SCANNED JON 0 1 2020

	A	1(1)	DECIT	SI SIZ(A)()	,		IXDV	1			
Form	990-T	E	Exempt Orga	nization Bu	sine	ss Income T	ax Return	Ĺ	OMB No 1545-0687		
•*	° (066)		. (a		0047						
(,*	(000)	For ca	lendar year 2017 or other tax yea	8	201/						
	tment of the Treasury		Go to www	`	Open to Public Inspection for						
	al Revenue Service		Do not enter SSN numbe	5	01(c)(3) Organizations Only						
A L	Check box if address changed		Name of organization (D Employer identification number (Employees' trust, see instructions)							
<u> </u>		Deins	OHIO STATE		L-1447726						
X	xempt under section	Print or	Number, street, and room	E Unrelated business activity codes							
	408(e) 220(e)	Туре	700 ACKERMA	(See instructions)							
\vdash	408A 530(a)		City or town, state or pro								
] 529(a)	COLUMBUS, OH 43202 900099									
C Bo	ok value of all assets and of year		F Group exemption num	ber (See instructions.)				-			
	221,032,9		G Check organization typ				401(a)	trust	Other trust		
			ary unrelated business acti				<u>ITS</u>				
			poration a subsidiary in an		ent-subsi	diary controlled group?	► L	Yes	S X No		
			tifying number of the parer DEBORAH CHUD			Talaah	one number > 6	1 / (85-1517		
			de or Business Inc			(A) Income	(B) Expenses		(C) Net		
_	Gross receipts or sale				\top	(/// ////	(5) Exponde		(0)1101		
Ď	Less returns and allow			c Balance	1c		•				
2	Cost of goods sold (S		A, line 7)	,	2						
3	Gross profit Subtract	line 2 fr	rom line 1c		3						
4 a	Capital gain net incom	e (attac	ch Schedule D)	10	4a						
b	Net gain (loss) (Form	4797, P	Part II, line 17) (attach Forn	1 47(974)	4b						
C	Capital loss deduction				4c	`					
5	Income (loss) from pa	rtnersh	ips and 9 corporations (att RECEIVED	l ach- statement)	5						
6	Unrelated debt-finance				7			-			
7 8			-	inganizations (Sch. F)							
9	Investment income of	Section	and rents from controlled on 501(c)(7), (9), or (17) o	roanization (Schedule G) 9			<u>†</u>			
10	Exploited exempt activ			[호]	10						
11			JGDEN, UT								
12	Other income (See ins										
	Total. Combine lines				13	0.					
Ра			ot Taken Elsewher utions, deductions must				income)				
				· · · · · · · · · · · · · · · · · · ·	O WILLI	ne uniciated business	meome ,	44			
14 15	Salaries and wages	cers, un	rectors, and trustees (Sche	saule K)				14 15			
16	Repairs and maintena	ance						16	· · · · · · · · · · · · · · · · · · ·		
17	Bad debts							17			
18	Interest (attach sche	dule)						18			
19	Taxes and licenses							19			
20		•	e instructions for limitation	rules)				20			
21	Depreciation (attach		•			21					
22	·	imed or	n Schedule A and elsewher	e on return		_22a		22b			
23 24	Depletion	rrad ca	mnoneation plans					23			
25		ontributions to deferred compensation plans mployee benefit programs									
26	Excess exempt expenses (Schedule I)										
27	Excess readership co		26 27								
28	Óther deductions (att	28									
29	Total deductions Ad	dd lines	14 through 28					29	0.		
30	Unrelated business ta	i	3 D	0.							
31			(limited to the amount on	•				3			
32			ncome before specific dedu			30	_5/	32	1 000		
33	•	_	y \$1,000, but see line 33 in	·	•	than line 00 and the t	30	33	1,000.		
34	Unrelated business t line 32	axable	income. Subtract line 33	irom line 32 It line 33 ii	s greater	man line 32, enter the sm	ialier of zero or	,	0.		
20070		r Danar	work Reduction Act Notice	na a instructions		· · · · · ·		34	Form 990-T (2017)		

Form 990-		OHIO STATE UNIVERSITY PHYSICIANS, INC. 31 Tax Computation	-144	7726	·	Page 2
				т т		
35		nizations Taxable as Corporations. See instructions for tax computation.		1 1		
		rolled group members (sections 1561 and 1563) check here See instructions and:				
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		1 1		
	U)	\$ 78x\s (3)\s				
þ.	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)		1 1		
	(2) A	Additional 3% tax (not more than \$100,000)				_
C	Incor	me tax on the amount on line 34		35c		0.
36	Trust	is Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		1 1		
		Tax rate schedule or Schedule D (Form 1041)		36		
37	Proxy	y tax. See instructions		37		
38	Altern	native minimum tax		38		
39	Tax o	on Non-Compliant Facility Income. See instructions		39		
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
Part I	V	Tax and Payments		1		
41a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)				
Ь	Other	r credits (see instructions)		1 1		
c		ral business credit. Attach Form 3800		1		
d		t for prior year minimum tax (attach Form 8801 or 8827)		1		
e		credits. Add lines 41a through 41d		41,e		
42		ract line 41e from line 40		42		0.
43		r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	chedule)	43		
44		tax. Add lines 42 and 43		44		0.
		nents: A 2016 overpayment credited to 2017		H		
75 a	-	estimated tax payments 45b		1 '		
C		leposited with Form 8868		1 1		
-		gn organizations: Tax paid or withheld at source (see instructions)		1 [
				1		
		· · · · · · · · · · · · · · · · · · ·		1		
				1		
9	$\overline{}$		639.			
40			033.	ا مرد ا	19,63	30
46				17	15,0.	
47		nated tax penalty (see instructions). Check if Form 2220 is attached				
48		lue. If line 46 is less than the total of lines 44 and 47, enter amount owed	2	48	19,63	3.0
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	The second	50	19,6	
50 Part \		the amount of line 49 you want; Credited to 2018 estimated tax		7 30 1	13,0.	J J •
	_		<u>, </u>		TvaaT	No.
51		y time during the 2017 calendar year, did the organization have an interest in or a signature or other authority a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			Yes	No
		EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				
					1 1	x
	here				$- \vdash \vdash \vdash$	X
52		ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	ustr			
53		S, see instructions for other forms the organization may have to file.				
- 33	_	the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$ and the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the penalties of perjury.	my knowle	dge and belief	ıt is true.	
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	,	.		
Here		2-19-20 PRESIDENT			uss this return w	rith
		Signature of officer Date Title		e preparer show structions)?	Yes T] No
		Print/Type preparer's name Preparer's signature Date Check		f PTIN		
			mployed	1 1 104		
Paid		CPA CRAWFORD, CPA 02/08/20	mpioyed	חחם	573197	
Prepa			s EIN 🕨		1178661	1
Use C	nly	9200 WORTHINGTON RD, STE. 200	2 CIN	337.	<u> </u>	<u> </u>
		Firm's address WESTERVILLE, OH 43082 Phon	ann 6	14-88	5_2582	
		Trimis accorded MEDIEVATION ON 43002 [Filling	<u>. 110</u> . Q		m 990-T ((2017)
				ru	,,,, 556 1 ((۱۱ تات)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	valuation ► N/A						
1 Inventory at beginning of year 1				6 Inventory at end of year						
2 Purchases 2			7	Cost of goods sold Su	ubtract	line 6				
3 Cost of labor 3				from line 5. Enter here	and in I	Part I,				
4a Additional section 263A costs	line 2					7				
(attach schedule) 4a				8 Do the rules of section 263A (with respect to						
b Other costs (attach schedule)	4b		╛	property produced or a	cquirec	_				
5 Total. Add lines 1 through 4b	5			the organization?	_					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	')		
Description of property										
										
(1)	<u> </u>									
(3)										
(4)										
	2 Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	personal	conal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	r conne nd 2(b)	octed with the income in (attach schedule)		
(1)			-							
(2)										
(3)				-						
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns		nter				(b) Total deductions Enter here and on page 1,				
here and on page 1, Part I, line 6, colum Schedule E - Unrelated Del		Income /ess			0.	Part I, line 6, column (B)	<u> </u>	0.		
Scriedule E - Officialed Dei	ot-i manceu	income (see	T	ictions)	<u> </u>	3 Deductions directly con	nected	with or allocable		
			1	2. Gross income from or allocable to debt-	L.,	to debt-finance		pperty		
1 Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			1	,						
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	'	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%			\perp			
(4)	<u>] </u>			%						
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals				•		0		0.		
Total dividends-received deductions	ncluded in columi	n 8		·			\mathbf{I}	0.		

Schedule F - Interest,		<u>-</u> -		Controlled O					tructions		
1. Name of controlled organize	ition	2. Employer identification number	3. Net unr (loss) (see	Net unrelated income loss) (see instructions)		nents made included		t of column 4 that is ed in the controlling ation's gross income		6 Deductions directly connected with income in cotumn 5	
(1)											
(2)	1									<u> </u>	
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income		ed income (loss) tructions)	9 Total	of specified payr made	nents	10 Part of colur in the controlli gross				ductions directly connected income in column 10	
(1)											
(2)	<u> </u>		_								
(3)	<u> </u>										
(4)											
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part i, line 8, column (B)	
Totals					•			0.		0 .	
Schedule G - Investme	ent Income of tructions)	of a Section	n 501(c)(7	'), (9), or (17) Org	ganization					
•	cription of income			2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)	
(1)					-	(attach sched	u(6)			(coi 3 pius coi 4)	
(2)											
(3)										1.	
(4)				 						+	
(4)				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals			•		٥.					0	
Schedule I - Exploited	•	tivity Incon	ne, Other	Than Adv		g Income				- <u>!</u>	
(see instr 1. Description of exploited activity	2 Gross unrelated busin income from trade or busine	ess directly	Expenses y connected production unrelated ess income	4 Net incom from unrelated business (co minus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribute colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		,									
(2)											
(3)											
(4)											
	Enter here and page 1, Part line 10, col (#	l, pagi N) line 1	here and on e 1, Part I, 10, col (B)			"				Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisi	ing Income	(see instruction	0.	L	··] 0.	
Part I Income From				solidated	Basis						
1 Name of periodical	adve	Gross irtising au	3 Direct dvertising costs			5 Circulate income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				-							
(3)											
Totals (carry to Part II, line (5))	>	0.	0	•						0	
		•								Form 990-T (201)	

Part !! Income From Perio columns 2 through 7 on a			осра:		on peno	ulcai listed iii Fi		
1. Name of periodical	2 Gross advertising income	3. Dur advertisin		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		culation 6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.		0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here page 1, I line 11, c	Part I,			,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	of Officers, D	Director	s, and	Trustees (see in:	structio	ns)		
1 Name				2 Title		3 Percent of time devoted to business		pensation attributable rrelated business
(1)						%		
(2)						%		
(3)					·	%		

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0.

(4)

Total Enter here and on page 1, Part II, line 14

	FOOTNOTES	STATEMENT 1
REPEAL OF SECTION 512(A)	(7) ADJUSTMENTS:	
OTHER INCOME - ORIGINAL I		94,517.
OTHER INCOME - AMENDED RI	TTURN	0.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
AMOUNT DUE ON ORIGINAL RETURN	19,639.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	19,639.