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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foi/m990">www.irs.gov/foi/m990</a>	OMB No 1545-0047 <b>2015</b> <b>Open to Public Inspection</b>
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<b>A</b> For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization OHIO STATE UNIVERSITY PHYSICIANS INC		<b>D</b> Employer identification number  31-1447726
	Doing business as		<b>E</b> Telephone number  (614) 784-7800
	Number and street (or P.O. box if mail is not delivered to street address) 700 ACKERMAN ROAD NO 600	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43202		<b>G</b> Gross receipts \$ 510,715,965
	<b>F</b> Name and address of principal officer E CHRISTOPHER ELLISON M 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> 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		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ WWW.OSUPHYSICIANS.COM		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 2002	<b>M</b> State of legal domicile OH

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities OHIO STATE UNIVERSITY PHYSICIANS ALONG WITH THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE RENDER CLINICAL SERVICES IN CONNECTION WITH THEIR TEACHING DUTIES AND PROVIDE MEDICAL CARE TO ALL THOSE WHO SEEK SUCH SERVICES. THE PHYSICIANS SUPPORT ACADEMIC ENRICHMENT TO THE EDUCATIONAL AND RESEARCH PROGRAMS OF THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE AS WELL AS CHARITY CARE TO SUPPORT THE CLINICAL MISSION OF OSU INCLUDING PROVIDING CARE TO INDIVIDUALS THAT MAY NOT BE ABLE TO AFFORD CARE. ADDITIONALLY THEY SUPPORT PATIENTS THAT ARE A PART OF THE MEDICARE / MEDICAID PROGRAMS BY ACCEPTING PAYMENTS FOR SERVICES THAT ARE LESS THAN COST     		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	1
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	1,145
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	315,201,000	362,375,000
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,000	89,000
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,165,000	148,251,965
		414,442,000	510,715,965
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,161,833	1,172,488
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	303,965,250	354,309,500
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	101,122,917	123,177,177
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	406,250,000	478,659,165
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	8,192,000	32,056,800
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	155,478,000	176,321,000
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	64,462,000	53,277,000
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	91,016,000	123,044,000

<b>Part II Signature Block</b>					
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					
<b>Sign Here</b>	*****				2017-05-10
	Signature of officer				Date
	E CHRISTOPHER ELLISON MD CEO				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MATTHEW DASTA		Preparer's signature MATTHEW DASTA		Date 2017-05-10
	Check <input type="checkbox"/> if self-employed		PTIN P00544683		
	Firm's name ► BLUE & CO LLC		Firm's EIN ► 35-1178661		
	Firm's address ► 8800 LYRA DRIVE SUITE 450 COLUMBUS, OH 43240		Phone no (614) 885-2583		

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code ) (Expenses \$ 116,657,607 including grants of \$ 1,172,488 ) (Revenue \$ 56,895,535 )
ACADEMIC ENRICHMENT TO SUPPORT THE EDUCATIONAL AND RESEARCH PROGRAMS OF THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE	

<b>4b</b>	(Code ) (Expenses \$ 244,351,247 including grants of \$ ) (Revenue \$ 125,231,032 )
SUPPORT PATIENTS THAT ARE A PART OF THE MEDICARE /MEDICAID PROGRAMS BY ACCEPTING PAYMENTS FOR SERVICES THAT ARE LESS THAN COST	

<b>4c</b>	(Code ) (Expenses \$ 6,128,014 including grants of \$ ) (Revenue \$ )
CHARITY CARE TO SUPPORT THE CLINICAL MISSION OF OSU INCLUDING PROVIDING CARE TO INDIVIDUALS THAT MAY NOT BE ABLE TO AFFORD CARE	

See Additional Data

<b>4d</b>	Other program services (Describe in Schedule O )
(Expenses \$ 65,678,306 including grants of \$ ) (Revenue \$ 325,576,398 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	432,815,174
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**Part IV** Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check 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.	91	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	1,145
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" 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	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> 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	<b>1a</b> 30		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 1		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</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?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed ▶ OH

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records  
 ▶ MIKE LAWRENCE 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 (614) 685-1509

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

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	0	26,584,697	3,608,812

**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 ► 27

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **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
STREAMCO LLC  PO BOX 71150 RICHMOND, VA 23255	PROPERTY ASSET MGT	1,537,141
TAFT STETTINIUS & HOLLISTER  65 E STATE ST SUITE 1000 COLUMBUS, OH 43215	LEGAL	665,152
MILL RUN BUSINESS CENTER LLC  2242 BERLIN STATION RD DELAWARE, OH 43015	LANDLORD	522,136
NRI LAND INVESTMENTS LLC  DEPT L-2584 COLUMBUS, OH 43260	LANDLORD	343,592
OM PARTNER LLC  1350 EUCLID AVE CLEVELAND, OH 44190	RENT	241,247

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 ► 9

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, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . . .	1b						
	c	Fundraising events . . . .	1c						
	d	Related organizations . . .	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f . . . . .							
Program Service Revenue	2a	NET PATIENT CARE REVENUE	Business Code 900099	362,375,000	362,375,000				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f . . . . .		362,375,000					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		89,000			89,000	
4		Income from investment of tax-exempt bond proceeds . .							
5		Royalties . . . . .							
6a		Gross rents	(i) Real 2,924,000	(ii) Personal					
		b	Less rental expenses	0					
		c	Rental income or (loss)	2,924,000					
		d	Net rental income or (loss) . . . . .	2,924,000					2,924,000
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						
		c	Gain or (loss)						
		d	Net gain or (loss) . . . . .						
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
		b	Less direct expenses . . . .	b					
		c	Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a						
		b	Less direct expenses . . . .	b					
		c	Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances . . . . .	a						
		b	Less cost of goods sold . . . .	b					
		c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code							
11a		MEDICAL CENTER REVENUE	900099	79,848,000	79,848,000				
b		MISCELLANEOUS	900099	64,246,965	64,246,965				
c		PRACTICE PLAN SUPPORT	900099	1,233,000	1,233,000				
d		All other revenue . . . . .							
e		Total. Add lines 11a-11d . . . . .		145,327,965					
12		Total revenue. See Instructions . . . . .		510,715,965	507,702,965	0	3,013,000		

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 domestic organizations and domestic governments. See Part IV, line 21.	1,172,488	1,172,488		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	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.	285,021,222	256,519,100	28,502,122	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,391,668	3,952,501	439,167	
9	Other employee benefits.	64,121,231	57,709,108	6,412,123	
10	Payroll taxes.	775,379	697,841	77,538	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	502,953	452,658	50,295	
c	Accounting.	678,958	611,062	67,896	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	6,400	5,760	640	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,753,892	23,178,503	2,575,389	
12	Advertising and promotion.	116,988	105,289	11,699	
13	Office expenses.	37,641,278	33,877,150	3,764,128	
14	Information technology.	729,557	656,601	72,956	
15	Royalties.				
16	Occupancy.	8,736,713	7,863,042	873,671	
17	Travel.	3,017,166	2,715,449	301,717	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	420,410	378,369	42,041	
20	Interest.	395,332	355,799	39,533	
21	Payments to affiliates.	12,390,986	11,151,887	1,239,099	
22	Depreciation, depletion, and amortization.	4,326,496	3,893,846	432,650	
23	Insurance.	228,221	205,399	22,822	
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	BAD DEBT	19,041,559	19,041,559		
b	MISCELLANEOUS	9,185,050	8,266,545	918,505	
c	NON PATIENT BAD DEBT	5,218	5,218		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	478,659,165	432,815,174	45,843,991	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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		68,107,000	1	79,695,000
	2	Savings and temporary cash investments		5,958,000	2	6,083,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		35,408,000	4	38,353,000
	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 instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,998,000	8	1,323,000
	9	Prepaid expenses and deferred charges		1,456,000	9	1,325,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	45,785,000		
	b	Less: accumulated depreciation	10b	23,795,000	10c	21,990,000
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.		736,000	12	4,766,000
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		19,833,000	15	22,786,000
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		155,478,000	16	176,321,000
Liabilities	17	Accounts payable and accrued expenses		8,401,000	17	6,637,000
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	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.		16,369,000	23	15,546,000
	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.		39,692,000	25	31,094,000
	26	<b>Total liabilities.</b> Add lines 17 through 25.		64,462,000	26	53,277,000
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		91,016,000	27	123,044,000
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		91,016,000	33	123,044,000
	34	<b>Total liabilities and net assets/fund balances</b>		155,478,000	34	176,321,000

Part XI Reconciliation of Net Assets

Check 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	510,715,965
2	Total expenses (must equal Part IX, column (A), line 25)	2	478,659,165
3	Revenue less expenses Subtract line 2 from line 1	3	32,056,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,016,000
5	Net unrealized gains (losses) on investments	5	-28,800
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	123,044,000

Part XII Financial Statements and Reporting

Check 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 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? 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		No
Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
Separate basis Consolidated basis Both consolidated and separate basis			
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Additional Data**

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

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

(Code	(Expenses \$	65,678,306	including grants of \$	(Revenue \$	325,576,398 )
ALL OTHER PROGRAM SERVICES INCLUDING CLINICAL CARE FOR PATIENTS TYPICAL OF AN ACADEMIC PHYSICIAN OFFICE PRACTICE THIS WOULD NOT INCLUDE MANAGEMENT AND GENERAL COSTS PER THE 990 MODEL					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
ANGELOS MARK ..... BOARD MEMBER	1 00 ..... 40 00	X						0	479,044	87,801
BENNETT WILLIAM ..... BOARD MEMBER	1 00 ..... 40 00	X						0	486,540	90,697
CALIGUIRI MICHAEL ..... BOARD MEMBER	1 00 ..... 40 00	X						0	1,002,771	111,314
CAMPO JOHN ..... BOARD MEMBER	1 00 ..... 40 00	X						0	435,518	77,577
CATERINO JEFF ..... BOARD MEMBER	1 00 ..... 40 00	X						0	330,573	77,533
CHAKRAVARTI ARNAB ..... BOARD MEMBER	3 00 ..... 40 00	X						0	910,142	94,810
CHATAS GEOFF ..... BOARD MEMBER	1 00 ..... 40 00	X						0	1,860,483	92,053
ELLISON E CHRISTOPHER ..... BOARD MEMBER/DEAN, COM	5 00 ..... 40 00	X		X				0	842,514	105,950
FRANKEL WENDY ..... BOARD MEMBER	1 00 ..... 40 00	X						0	513,563	98,707
GLASSMAN ANDREW ..... BOARD MEMBER	1 00 ..... 40 00	X						0	910,253	108,077

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
GREVER MICHAEL ..... VICE PRESIDENT	1 00 ..... 40 00	X		X				0	691,332	104,461
HARTER RONALD ..... BOARD MEMBER	2 00 ..... 40 00	X						0	663,199	107,531
HAZEY JEFF ..... BOARD MEMBER	1 00 ..... 40 00	X						0	358,616	94,309
KISSEL JOHN ..... BOARD MEMBER	2 50 ..... 40 00	X						0	383,686	73,729
KOLETAR SUSAN ..... BOARD MEMBER	1 00 ..... 40 00	X						0	285,439	46,964
LANDON MARK ..... BOARD MEMBER	1 00 ..... 40 00	X						0	649,264	97,925
LONSER RUSSELL ..... BOARD MEMBER	1 00 ..... 40 00	X						0	1,041,653	114,447
MILLER MICHAEL ..... BOARD MEMBER	1 00 ..... 40 00	X						0	789,087	128,229
MYSIW W JERRY ..... BOARD MEMBER	1 00 ..... 40 00	X						0	395,159	79,949
RETCHIN SHELDON ..... BOARD MEMBER	1 00 ..... 40 00	X						0	794,917	99,427

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
SHARP KYLE ..... BOARD MEMBER	1 00 ..... 40 00	X						0	294,080	45,410
TEKNOS TED ..... OFFICER	1 00 ..... 40 00	X		X				0	910,831	114,770
THOMAS ANDREW ..... CMO	1 00 ..... 40 00	X						0	564,875	91,019
WELKER MARY JO ..... SECRETARY/TREASURER	1 50 ..... 40 00	X		X				0	375,356	63,981
WHITE RICHARD ..... BOARD MEMBER	2 00 ..... 40 00	X						0	747,839	118,647
MAUGER THOMAS ..... BOARD MEMBER	2 00 ..... 40 00	X						0	573,764	91,028
AWAN HISHAM ..... PHYSICIAN	1 00 ..... 40 00					X		0	733,222	97,410
BISHOP JULIE YOUNG ..... PHYSICIAN	1 00 ..... 40 00					X		0	725,574	97,085
CRESTANELLO JUAN ..... PHYSICIAN	1 00 ..... 40 00					X		0	1,128,372	92,615
MENDEL EHUD ..... PHYSICIAN	1 00 ..... 40 00					X		0	770,309	104,813

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
OTTO BRADLEY ALAN ..... PHYSICIAN	1 00 ..... 40 00					X		0	654,664	87,398
BAHNSON ROBERT ..... BOARD MEMBER/FORMER	1 50 ..... 40 00						X	0	462,730	93,759
GABBE STEVEN ..... CEO MEDICAL CENTER/FORMER	1 00 ..... 40 00						X	0	1,801,084	185,493
GEIER PETER ..... CEO VP HEALTH SERVICES/FORMER	1 00 ..... 40 00						X	0	1,118,560	113,749
HIGGINS ROBERT ..... BOARD MEMBER/FORMER	1 00 ..... 40 00						X	0	461,043	71,346
KNUDSEN BODO ..... BOARD MEMBER/FORMER	1 50 ..... 40 00						X	0	506,931	88,114
STEINBURG STEVEN ..... BOARD MEMBER/FORMER	1 00 ..... 40 00						X	0	419,101	70,737
TERNDRUP THOMAS ..... BOARD MEMBER/FORMER	1 00 ..... 40 00						X	0	512,609	89,948

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number  
31-1447726

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☒

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☒

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

1

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) THE OHIO STATE UNIVERSITY	316025986		Yes		129,048,593	0
Total1					129,048,593	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI )						
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 . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.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—2014.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—2015.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 VI 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—2014.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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	Yes	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☒

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number  
31-1447726

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (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 on 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 . . . . .

3a(i)

3a(ii)

Yes

No

b

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

3b

Yes

No

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)	Accumulated (c)depreciation	(d)Book value
1a	Land . . . . .	2,090,595		2,090,595
b	Buildings . . . . .	18,787,911	6,506,419	12,281,492
c	Leasehold improvements . . . . .	4,644,620	2,801,170	1,843,450
d	Equipment . . . . .	20,000,233	14,487,411	5,512,822
e	Other . . . . .	261,641		261,641
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶			21,990,000



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE NETTED INTO REVENUE ON FINANCIAL STATEMENTS

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

# 2015

31-1447726

## Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE BY THE ORGANIZATION ARE EXCLUSIVELY GIVEN TO THE VARIOUS MEDICAL DEPARTMENTS AT THE OHIO STATE UNIVERSITY, A RELATED SECTION 115 ORGANIZATION

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number  
31-1447726

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> 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.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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 on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

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.

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1447726

Name: OHIO STATE UNIVERSITY PHYSICIANS INC

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ANGELOS MARK BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	428,394	50,650	0	66,016	-	-	0
						21,785	566,845	
1BENNETT WILLIAM BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	382,290	104,250	0	71,060	-	-	0
						19,637	577,237	
2CALIGUIRI MICHAEL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	793,917	208,854	0	96,956	-	-	0
						14,358	1,114,085	
3CAMPO JOHN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	360,827	74,691	0	53,761	-	-	0
						23,816	513,095	
4CATERINO JEFF BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	301,265	29,308	0	51,733	-	-	0
						25,800	408,106	
5CHAKRAVARTI ARNAB BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	694,138	216,004	0	72,096	-	-	0
						22,714	1,004,952	
6CHATAS GEOFF BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	635,715	1,224,768	0	68,723	-	-	0
						23,330	1,952,536	
7ELLISON E CHRISTOPHER BOARD MEMBER/DEAN, COM	(i)	0	0	0	0	0	0	0
	(ii)	695,548	146,966	0	88,251	-	-	0
						17,699	948,464	
8FRANKEL WENDY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	430,049	83,514	0	79,453	-	-	0
						19,254	612,270	
9GLASSMAN ANDREW BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	538,406	371,847	0	92,556	-	-	0
						15,521	1,018,330	
10GREVER MICHAEL VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	566,043	125,289	0	86,664	-	-	0
						17,797	795,793	
11HARTER RONALD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	530,776	132,423	0	82,598	-	-	0
						24,933	770,730	
12HAZEY JEFF BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	317,003	41,613	0	69,926	-	-	0
						24,383	452,925	
13KISSEL JOHN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	324,586	59,100	0	56,146	-	-	0
						17,583	457,415	
14KOLETAR SUSAN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	268,596	16,843	0	38,937	-	-	0
						8,027	332,403	
15LANDON MARK BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	532,682	116,582	0	75,096	-	-	0
						22,829	747,189	
16LONSER RUSSELL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	780,321	261,332	0	91,924	-	-	0
						22,523	1,156,100	
17MILLER MICHAEL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	655,200	133,887	0	110,896	-	-	0
						17,333	917,316	
18MYSIW W JERRY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	323,312	71,847	0	53,519	-	-	0
						26,430	475,108	
19RETCHIN SHELDON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	787,842	7,075	0	79,331	-	-	0
						20,096	894,344	

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SHARP KYLE BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	263,216	30,864	0	43,886	1,524	339,490	0
1TEKNOS TEDOFFICER	(i)	0	0	0	0	0	0	0
	(ii)	676,107	234,724	0	90,333	24,437	1,025,601	0
2THOMAS ANDREWCMO	(i)	0	0	0	0	0	0	0
	(ii)	467,155	97,720	0	60,946	30,073	655,894	0
3WELKER MARY JO SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	361,293	14,063	0	47,590	16,391	439,337	0
4WHITE RICHARD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	621,869	125,970	0	97,100	21,547	866,486	0
5MAUGER THOMAS BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	508,463	65,301	0	67,157	23,871	664,792	0
6AWAN HISHAMPHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	264,534	468,688	0	74,923	22,487	830,632	0
7BISHOP JULIE YOUNG PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	318,634	406,940	0	73,762	23,323	822,659	0
8CRESTANELLO JUAN PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	701,035	427,337	0	67,777	24,838	1,220,987	0
9MENDEL EHUDPHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	719,916	50,393	0	74,222	30,591	875,122	0
10OTTO BRADLEY ALAN PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	231,092	423,572	0	63,197	24,201	742,062	0
11BAHNSON ROBERT BOARD MEMBER/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	459,705	3,025	0	76,023	17,736	556,489	0
12GABBE STEVEN CEO MEDICAL CENTER/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	627,928	1,173,156	0	169,132	16,361	1,986,577	0
13GEIER PETER CEO VP HEALTH SERVICES/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	659,564	458,996	0	88,596	25,153	1,232,309	0
14HIGGINS ROBERT BOARD MEMBER/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	460,386	657	0	60,000	11,346	532,389	0
15KNUDSEN BODO BOARD MEMBER/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	475,191	31,740	0	71,543	16,571	595,045	0
16STEINBURG STEVEN BOARD MEMBER/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	415,896	3,205	0	68,330	2,407	489,838	0
17TERNDRUP THOMAS BOARD MEMBER/FORMER	(i)	0	0	0	0	0	0	0
	(ii)	485,309	27,300	0	74,427	15,521	602,557	0

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DLN: 93493131003487

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
OHIO STATE UNIVERSITY PHYSICIANS INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
31-1447726

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF FRANKLIN OHIO	31-6400067		05-01-2013	15,381,000	REFINANCE ORIGINAL FINANCE BUILDING PROJECTS AND INFORMATION SYSTEMS		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .										
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .	15,381,000									
4	Gross proceeds in reserve funds . . . . .										
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .	15,295,000									
7	Issuance costs from proceeds . . . . .	86,000									
8	Credit enhancement from proceeds . . . . .										
9	Working capital expenditures from proceeds . . . . .										
10	Capital expenditures from proceeds . . . . .										
11	Other spent proceeds . . . . .										
12	Other unspent proceeds . . . . .										
13	Year of substantial completion . . . . .	2013									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .	X									
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X								
16	Has the final allocation of proceeds been made? . . . . .	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X									

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X						
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization OHIO STATE UNIVERSITY PHYSICIANS INC	Employer identification number 31-1447726
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990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL SALARIED POSITIONS WITHIN OSUP ARE REVIEWED ANNUALLY WITH BENCHMARK DATA FROM THE ASSOCIATION OF ACADEMIC MEDICAL CENTER'S DATA TO INSURE REASONABLENESS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE THROUGH ITS LEGAL COUNSEL

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization OHIO STATE UNIVERSITY PHYSICIANS INC	Employer identification number 31-1447726
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE  COLUMBUS, OH 43210 31-6025986	EDUCATION AND RESEARCH	OH	115				No
(2)THE OHIO STATE UNIVERSITY HEALTH SYSTEM 901 WOODY HAYES DRIVE  COLUMBUS, OH 43210 31-6025986	EDUCATION AND RESEARCH	OH	115				No
(3)THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE 901 WOODY HAYES DRIVE  COLUMBUS, OH 43210 31-6025986	EDUCATION AND RESEARCH	OH	115				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

**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 II, III, or IV of this schedule

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		<b>No</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		<b>No</b>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	<b>Yes</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<b>Yes</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<b>Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		<b>No</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		<b>No</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		<b>No</b>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		<b>No</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		<b>No</b>

**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

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

[illegible]

**Part VII** **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1447726

Name: OHIO STATE UNIVERSITY PHYSICIANS INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) FAMILY MEDICINE FOUNDATION LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-0887246	MEDICAL CARE	OH	95,715	2,069,084	OSUP
(1) OSU EMERGENCY MEDICINE INC LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1229292	MEDICAL CARE	OH	22,609,561	10,990,489	OSUP
(2) OSU EYE PHYSICIANS AND SURGEONS LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-0828400	MEDICAL CARE	OH	16,802,130	10,194,187	OSUP
(3) OSU GYN AND OB CONSULTANTS LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-0873154	MEDICAL CARE	OH	17,790,327	6,712,084	OSUP
(4) OSU INTERNAL MEDICINE LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1369596	MEDICAL CARE	OH	167,536,226	41,145,723	OSUP
(5) OSU NEUROSCIENCE CENTER LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1466115	MEDICAL CARE	OH	12,465,943	3,596,662	OSUP
(6) OSU OTOLARYNGOLOGY-HEAD AND NECK SURGERY LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 20-2288402	MEDICAL CARE	OH	18,433,415	6,824,486	OSUP
(7) OSU PATHOLOGY SERVICES LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-0895497	MEDICAL CARE	OH	33,386,512	18,331,305	OSUP
(8) OSU PHYSICAL MEDICINE AND REHABILITATION LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1255565	MEDICAL CARE	OH	8,992,384	1,759,086	OSUP
(9) OSU PLASTIC SURGERY LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 45-1800147	MEDICAL CARE	OH	6,356,590	3,812,624	OSUP
(10) OSU PSYCHIATRY LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 20-0437235	MEDICAL CARE	OH	11,463,009	2,724,800	OSUP
(11) OSU RADIATION ONCOLOGY LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1408591	MEDICAL CARE	OH	11,265,820	7,280,338	OSUP
(12) OSU RADIOLOGY LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 41-2181939	MEDICAL CARE	OH	32,092,670	12,964,619	OSUP
(13) OSU SURGERY 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1164903	MEDICAL CARE	OH	31,360,506	12,789,887	OSUP
(14) OSU UROLOGY LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 20-4476421	MEDICAL CARE	OH	6,659,378	1,535,189	OSUP
(15) OSUP CORPORATE 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 31-1447726	MEDICAL CARE	OH	10,764,968	31,986,864	N/A
(16) OSUP COMMUNITY OUTREACH LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 46-3580388	MEDICAL CARE	OH	3,722,870	1,602,622	OSUP
(17) MOUNT CARMEL - OSU PHYSICIAN ALLIANCE LLC 700 ACKERMAN RD STE 600 COLUMBUS, OH 43202 46-4924275	MEDICAL CARE	OH	0	271,618	OSUP