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Form **990**

Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **DEC 31, 2013**

B Check if applicable	C Name of organization UNIVERSITY PEDIATRICIANS		D Employer identification number 38-3336414
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 3901 BEAUBIEN BLVD.		E Room/suite Telephone number (313) 745-5870
	City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 48201		F Gross receipts \$ 28,929,577.
	F Name and address of principal officer STEPHEN LIPSHULTZ SAME AS C ABOVE		G Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: N/A			If "No," attach a list (see instructions)
K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1997 M State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE PEDIATRIC MEDICAL AND SURGICAL SERVICES TO PATIENTS IN NEED REGARDLESS OF ABILITY TO PAY.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	6	
	3 Number of voting members of the governing body (Part VI, line 1a)	4	0	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	469	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6	0	
	6 Total number of volunteers (estimate if necessary)	7a	0.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.	
	b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	223,980.	17,430.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,474,477.	26,590,514.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,187.	69,384.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,062,076.	2,066,669.	
		62,786,720.	28,743,997.	
		RECEIVED NOV 24 2014 069	IRS-OSC	
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,550.	24,154.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,594,625.	23,702,314.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,717,857.	10,094,526.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	66,361,032.	33,820,994.	
	19 Revenue less expenses Subtract line 18 from line 12	-3,574,312.	-5,076,997.	
		Beginning of Current Year	End of Year	
		30,533,640.	27,043,967.	
		7,894,665.	9,190,027.	
Net Assets or Fund Balances	22,638,975.	17,853,940.		

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 STEPHEN LIPSHULTZ, PRESIDENT	Date 11/13/14		
	Type or print name and title			
Paid	Print/Type preparer's name MICHAEL SANTICCHIA	Preparer's signature MICHAEL SANTICCHIA	Date 11/12/14	Check <input type="checkbox"/> PTIN <input checked="" type="checkbox"/> self-employed P00046899
Preparer	Firm's name ► UHY ADVISORS MI, INC.	Firm's EIN ► 38-1910111		
Use Only	Firm's address ► 27725 STANSBURY, SUITE 210 FARMINGTON HILLS, MI 48334	Phone no 248-355-0280		

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

Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III.

X

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	1 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
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	3 X	
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	4 X	
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	5 X	
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	6 X	
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	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9 X	
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	10 X	
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	11a X	
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	11b X	
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	11c X	
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	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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 and XII is optional	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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, Parts I and IV	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
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	17 X	
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	18 X	
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	19 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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? If "Yes," complete Schedule L, Part I

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? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

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? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
Note. All Form 990 filers are required to complete Schedule O

	Yes	No
21	X	
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33	X	
34	X	
35a		X
35b		
36		X
37		X
38	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19
1b	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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	469
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 as charitable contributions?	6a	X
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).	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand	13b	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI X

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	6
1b		1b	0
2		2	X
3		3	X
4		4	X
5		5	X
6		6	X
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	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7b	X
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?	8a	X
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	8b	X
		9	X

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	X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	X
b	Other officers or key employees of the organization	15b	X
	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	X
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	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► MI
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► RDM ASSOCIATES - (248) 620-7100
	7457 ME CAD BLVD, CLARKSTON, MI 48348

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) STEPHEN LIPSHULTZ (START 11/2011 PRESIDENT & BOARD MEMBER	40.00	X	X				58,462.	34,483.	9,241.
(2) ASHOK SARNAIK (END 10/2013) PRESIDENT & BOARD MEMBER	40.00	X	X				295,144.	0.	14,643.
(3) SEETHA SHANKARAN BOARD MEMBER/CHIEF	7.00 33.00	X					61,395.	309,351.	3,019.
(4) TEJ MATTOO BOARD MEMBER/CHIEF	15.00 25.00	X					102,851.	188,977.	5,094.
(5) CHANDRA EDWIN BOARD MEMBER/CHIEF	40.00	X					243,433.	0.	20,542.
(6) BASIM ASMAR BOARD MEMBER/CHIEF	11.00 29.00	X					60,699.	262,682.	2,984.
(7) SRINIVASAN SURESH SECRETARY	40.00	X	X				301,558.	0.	30,831.
(8) PRASHANT MAHAJAN BOARD MEMBER/CHIEF	28.00 12.00	X					270,666.	122,899.	13,520.
(9) MADHVI PAJPURKAR BOARD MEMBER	15.00 25.00	X					78,363.	116,007.	4,274.
(10) PATRICK SHUMAKER CHIEF ADMINISTRATIVE OFFICER	40.00		X				156,319.	0.	14,259.
(11) HON KAI LEE PHYSICIAN	40.00			X			295,507.	0.	9,012.
(12) KALYANI RAGHAVAN PHYSICIAN	40.00			X			221,015.	0.	6,669.
(13) CURT STANKOVIC PHYSICIAN	40.00			X			250,682.	0.	7,627.
(14) HELENE TIGCHELAAR PHYSICIAN	40.00			X			243,154.	0.	7,542.
(15) TONYA TOUCHSTONE PHYSICIAN	40.00			X			233,591.	0.	7,054.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTHCARE ADMINISTRATIVE PARTNERS	MEDICAL BILLING	
P.O. BOX 1511, MEDIA, PA 19063	SERVICES	1,050,205.
FUND FOR MEDICAL RESEARCH, 550 E.		
CANFIELD, ROOM 324, DETROIT, MI 48201	CONTRACTUAL FEES	1,017,387.
RAINBOW MEDICAL TRANSCRIPTION	TRANSCRIPTION	
47364 OLD ORCHARD, MACOMB, MI 48044	SERVICES	244,821.
CASCADE HEMOPHILLIA CONSORTIUM, 517 WEST	PHARMACY AND	
WILLIAM STREET, ANN ARBOR, MI 48103	DELIVERY FEES	232,587.
RDM ASSOCIATES, 7457 ME CAD BLVD., SUITE	ACCOUNTING &	
200, CLARKSTON, MI 48348	CONSULTING SERVICES	211,423.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 1f 17,430.			
Program Service Revenue	2 a NET PATIENT REVENUE b PROFESSIONAL SERVICE CONTRACTS c ACADEMIC MEDICAL CENTER SERVICES d OTHER REVENUE e REVENUE FROM CAPITATION PLAN f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 621110 621110 621110 621110 621110 621110	12,995,243. 7,301,912. 5,200,966. 712,953. 379,440.	12,995,243. 7,301,912. 5,200,966. 712,953. 379,440.	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory ► 11 a CONTRACTUAL REIMBURSEMENTS b MISCELLANEOUS c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue See instructions. ►	(i) Real 198,284. 185,580. 12,704. a b a b a b a b Miscellaneous Revenue Business Code 621110 621110 c d e 12 Total revenue See instructions.	56,680. 12,704. 12,704. 12,704. 2,054,919. 11,750. 2,066,669. 28,743,997.	56,680. 12,704. 12,704. 12,704. 2,054,919. 11,750. 2,066,669. 28,657,183.	

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)

Check if Schedule O contains a response or note to any line 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	24,154.	24,154.		
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	784,000.	204,719.	579,281.	
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	22,918,314.	22,918,314.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	1,658,631.	1,658,631.		
b Legal	85,668.	85,668.		
c Accounting	243,539.	243,539.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,791,388.	1,791,388.		
12 Advertising and promotion				
13 Office expenses	38,449.	38,449.		
14 Information technology				
15 Royalties				
16 Occupancy	170,292.		170,292.	
17 Travel	63,149.	63,149.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	185,973.	185,973.		
20 Interest	17,366.		17,366.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,110.		8,110.	
23 Insurance	738,731.	692,450.	46,281.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HEMOPHILIA SUPPLIES	3,906,568.	3,906,568.		
b BAD DEBTS	771,945.	771,945.		
c DUES AND SUBSCRIPTIONS	195,482.	190,976.	4,506.	
d REPAIRS AND MAINTENANCE	48,081.		48,081.	
e All other expenses	171,154.	24,802.	146,352.	
25 Total functional expenses. Add lines 1 through 24e	33,820,994.	32,800,725.	1,020,269.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ► If following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,002,423.	1	923,771.
	2 Savings and temporary cash investments	9,990,029.	2	2,993,447.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,577,852.	4	15,941,047.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	511,792.	8	306,284.
	9 Prepaid expenses and deferred charges	233,566.	9	346,456.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 593,353.		
	b Less accumulated depreciation	10b 532,485.	68,978.	10c 60,868.
	11 Investments - publicly traded securities		11	6,320,056.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11	149,000.	13	149,000.
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0.	15	3,038.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	30,533,640.	16	27,043,967.
Liabilities	17 Accounts payable and accrued expenses	7,893,228.	17	9,188,093.
	18 Grants payable		18	
	19 Deferred revenue	1,437.	19	1,934.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,894,665.	26	9,190,027.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,628,088.	27	15,990,212.
	28 Temporarily restricted net assets	2,010,887.	28	1,863,728.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	22,638,975.	33	17,853,940.
	34 Total liabilities and net assets/fund balances	30,533,640.	34	27,043,967.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	28,743,997.
2 Total expenses (must equal Part IX, column (A), line 25)	2	33,820,994.
3 Revenue less expenses Subtract line 2 from line 1	3	-5,076,997.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,638,975.
5 Net unrealized gains (losses) on investments	5	291,962.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,853,940.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 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?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?	3a	X
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	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number
38-3336414

UNIVERSITY PEDIATRICIANS

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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II)
9	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4) .
11	<input type="checkbox"/>	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

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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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	► <input type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a 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	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. 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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	61,711.		218,710.	223,980.	17,430.	521,831.
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	47076019.	56151139.	63712277.	57050874.	26351144.	250341453
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	47137730.	56151139.	63930987.	57274854.	26368574.	250863284
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						250863284

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	47137730.	56151139.	63930987.	57274854.	26368574.	250863284
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,266.	8,943.	3,621.	26,187.	52,924.	105,941.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,266.	8,943.	3,621.	26,187.	52,924.	105,941.
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)	1413240.	5036589.	4910166.	5485679.	2276859.	19122533.
13 Total support. (Add lines 9, 10c, 11, and 12)	48565236.	61196671.	68844774.	62786720.	28698357.	270091758

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	92.88	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	93.68	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.04	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.06	%
19a 33 1/3% support tests - 2013. 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 ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2012. 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 ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information (See instructions)

SCHEDULE A, PART IV

EXPLANATION: THE ORGANIZATION CHANGED FROM A DECEMBER 31ST YEAR END TO A JUNE 30TH YEAR END FOR THE YEAR ENDED JUNE 30, 2011, AND FILED A SHORT YEAR RETURN FOR THE PERIOD OF JANUARY 1, 2011 TO JUNE 30, 2011. THE ORGANIZATION IS CHANGING ITS YEAR END BACK TO A DECEMBER YEAR END AS OF DECEMBER 31, 2013 AND IS CURRENTLY FILING A SHORT YEAR RETURN FOR THE PERIOD OF JULY 1, 2013 TO DECEMBER 31, 2013.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNIVERSITY PEDIATRICIANS

Employer identification number
38-3336414

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

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, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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)		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements		19,645.	8,328.	11,317.
d Equipment		60,525.	20,725.	39,800.
e Other		513,183.	503,432.	9,751.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

60,868.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

Part XIII Supplemental Information.

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

UNIVERSITY PEDIATRICIANS

Part III Grants and Other Assistance to Individuals in the United States Committee if the organization answered "Yes" in Form 990 Part IV line 22

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EXPLANATION: THE PEP ADMINISTRATION TEAM WORKS WITH THE LOCAL FIDUCIARY TO HELP THEM ADMINISTRATE THEIR FUNDS APPROPRIATELY ACCORDING TO WHAT HAS BEEN APPROVED ON THEIR BUDGET AND PROPOSAL SHEET. A POST PROGRAM REPORT WITH PARENT EVALUATIONS ARE REQUIRED WHEN THE PROGRAM IS OVER.

DRAFT TT ENE 1 CONTINUATION

Part IV Supplemental Information

PREVENTATIVE AND TREATMENT SERVICES TO PERSONS WITHIN ITS PURPOSE OF
GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC, PREVENTATIVE AND
TREATMENT SERVICES TO PERSONS WITHIN ITS SERVICE REGION WITH HEMOPHILIA
AND RELATED BLEEDING DISORDERS.

NAME OF ORGANIZATION OR GOVERNMENT: BLEEDING DISORDER FOUNDATION OF WA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC,
PREVENTATIVE AND TREATMENT SERVICES TO PERSONS WITHIN ITS PURPOSE OF
GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC, PREVENTATIVE AND
TREATMENT SERVICES TO PERSONS WITHIN ITS SERVICE REGION WITH HEMOPHILIA
AND RELATED BLEEDING DISORDERS.

NAME OF ORGANIZATION OR GOVERNMENT:

TEXAS CHILDREN'S HEMOPHILIA AND THROMBOPHILIA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC,
PREVENTATIVE AND TREATMENT SERVICES TO PERSONS WITHIN ITS PURPOSE OF
GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC, PREVENTATIVE AND
TREATMENT SERVICES TO PERSONS WITHIN ITS SERVICE REGION WITH HEMOPHILIA
AND RELATED BLEEDING DISORDERS.

NAME OF ORGANIZATION OR GOVERNMENT:

HEMOPHILIA FOUNDATION OF GREATER FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC,
PREVENTATIVE AND TREATMENT SERVICES TO PERSONS WITHIN ITS PURPOSE OF
GRANT OR ASSISTANCE: PROVIDED COMPREHENSIVE DIAGNOSTIC, PREVENTATIVE AND
TREATMENT SERVICES TO PERSONS WITHIN ITS SERVICE REGION WITH HEMOPHILIA
AND RELATED BLEEDING DISORDERS.

SCHEDULE J
(Form 990)

Compensation Information

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization

Employer identification number

2013

**Open to Public
Inspection**

UNIVERSITY PEDIATRICIANS

Employer Identification

Part I Questions Regarding Compensation

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations 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?
 - b Any related organization?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?
 - b Any related organization?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
- 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ASHOK SARNAIK (END 10/2013)	295,144.	0.	0.	0.	14,643.	309,787.	0.
PRESIDENT & BOARD MEMBER	(i) 0.	0.	0.	0.	0.	0.	0.
(2) SEETHA SHANKARAN	61,395.	0.	0.	0.	3,019.	64,414.	0.
BOARD MEMBER/CHIEF	(i) 309,351.	0.	0.	0.	0.	309,351.	0.
(3) TEJU MATTOO	102,851.	0.	0.	0.	5,094.	107,945.	0.
BOARD MEMBER/CHIEF	(i) 188,977.	0.	0.	0.	0.	188,977.	0.
(4) CHANDRA EDWIN	243,433.	0.	0.	0.	20,542.	263,975.	0.
BOARD MEMBER/CHIEF	(i) 0.	0.	0.	0.	0.	0.	0.
(5) BASIM ASMAR	60,699.	0.	0.	0.	2,984.	63,683.	0.
BOARD MEMBER/CHIEF	(i) 262,682.	0.	0.	0.	0.	262,682.	0.
(6) SRINIVASAN SURESH	301,558.	0.	0.	0.	30,831.	332,389.	0.
SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
(7) PRASHANT MAHAJAN	270,666.	0.	0.	0.	13,520.	284,186.	0.
BOARD MEMBER/CHIEF	(i) 122,899.	0.	0.	0.	0.	122,899.	0.
(8) MADHVI PAJPUKAR	78,363.	0.	0.	0.	4,274.	82,637.	0.
BOARD MEMBER	(i) 116,007.	0.	0.	0.	0.	116,007.	0.
(9) PATRICK SHUMAKER	156,319.	0.	0.	0.	14,259.	170,578.	0.
CHIEF ADMINISTRATIVE OFFIC	(i) 0.	0.	0.	0.	0.	0.	0.
(10) HON KAI LEE	294,368.	0.	1,139.	0.	9,012.	304,519.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(11) KALYANI RAGHAVAN	220,241.	0.	774.	0.	6,669.	227,684.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(12) CURT STANKOVIC	250,502.	0.	180.	0.	7,627.	258,309.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(13) HELENE TIGCHELAAR	241,966.	0.	1,188.	0.	7,542.	250,696.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(14) TONYA TOUCHSTONE	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(15) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(16) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(17) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(18) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(19) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(20) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(21) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(22) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(23) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(24) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(25) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(26) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(27) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(28) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(29) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(30) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(31) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(32) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(33) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(34) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(35) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(36) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(37) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(38) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(39) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(40) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(41) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(42) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(43) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(44) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(45) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(46) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(47) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(48) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(49) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(50) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(51) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(52) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(53) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(54) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(55) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(56) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(57) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(58) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(59) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(60) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(61) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(62) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(63) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(64) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(65) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(66) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(67) JEFFREY S. KATZ	233,321.	0.	270.	0.	7,054.	240,645.	0.
PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
(68) JEFFREY S. KATZ	233,321.	0.	<				

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Name of the organization

UNIVERSITY PEDIATRICIANS

Employer identification number
38-3336414

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUCH SERVICES FOR PERSONS WHO SEEK SERVICES AT THE CHILDREN'S HOSPITAL
OF MICHIGAN, OTHER DETROIT MEDICAL CENTER HOSPITALS, AND OTHER
NONPROFIT HEALTH CARE INSTITUTIONS AFFILIATED WITH WAYNE STATE
UNIVERSITY SCHOOL OF MEDICINE.

TO PROVIDE ACADEMIC AND CLINICAL TEACHING SERVICES TO STUDENTS AT THE
SCHOOL AND TO GRADUATES OF MEDICAL SCHOOLS WHO ARE IN POST GRADUATE
TRAINING PROGRAMS.

TO ASSIST THE SCHOOL IN MEETING THEIR PRIMARY GOALS OF IMPROVED
EDUCATION, RESEARCH AND RELATED PATIENT CARE, BY SUPPORTING,
FINANCIALLY OR OTHERWISE, PROGRAMS INCLUDING EDUCATION, RESEARCH,
SCHOLARSHIPS, AND ACQUISITION OF EQUIPMENT AND MATERIALS.

TO CONDUCT SCIENTIFIC INVESTIGATIONS AND DISSEMINATE KNOWLEDGE TO
PUBLIC AND PROFESSIONALS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE
DEPARTMENT, THE CHIEF ADMINISTRATIVE OFFICER, AND THE BOARD DESIGNATED
FINANCIAL REVIEW DIVISION CHIEF.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: IT IS THE POLICY OF THE CORPORATION THAT ALL OFFICERS,
DIRECTORS, COMMITTEE MEMBERS AND EMPLOYEES OF THE CORPORATION SHALL AVOID
ANY CONFLICT BETWEEN THEIR OWN RESPECTIVE INDIVIDUAL INTEREST AND THE
INTERESTS OF THE CORPORATION. A PERSON WHO HAS AN INTEREST IN A CONTRACT IS
REQUIRED TO PRESENT TO THE BOARD OR COMMITTEE PROMPTLY, WITH FULL

Name of the organization

UNIVERSITY PEDIATRICIANS

Employer identification number

38-3336414

DISCLOSURE, THEIR INTEREST AND AWAIT THE DETERMINATION OF THE BOARD OR COMMITTEE. THE POLICY IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION IS DETERMINED BY UTILIZING MULTIPLE RESOURCES INCLUDING PUBLISHED SURVEYS, SUCH AS THE ASSOCIATION OF ADMINISTRATORS IN ACADEMIC PEDIATRICS, MEDICAL GROUP MANAGEMENT ASSOCIATION, EXECUTIVE SEARCH FIRMS AND OTHER RESOURCES. IN GENERAL, COMPENSATION IS TARGETED AT THE 50TH PERCENTILE FOR THE MIDWEST REGION IN PUBLISHED SURVEYS. OTHER APPROPRIATE SURVEYS AND BENCHMARK DATA ARE USED FOR OTHER STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: UPON REQUEST THE 990 WILL BE MADE AVAILABLE TO INTERESTED PERSONS.

UNIVERSITY PEDIATRICIANS

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

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 year.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts I, III, or IV of this schedule

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 or (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 Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WAYNE STATE UNIVERSITY	M	2,878,039.	
(2) WAYNE STATE UNIVERSITY	L	8,628,049.	
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

1128Form (Rev October 2014)
Department of the Treasury
Internal Revenue Service**Application To Adopt, Change, or Retain a Tax Year**

QMB No 1545-0134

Attachment
Sequence No 148► Information about Form 1128 and its separate instructions is available at www.irs.gov/form1128.**Part I General Information****Important:** All filers must complete Part I and sign below. See instructions.

Type or Print	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
	UNIVERSITY PEDIATRICIANS	38-3336414
	Number, street, and room or suite no. (if a P O box, see instructions)	Service Center where income tax return will be filed
	3901 BEAUBIEN BLVD	OGDEN, UT
	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
DETROIT, MI 48201	(313) 745-5870 / ()	
Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)	
Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number	
PATRICK SHUMAKER, CAO	(313) 745-6911 / ()	

1 Check the appropriate box(es) to indicate the type of applicant (see instructions)

<input type="checkbox"/> Individual	<input type="checkbox"/> Cooperative (sec 1381(a))	<input type="checkbox"/> Passive foreign investment company (PFIC) (sec 1297)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957)	<input type="checkbox"/> Other foreign corporation
<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC)	<input checked="" type="checkbox"/> Tax-exempt organization
<input type="checkbox"/> Domestic corporation	<input type="checkbox"/> Specified foreign corporation (SFC) (sec 898)	<input type="checkbox"/> Homeowners Association (sec 528)
<input type="checkbox"/> S corporation	<input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E))	<input type="checkbox"/> Other _____ (Specify entity and applicable Code section)
<input type="checkbox"/> Personal service corporation (PSC)	<input type="checkbox"/> Trust	

2a Approval is requested to (check one) (see instructions):

 Adopt a tax year ending ► (Partnerships and PSCs Go to Part III after completing Part I) Change to a tax year ending ► **12/31** Retain a tax year ending ►b If changing a tax year, indicate the date the present tax year ends (see instructions). ► **12/13/13**c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ► **, 20**, and ending ► **, 20**3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ► Yes No

If "No," attach an explanation

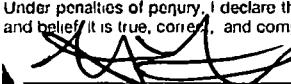
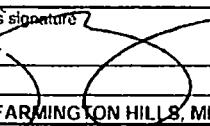
4 Indicate the applicant's present overall method of accounting.

 Cash receipts and disbursements method Accrual method Other method (specify) ►

5 State the nature of the applicant's business or principal source of income

University Pediatricians ("Peds"), a Michigan not-for-profit organization, was formed primarily to operate under the terms of a faculty practice plan with the Wayne State University (WSU) School of Medicine, Department of Pediatric Medicine (the University). The primary objectives of the faculty practice plan include the teaching of pediatric medicine, providing clinical services at the Detroit Medical Center (DMC) and associated institutions, sponsoring research within the department, and providing faculty income. Peds provides physician services principally to residents of Detroit and southeastern Michigan.

Signature—All Filers (See Who Must Sign in the instructions.)

Sign Here	Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge		
	 11/13/14 Date PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 11/11/14 Check <input type="checkbox"/> if self-employed PTIN P01362056
	CYNTHIA SZCZUR		
	Firm's name ► UHY ADVISORS MI, INC.	Firm's EIN ► 38-1910111	
Firm's address ► 27725 STANSBURY, STE 210, FARMINGTON HILLS, MI 48334		Phone no 248-355-0280	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat No 21115C

Form 1128 (Rev 10-2014)

Part II Automatic Approval Request (see instructions)

- Identify the revenue procedure under which this automatic approval request is filed ► REV PROC 85-58

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

	Yes	No
1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is allowed to use the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ►		
2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. ►		
3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ►		

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is allowed to use the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ►		
5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ►		
6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ►		
7 Is the S corporation requesting an ownership tax year? (see instructions) ►		
8 Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev. Proc. 2006-45 (or its successor) or section 5 04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ►		

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ►		
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Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

10 Is the applicant a tax-exempt organization requesting a change? ►		✓
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Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

	Yes	No
Section A—General Information		
1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? If "Yes," see the instructions for information that must be included on an attached explanation ►		✓
2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented. Automatic change with filing of Form 990 ►		✓
3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? If "Yes," attach an explanation. ►		✓
4a Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev. Proc. 2002-39 (or its successor)? If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions) ►		✓
b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box		
<input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period (see instructions)		
5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period		
Short period \$ 0	First preceding year \$ 0	0
Second preceding year \$ 0	Third preceding year \$ 0	0
Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

6 Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:		Generated	Expiring	Yes	No
Net operating loss		\$ _____	\$ _____		
Capital loss		\$ _____	\$ _____		
Unused credits		\$ _____	\$ _____		
7 Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor)		► \$ _____ 0			
8a Is the applicant a U.S. shareholder in a CFC?		►		✓	
If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period					
b Will each CFC concurrently change its tax year?		►			
If "Yes" to line 8b, go to Part II, line 3					
If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder					
9a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?		►		✓	
If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.					
b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?		►			
10a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC?		►		✓	
If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.					
b Will any partnership concurrently change its tax year to conform with the tax year requested?		►			
c If "Yes" to line 10b, has any Form 1128 been filed for such partnership?		►			
11 Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		►		✓	
If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.					
12 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?		►		✓	
13 Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?		►		✓	
14 Enter amount of user fee attached to this application (see instructions)		► \$ 2700.00			
Section B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)					
15 Enter the date of incorporation. ►				Yes	No
16a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?		►			
b If "Yes," will the corporation be going to a permitted S corporation tax year?		►			
If "No" to line 16b, attach an explanation					
17 Is the corporation a member of an affiliated group filing a consolidated return?		►			
If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group, (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.					
18a Personal service corporations (PSCs). Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.					
b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.					
<input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____)					
<input type="checkbox"/> Letter ruling (date of letter ruling _____) (attach copy)					

Section C—S Corporations (see instructions)

19	Enter the date of the S corporation election. ►	Yes	No
20	Is any shareholder applying for a corresponding change in tax year? ► If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year □ Grandfathered (attach copy of letter ruling) □ Section 444 election (date of election _____) □ Letter ruling (date of letter ruling) (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		

Section D—Partnerships (see instructions)

23	Enter the date the partnership's business began. ►	Yes	No
24	Is any partner applying for a corresponding change in tax year? ►		
25	Attach a statement providing each partner's name, type of partner (individual partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits		
26	Is any partner a shareholder of a PSC as defined in Regulations section 1 441-3(c)? ► If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year □ Grandfathered (attach copy of letter ruling) □ Section 444 election (date of election _____) □ Letter ruling (date of letter ruling) (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period		
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Section F—Tax-Exempt Organizations

29	Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ►	Yes	No
30	Date of organization. ► Feb 12, 1997		
31	Code section under which the organization is exempt ► 501(c)(3)		
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ►		
33	Enter the date the tax exemption was granted. ► Sept. 4, 1997 Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34	If the organization is a private foundation, is the foundation terminating its status under section 507? ►		

Section G—Estates

35	Enter the date the estate was created ►		
36 a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate		
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period		

Section H—Passive Foreign Investment Companies

37	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.		
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