	33,133	3,059	383,177	0
WELKER MARY JO	(i)	49,945	26,919	686	8,365	0	85,915	0
	(ii)	330,367	450	10,530	32,212	12,073	385,632	0
WELLING BRADLEY	(i)	67,308	57,637	2,373	26,625	0	153,943	0
	(ii)	465,062	100,000	993	76,343	16,846	659,244	0
WHITE RICHARD	(i)	0	0	0	0	0	0	0
	(ii)	601,125	118,237	36,993	89,743	16,287	862,385	0
ELLISON E CHRISTOPHER	(i)	242,024	0	1,614	24,500	0	268,138	0
	(ii)	453,220	37,836	1,477	83,024	12,381	587,938	0
SOBIERY RICH	(i)	0	0	0	0	0	0	0
	(ii)	247,567	0	3,291	29,531	16,045	296,434	0
OZER ENVER	(i)	175,000	635,875	3,562	48,999	0	863,436	0
	(ii)	29,686	0	31	4,156	15,685	49,558	0
SMITH STEPHEN	(i)	223,599	637,435	3,562	46,038	0	910,634	0
	(ii)	27,047	0	22	3,787	15,677	46,533	0
AGRAWAL AMIT	(i)	200,000	578,149	3,562	49,000	0	830,711	0
	(ii)	50,623	0	95	7,089	15,750	73,557	0
DAS SUBINOY	(i)	173,500	708,005	3,538	49,000	0	934,043	0
	(ii)	78,420	0	161	10,979	15,596	105,156	0
ABAZA RONNEY	(i)	571,291	404,807	2,838	49,000	0	1,027,936	0
	(ii)	107,955	0	216	15,114	15,865	139,150	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF FRANKLIN OHIO	31-6400067	353180GZ9	04-29-2010	17,440,000	FINANCE BUILDING PROJECTS AND INFORMATION SYSTEMS UPGRADE		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,070,000							
2	Amount of bonds defeased								
3	Total proceeds of issue	17,440,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	277,906							
8	Credit enhancement from proceeds	54,068							
9	Working capital expenditures from proceeds	16,844,577							
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds	263,449							
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X							
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	FIFTH THIRD BANK							
c	Term of hedge	10 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134048853

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

2011

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE PHY SICIANS HAVE BEGUN INTEGRATION INTO THE OHIO STATE UNIVERSITY AND ARE LEASED BACK TO OSU PHY SICIANS AS AN AFFILIATED ENTITY OF OSU THIS IS IN ANTICIPATION OF CHANGES ASSOCIATED WITH HEALTH CARE REFORM, AND CONTRIBUTES TO A TIGHTER AFFILIATION WITH OSU PHY SICIANS ARE EMPLOYED BY OSU OFFICE OF HEALTH SCIENCES FACULTY GROUP PRACTICE, AND LEASED BACK TO OUSP
	FORM 990, PART VI, SECTION B, LINE 11	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE ORGANIZATION'S ACCOUNTING DEPARTMENT AND CHIEF FINANCIAL OFFICER THE GOVERNING BODY DISCUSSES THE DOCUMENT AT THE FINANCE COMMITTEE OF THE BOARD AS IT IS ULTIMATELY FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS, OFFICERS AND STAFF OF OHIO STATE UNIVERSITY PHYSICIANS, INC ("OSUP") DEAL WITH A VARIETY OF ISSUES INVOLVING OSUP'S CLINICAL SERVICES AND RELATED BUSINESS ACTIVITIES OSUP IS WELL SERVED BY THE FACT THAT MANY OF ITS EMPLOYEES WHO ARE INVOLVED IN POLICY DEVELOPMENT AND IMPLEMENTATION, OR OTHERWISE MAY HAVE A ROLE IN BUSINESS OR CLINICAL DECISION-MAKING FOR OSUP, HAVE DIVERSE INTERESTS AND ARE INVOLVED IN A NUMBER OF PROFESSIONAL AND BUSINESS ACTIVITIES OUTSIDE THE ORGANIZATION THIS INTEREST AND INVOLVEMENT ENHANCE THE EXPERTISE, WHICH THESE INDIVIDUALS BRING TO THE VARIOUS ROLES THEY FILL IN REPRESENTING OSUP ON OCCASION, SITUATIONS MAY EXIST IN WHICH AN INDIVIDUAL SERVING OSUP IN AN ELECTED OR APPOINTED POSITION OR AS AN EMPLOYEE, HAS SOME OUTSIDE INTEREST IN AN ENTITY DOING BUSINESS WITH OSUP OR COMPETING WITH OSUP WHICH WOULD CONSTITUTE A CONFLICT OF INTEREST OR WHICH COULD BE PERCEIVED AS CONSTITUTING A CONFLICT OF INTEREST GENERALLY , A CONFLICT OF INTEREST COULD BE SAID TO EXIST WHEN INDIVIDUALS HAVE MATERIAL INTERESTS OUTSIDE OSUP WHICH COULD INFLUENCE THEM OR COULD BE PERCEIVED AS INFLUENCING THEM TO ACT CONTRARY TO THE INTERESTS OF OSUP AND FOR THEIR OWN PERSONAL BENEFIT OR THE THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT BOTH THE INDIVIDUAL EMPLOYEE AND OSUP, AS A CORPORATION, WHEN OSUP IS CONTEMPLATING ENTERING INTO A BUSINESS TRANSACTION OR OTHER ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A MEMBER OF THE BOARD OF DIRECTORS, AN OFFICER, OR A MEMBER OF THE STAFF OF OSUP THIS POLICY APPLIES TO THE MEMBERS OF THE BOARD OF DIRECTORS, TRUSTEES, EMPLOYED PHY SICIANS, INDEPENDENT CONTRACTORS AND STAFF OF OSUP (EACH, AN "ASSOCIATE") IT IS EACH ASSOCIATE'S OBLIGATION TO DISCLOSE ANY ACTUAL OR PERCEIVED CONFLICT OF INTEREST ON A WRITTEN DISCLOSURE STATEMENT ATTACHED TO THIS POLICY IF ASSOCIATES ARE UNSURE AS TO WHETHER THEIR ACTIVITIES ARE A CONFLICT OF INTEREST, THEY ARE ADVISED TO ERR ON THE SIDE OF CAUTION AND DISCLOSE THE POTENTIAL FOR SUCH IF THE INDIVIDUAL IS UNWILLING TO DISCLOSE THE DETAILS GIVING RISE TO THE CONFLICT OF INTEREST, HE OR SHE SHOULD DISCLOSE THE FACT OF THE CONFLICT AND WITHDRAW FROM THE SITUATION CONCERNED ASSOCIATES REVIEW THE OSUP CONFLICT OF INTEREST POLICY AND COMPLETE THE ATTACHED "CONFLICT OF INTEREST DISCLOSURE STATEMENT" FOR OSUP THIS PROCESS IS COMPLETED, INITIALLY UPON EMPLOYMENT AND ANNUALLY, AND ALSO WHEN A POTENTIAL CONFLICT OF INTEREST SITUATION ARISES NOTIFICATION OF A POTENTIAL -ACTUAL OR PERCEIVED- CONFLICT OF INTEREST INVOLVING AN OSUP ASSOCIATE OR ANOTHER ASSOCIATE KNOWN TO THE OSUP ASSOCIATE SHOULD BE REPORTED TO THE INDIVIDUAL'S DIRECT SUPERVISOR ALL DISCLOSURE STATEMENTS SHOULD INCLUDE THE COMPANY/INDIVIDUALS INVOLVED, THE NATURE AND EXTENT OF WORK/RELATIONSHIP AND AN EXPLANATION OF THE POTENTIAL CONFLICT OCCASIONALLY, INFORMATION BEING DISCLOSED COULD BE SENSITIVE IN NATURE AND SHOULD BE HANDLED WITH TACT AND A REASONABLE EFFORT MADE TO KEEP IT CONFIDENTIAL THIRD PARTIES MAY RAISE CONCERN OF POSSIBLE CONFLICTS OF INTEREST, IF THERE ARE REASONABLE AND SUBSTANTIAL GROUNDS FOR SUCH A CONFLICT TO EXIST THE SERIOUS NATURE OF THIRD PARTY DISCLOSURES MUST BE EMPHASIZED TO AVOID FRIVOLOUS OR MISCHIEVOUS ALLEGATIONS THE NOTIFICATION SHOULD BE TAKEN TO THE PERSON WITH RESPONSIBILITY FOR THE ISSUE OR AREA (USUALLY THE DIRECT SUPERVISOR) ASSOCIATES WHO REFUSE TO TAKE THE NECESSARY STEPS TO RESOLVE THE CONFLICT IN ACCORDANCE WITH THIS POLICY MAY BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT DEPENDING ON THE SEVERITY OF CONFLICT, LEGAL ACTION MAY BE NECESSARY THE RESPONSE TO A DISCLOSURE OF A CONFLICT OF INTEREST SHOULD BE APPROPRIATE TO THE CIRCUMSTANCES NOT ALL RELATIONSHIPS DESCRIBED IN A DISCLOSURE STATEMENT CONSTITUTE AN ACTUAL CONFLICT OF INTEREST ADDITIONALLY, THE EXISTENCE OF A CONFLICT OR A POTENTIAL CONFLICT DOES NOT NECESSARILY IMPLY THAT THE ACTIVITY OR RELATIONSHIP SHOULD CEASE THE DIRECTOR OF COMPLIANCE AND RISK MANAGMENT AND THE GOVERNANCE AND ETHICS COMMITTEE OF THE OSUP BOARD MONITOR OUR COMPLIANCE PROGRAM THE PRESIDENT OF THE BOARD OF OSUP CHAIRS THE GOVERNANCE AND ETHICS COMMITTEE THESE COMMITTEE'S ARE RESPONSIBLE FOR REVIEWING ANY POTENTIAL CONFLICT TO DETERMINE IF ONE EXISTS IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THE ACTION OR DECISION BEING AFFECTED SHOULD BE REVIEWED AND THE DECISION DOCUMENTED IN WRITING BY THE PRACTICE ADMINISTRATOR/COO IN COLLABORATION WITH THE OSUP HUMAN RESOURCES DEPARTMENT ALL DOCUMENTATION SHOULD BE MAINTAINED IN THE ASSOCIATE'S PERSONNEL FILE AND DEPARTMENT FILE IF THE INDIVIDUAL CONCERNED DOES NOT AGREE WITH THE DECISION HE OR SHE MAY APPEAL THE DECISION TO THE NEXT LEVEL OF MANAGEMENT AS NECESSARY
	FORM 990, PART VI, SECTION B, LINE 15	ALL SALARIED POSITIONS WITHIN OSUP ARE REVIEWED ANNUALLY WITH BENCHMARK DATA FROM THE ASSOCIATION OF ACADEMIC MEDICAL CENTER'S DATA TO INSURE REASONABLENESS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE THROUGH ITS LEGAL COUNSEL
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -17,151

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

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
See Additional Data Table					

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) THE OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE COLUMBUS, OH 43210 31-6025986	EDUCATION AND RESEARCH	OH	115				No
(2) THE OHIO STATE UNIVERSITY HEALTH SYSTEM 901 WOODY HAYES DRIVE COLUMBUS, OH 43210 31-6025986	EDUCATION AND RESEARCH	OH	115				No
(3) THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE 901 WOODY HAYES DRIVE COLUMBUS, OH 43210 31-6025986	EDUCATION AND RESEARCH	OH	115				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	

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
(1) FRESENIUS MEDICAL CARE-OSUIM KIDNEY CENTERS LLC ONE WESTBROOK CORPORATE CENTER SUIT WESTCHESTER, IL 60154 43-2117045	KIDNEY CENTER PHYSICIAN SERVICES	OH		C			40 000 %
(2) CHILDRENS HOSPITAL AND OSU-CHILDRENS PEDIATRICS LLC 555 S 18TH STREET 7TH FLOOR COLUMBUS, OH 43205 31-1024403	CHILDRENS PHYSICIAN SERVICES	OH		C			49 000 %

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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

Yes

No

Yes

Yes

No

No

No

No

Yes

No

No

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) 2011

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	
------------	------------------	-------------	--

Software ID:

Software Version:

EIN: 31-1447726

Name: OHIO STATE UNIVERSITY PHYSICIANS INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
FAMILY MEDICINE FOUNDATION LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-0887246	MEDICAL CARE	OH	1,282,434	2,396,205	OSUP
OSU EMERGENCY MEDICINE INC LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1229292	MEDICAL CARE	OH	16,104,658	7,752,523	OSUP
OSU EYE PHYSICIANS AND SURGEONS LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-0828400	MEDICAL CARE	OH	12,366,778	7,799,573	OSUP
OSU GYN AND OB CONSULTANTS LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-0873154	MEDICAL CARE	OH	16,725,865	6,839,168	OSUP
OSU INTERNAL MEDICINE LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1369596	MEDICAL CARE	OH	95,902,659	37,254,819	OSUP
OSU NEUROSCIENCE CENTER LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1466115	MEDICAL CARE	OH	14,165,968	3,810,837	OSUP
OSU OTOLARYNGOLOGY-HEAD AND NECK SURGERY LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 20-2288402	MEDICAL CARE	OH	16,992,953	5,901,219	OSUP
OSU PATHOLOGY SERVICES LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-0895497	MEDICAL CARE	OH	29,168,837	11,479,096	OSUP
OSU PHYSICAL MEDICINE AND REHABILITATION LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1255565	MEDICAL CARE	OH	7,614,384	2,071,247	OSUP
OSU PSYCHIATRY LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 20-0437235	MEDICAL CARE	OH	7,649,702	3,870,193	OSUP
OSU RADIOLOGY LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 41-2181939	MEDICAL CARE	OH	26,683,156	5,427,753	OSUP
OSU SURGERY 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1164903	MEDICAL CARE	OH	38,581,162	11,795,517	OSUP
OSU UROLOGY LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 20-4476421	MEDICAL CARE	OH	8,309,570	5,823,195	OSUP
OSU CORPORATE 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1447726	MEDICAL CARE	OH	4,644,161	17,951,442	
OSU PLASTIC SURGERY LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1255565	MEDICAL CARE	OH	7,004,915	2,426,762	OSUP
OSU RADIATION ONCOLOGY LLC 700 ACKERMAN RD STE 505 COLUMBUS, OH 43202 31-1408591	MEDICAL CARE	OH	6,057,814	6,376,615	OSUP

Additional Data

Software ID:
Software Version:
EIN: 31-1447726
Name: OHIO STATE UNIVERSITY PHYSICIANS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	57,463,140	including grants of \$ (Revenue \$ 195,466,755)
ALL OTHER PROGRAM SERVICES INCLUDING CLINICAL CARE FOR PATIENTS TYPICAL OF AN ACADEMIC PHYSICIAN OFFICE PRACTICE			

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			
ALLEN JAMES BOARD MEMBER	1 00	X						89,402	202,754	50,003
BAHNSON ROBERT BOARD MEMBER	1 00	X						242,858	502,300	70,795
BRADY MICHAEL BOARD MEMBER	1 00	X						0	107,664	27,073
CALHOUN JASON BOARD MEMBER	1 00	X						0	796,259	57,863
CHAKRAVARTI ARNAB BOARD MEMBER	1 00	X						150,787	518,626	80,495
CHIOCCA E ANTONIO BOARD MEMBER	1 00	X						0	870,429	58,660
HARTER RONALD BOARD MEMBER	1 00	X						0	509,855	87,050
GABBE STEVEN CEO MEDICAL CENTER	1 00	X						0	891,040	95,347
GEIER PETER CEO VP HEALTH SERVICES	1 00	X						0	823,344	55,437
GREVER MICHAEL BOARD MEMBER	1 00	X						91,311	518,990	89,911
MOSELEY MARK BOARD MEMBER	1 00	X						114,349	195,638	60,044
MILLER MICHAEL BOARD MEMBER	1 00	X						237,132	348,867	88,021
LANDON MARK BOARD MEMBER	1 00	X						0	616,538	93,212
MAUGER THOMAS BOARD MEMBER/ PRESIDENT	1 00	X		X				317	383,072	61,790
MEKHIGIAN HAGOP BOARD MEMBER	1 00	X						20,979	431,973	75,266
ANGELOS MARK BOARD MEMBER	1 00	X						92,812	277,230	68,591
MYSIW WJ BOARD MEMBER	1 00	X						33,396	254,641	53,564
RACKE MICHAEL BOARD MEMBER	1 00	X						72,315	358,457	77,158
MELVIN SCOTT BOARD MEMBER	1 00	X						259,244	300,221	98,527
RUTHERFORD JAMES BOARD MEMBER	1 00	X						0	0	0
CAMPO JOHN BOARD MEMBER	1 00	X						30,000	335,494	52,559
SEDMAK DANIEL BOARD MEMBER	1 00	X						50,520	472,218	96,977
SIGAFOOS KAMILLA CEO OSUP	1 00	X		X				35,969	263,228	39,647
LOCKWOOD CHARLES DEAN COLLEGE OF MEDICINE	1 00	X						0	346,985	36,192
WELKER MARY JO BOARD MEMBER	2 00	X		X				77,550	341,347	52,650

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			
WELLING BRADLEY BOARD MEMBER	1 00	X						127,318	566,055	119,814
WHITE RICHARD BOARD MEMBER	1 00	X						0	756,355	106,030
ELLISON E CHRISTOPHER BOARD MEMBER/CHAIRMAN	10 00	X		X				243,638	492,533	119,905
YU JOSEPH BOARD MEMBER	1 00	X						0	0	0
SAVEANU RADU BOARD MEMBER	1 00	X						0	0	0
SOBIERY RICH CFO	40 00				X			0	250,858	45,576
OZER ENVER PHYSICIAN	1 00					X		814,437	29,717	68,840
SMITH STEPHEN PHYSICIAN	1 00					X		864,596	27,069	65,502
AGRAWAL AMIT PHYSICIAN	1 00					X		781,711	50,718	71,839
DAS SUBINOY PHYSICIAN	1 00					X		885,043	78,581	75,575
ABAZA RONNEY PHYSICIAN	1 00					X		978,936	108,171	79,979