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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
700 ACKERMAN RD STE 505 NO 5000

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43202

F Name and address of principal officer:
L ARICK FORREST MD
700 ACKERMAN RD STE 505 NO 5000
COLUMBUS, OH 43202

D Employer identification number

31-1447726

E Telephone number

(614) 784-7800

G Gross receipts \$ 607,550,706

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.OSUPHYSICIANS.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2002

M State of legal domicile:
OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OHIO STATE UNIVERSITY PHYSICIANS ALONG WITH THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE RENDER CLINICAL SERVICES IN CONNECTION WITH THEIR TEACHING DUTIES AND PROVIDE MEDICAL CARE TO ALL THOSE WHO SEEK SUCH SERVICES. THE PHYSICIANS SUPPORT ACADEMIC ENRICHMENT TO THE EDUCATIONAL AND RESEARCH PROGRAMS OF THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE AS WELL AS CHARITY CARE TO SUPPORT THE CLINICAL MISSION OF OSU INCLUDING PROVIDING CARE TO INDIVIDUALS THAT MAY NOT BE ABLE TO AFFORD CARE. ADDITIONALLY THEY SUPPORT PATIENTS THAT ARE A PART OF THE MEDICARE / MEDICAID PROGRAMS BY ACCEPTING PAYMENTS FOR SERVICES THAT ARE LESS THAN COST.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 30

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,452

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g) 569,122,597 603,989,617

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,178,248 934,050

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,011,166 1,892,666

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 573,312,011 606,816,333

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 10,787,260 7,917,409

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 428,497,234 483,038,853

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 106,101,328 107,667,062

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 545,385,822 598,623,324

19 Revenue less expenses. Subtract line 18 from line 12 27,926,189 8,193,009

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 245,703,137 280,155,333

21 Total liabilities (Part X, line 26) 48,337,740 74,494,188

22 Net assets or fund balances. Subtract line 21 from line 20 197,365,397 205,661,145

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2021-04-23
Date

L ARICK FORREST MD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date
2021-04-23

Check ☐ if self-employed

PTIN
P00671418

Firm's name ▶ BLUE & CO LLC

Firm's EIN ▶ 35-1178661

Firm's address ▶ 9200 WORTHINGTON RD STE 200
WESTERVILLE, OH 43082

Phone no. (614) 885-2583

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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.

4a	(Code:) (Expenses \$	129,868,842	including grants of \$	7,917,409) (Revenue \$	17,195,698)
See Additional Data					

4b	(Code:) (Expenses \$	312,932,569	including grants of \$) (Revenue \$	136,027,730)
See Additional Data					















4c	(Code:) (Expenses \$	8,457,591	including grants of \$) (Revenue \$)
See Additional Data					

(Code:) (Expenses \$	71,607,419	including grants of \$) (Revenue \$	450,834,327)
ALL OTHER PROGRAM SERVICES INCLUDE CLINICAL CARE FOR PATIENTS TYPICAL OF AN ACADEMIC PHYSICIAN OFFICE PRACTICE.				

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	71,607,419	including grants of \$) (Revenue \$	450,834,327)

4e	Total program service expenses ▶	522,866,421			
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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 Yes	
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	
21 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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	91
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	30	
1b Enter the number of voting members included in line 1a, above, who are independent	1	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶DEBORAH CHUDZIK 700 ACKERMAN RD SUITE 5000 COLUMBUS, OH 43202 (614) 685-1517

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

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

a 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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	29,337,710	3,772,123	

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 ▶ 62

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 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>	5	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
TAFT STETTINIUS & HOLLISTER LLP 65 EAST STATE ST SUITE 1000 COLUMBUS, OH 43215	LEGAL	705,795
MEDSPEED LLC 655 WEST GRAND AVE SUITE 320 ELMHURST, IL 60126	MEDICAL COURIER SERVICE	304,722
SPENCER STUART PO BOX 98991 CHICAGO, IL 60693	CONSULTING	166,543
GREGORY MEIS 8790 COLD WATER DR POWELL, OH 43065	PHYSICIAN LABOR	153,330
REDI-CLEAN ENTERPRISES LLC PO BOX 1205 HILLARD, OH 43026	CLEANING SERVICES	144,437

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

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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: \$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a NET PATIENT CARE REVENUE		Business Code				
			900099	383,815,352	383,815,352		
	b MEDICAL CENTER REVENUE		900099	101,042,237	101,042,237		
	c CONTRACT REVENUE		900099	58,760,737	58,760,737		
	d SALARY RECOVERY		900099	16,787,768	16,787,768		
	e CARES PROVIDER RELIEF FUNDS		900099	11,804,828	11,804,828		
	f All other program service revenue.			31,778,695	31,778,695		
	g Total. Add lines 2a-2f. ▶		603,989,617				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,668,423		1,668,423	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	1,825,132				
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	1,825,132			
	d Net rental income or (loss) ▶			1,825,132	1,825,132		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales expenses	7b	734,373			
		c Gain or (loss)	7c	-734,373			
	d Net gain or (loss) ▶			-734,373		-734,373	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	67,534	67,534			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			67,534				
12 Total revenue. See instructions ▶			606,816,333	605,882,283	0	934,050	

Form 990 (2019)

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	7,917,409	7,917,409		
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	25,196,926	21,921,326	3,275,600	
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	373,464,209	324,913,862	48,550,347	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,205,059	3,658,401	546,658	
9 Other employee benefits	78,945,449	68,682,540	10,262,909	
10 Payroll taxes	1,227,210	1,067,673	159,537	
11 Fees for services (non-employees):				
a Management				
b Legal	755,780	657,529	98,251	
c Accounting	994,990	865,641	129,349	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,176,634	27,123,672	4,052,962	
12 Advertising and promotion	489,699	426,038	63,661	
13 Office expenses	19,908,930	17,320,769	2,588,161	
14 Information technology	3,321,309	2,889,539	431,770	
15 Royalties				
16 Occupancy	10,671,516	9,284,219	1,387,297	
17 Travel	4,091,985	3,560,027	531,958	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	445,094	387,232	57,862	
20 Interest	279,440	243,113	36,327	
21 Payments to affiliates	15,869,792	13,806,719	2,063,073	
22 Depreciation, depletion, and amortization	3,392,753	2,951,695	441,058	
23 Insurance	352,067	306,298	45,769	
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	7,964,521	7,964,521		
b OTHER EXP	7,952,552	6,918,198	1,034,354	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	598,623,324	522,866,421	75,756,903	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		131,950,672	1	169,008,631	
	2	Savings and temporary cash investments		15,289,792	2	13,852,058	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		45,177,753	4	40,889,392	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		1,356,212	8	771,223	
	9	Prepaid expenses and deferred charges		1,906,817	9	2,498,085	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	60,556,027			
	b	Less: accumulated depreciation	10b	34,979,542	26,747,418	10c	25,576,485
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		23,274,473	15	27,559,459	
16	Total assets. Add lines 1 through 15 (must equal line 34)		245,703,137	16	280,155,333		
Liabilities	17	Accounts payable and accrued expenses		8,878,942	17	9,998,333	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		13,066,021	23	12,176,341	
	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		26,392,777	25	52,319,514	
	26	Total liabilities. Add lines 17 through 25		48,337,740	26	74,494,188	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		197,365,397	27	205,661,145	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		197,365,397	32	205,661,145	
33	Total liabilities and net assets/fund balances		245,703,137	33	280,155,333		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	606,816,333
2	Total expenses (must equal Part IX, column (A), line 25)	2	598,623,324
3	Revenue less expenses. Subtract line 2 from line 1	3	8,193,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	197,365,397
5	Net unrealized gains (losses) on investments	5	102,739
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	205,661,145

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
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 (2019)

Form 990, Part III, Line 4a:

ACADEMIC ENRICHMENT TO SUPPORT THE EDUCATIONAL AND RESEARCH PROGRAMS OF THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE.

Form 990, Part III, Line 4b:

SUPPORT PATIENTS THAT ARE A PART OF THE MEDICARE /MEDICAID PROGRAMS BY ACCEPTING PAYMENTS FOR SERVICES THAT ARE LESS THAN COST.

Form 990, Part III, Line 4c:

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

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			
GOERLITZ RYAN CFO	1.00 40.00	X		X				0	291,674	52,707
LEE CHERYL VICE PRESIDENT	1.00 40.00	X		X				0	795,121	106,151
PAWLIK TIMOTHY SECRETARY/TREASURER	1.00 40.00	X		X				0	993,929	112,220
ANGELOS MARK BOARD MEMBER	1.00 40.00	X						0	567,253	97,186
CATERINO JEFF BOARD MEMBER	1.00 40.00	X						0	360,327	82,400
CHAKRAVARTI ARNAB BOARD MEMBER	1.00 40.00	X						0	932,574	82,937
DUNGAN KATHLEEN BOARD MEMBER	1.00 40.00	X						0	196,280	49,736
FRANKEL WENDY BOARD MEMBER	1.00 40.00	X						0	600,334	100,575
GLASSMAN ANDREW BOARD MEMBER	1.00 40.00	X						0	889,323	104,204
HARTER RONALD BOARD MEMBER	1.00 40.00	X						0	655,387	101,431

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			
KOLETAR SUSAN BOARD MEMBER	1.00 40.00	X						0	333,150	50,730
LONDON MARK BOARD MEMBER	1.00 40.00	X						0	740,304	107,415
LONSER RUSSELL BOARD MEMBER	1.00 40.00	X						0	1,154,680	119,242
MALLAMPALLI RAMA BOARD MEMBER	1.00 40.00	X						0	671,717	86,749
MYSIW W JERRY BOARD MEMBER	1.00 40.00	X						0	446,009	85,780
NEEDLEMAN BRADLEY BOARD MEMBER	1.00 40.00	X						0	623,577	115,769
OHR MATTHEW BOARD MEMBER	1.00 40.00	X						0	820,725	106,602
PAPADAKIS MICHAEL BOARD MEMBER	1.00 40.00	X						0	738,571	99,918
POWERS CIARAN BOARD MEMBER	1.00 40.00	X						0	705,699	100,818
ROCCO JAMES BOARD MEMBER	1.00 40.00	X						0	836,291	116,646

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			
WHITE RICHARD BOARD MEMBER	1.00 40.00	X						0	751,504	114,910
MOORE AMY BOARD MEMBER	1.00 40.00	X						0	69,941	18,012
OLAYIWOLA JACQUELINE NWANDO BOARD MEMBER	1.00 40.00	X						0	229,788	36,134
PHAN KINH LUAN BOARD MEMBER	1.00 40.00	X						0	212,886	37,120
SEGAL BENJAMIN BOARD MEMBER	1.00 40.00	X						0	264,338	37,543
THOMAS ANDREW BOARD MEMBER / CMO	1.00 40.00	X						0	747,582	94,221
KENT K CRAIG BOARD MEMBER/DEAN,COM	1.00 40.00	X						0	1,082,930	106,512
MCQUAID DAVID CEO, HEALTH SYSTEM	1.00 40.00	X						0	1,275,016	137,878
FARRAR WILLIAM CEO, THE JAMES	1.00 40.00	X						0	1,002,984	90,492
LARMORE MARK CFO, MEDICAL CENTER	1.00 40.00	X						0	1,175,199	120,263

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			
PAZ HAROLD CHANCELLOR	1.00 40.00	X						0	856,971	80,991
FORREST L ARICK PRESIDENT	1.00 40.00			X				0	820,138	98,229
SHARP KYLE EXECUTIVE DIRECTOR	1.00 40.00			X				0	425,205	77,998
ELDER JAMES BRADLEY PHYSICIAN	1.00 40.00					X		0	1,047,587	110,700
FARHADI FRANCIS H PHYSICIAN	1.00 40.00					X		0	950,118	102,835
POLLOCK RAPHAEL ETOMAR PHYSICIAN	1.00 40.00					X		0	1,058,580	105,584
TANDON AMIT PHYSICIAN	1.00 40.00					X		0	1,001,471	91,515
WASHBURN WILLIAM KENNETH PHYSICIAN	1.00 40.00					X		0	974,800	107,474
CHANDAWARKAR RAJIV BOARD MEMBER 1/1/19-6/30/19	1.00 40.00						X	0	628,071	101,216
RYAN EILEEN BOARD MEMBER 1/1/19-6/30/19	1.00 40.00						X	0	476,854	72,165

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			
SCHARRE DOUGLAS BOARD MEMBER 1/1/19-6/30/19	1.00 40.00						X	0	436,224	85,595
WELKER MARY JO BOARD MEMBER 1/1/19-6/30/19	1.00 40.00						X	0	496,598	65,520

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

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.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☒

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 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	5	Yes		145,738,634	0
Total	1				145,738,634	0

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
5a		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
6		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	11c	No

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 Part VI 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>		
	1	
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	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 Part VI the role the organization's supported organizations played in this regard.</i>		
	3	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 line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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 Part VI 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>		
	2a	
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 Part VI 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>		
	2b	
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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input checked="" type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493126010061

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages 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

b

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

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

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,090,595		2,090,595
b Buildings		18,172,306	8,304,296	9,868,010
c Leasehold improvements		25,236,315	16,632,178	8,604,137
d Equipment		14,697,706	10,043,068	4,654,638
e Other		359,105		359,105
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				25,576,485

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	22,531,400
(2) OTHER ASSETS	26,990
(3) NOTES RECEIVABLE - DUE FROM OTHERS	5,001,069
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	27,559,459

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	29,348,855
(3) OBLIGATIONS - PENSION	1,232,085
(4) OTHER CURRENT LIABILITIES	9,153,518
(5) MEDICARE ADVANCE PAYMENT PROGRAM	12,585,056
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	52,319,514

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

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

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	OSUP IS NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX EXEMPT PURSUANT TO SECTI ON 501(C)(3) OF THE INTERNAL REVENUE CODE. UNDER A NOW DISREGARDED LEGAL ENTITY NAME, OSUP OBTAINED ITS DETERMINATION LETTER ON OCTOBER 21, 1996, IN WHICH THE INTERNAL REVENUE SERV ICE STATED THAT THE ORGANIZATION WAS IN COMPLIANCE WITH APPLICABLE REQUIREMENTS OF THE INT ERNAL REVENUE CODE. OSUP MANAGEMENT AND LEGAL COUNSEL BELIEVE THAT THE ORGANIZATION IS CUR RENTLY DESIGNED AND BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE I NTERNAL REVENUE CODE. OSUP HAS DETERMINED NO PROVISION FOR INCOME TAXES IS NECESSARY NOR H AS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. ANY UNRELATED BUSI NESS INCOME IS TAXABLE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

Part I

General Information on Grants and Assistance

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

☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 432101016	31-6025986	115	7,917,409				ACADEMIC ENRICHMENT

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization OHIO STATE UNIVERSITY PHYSICIANS INC		Employer identification number 31-1447726

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 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 on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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				
1GOERLITZ RYAN CFO	(i)	0	0	0	0	0	0	0
	(ii)	256,484	34,710	480	30,026	22,681	344,381	0
1LEE CHERYL VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	654,601	139,968	552	83,086	23,065	901,272	0
2PAWLIK TIMOTHY SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	829,377	164,000	552	82,681	29,539	1,106,149	0
3ANGELOS MARK BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	456,201	107,947	3,105	80,843	16,343	664,439	0
4CATERINO JEFF BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	331,077	28,470	780	53,744	28,656	442,727	0
5CHAKRAVARTI ARNAB BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	726,612	203,580	2,382	53,232	29,705	1,015,511	0
6DUNGAN KATHLEEN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	195,170	0	1,110	25,442	24,294	246,016	0
7FRANKEL WENDY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	467,410	129,154	3,770	73,315	27,260	700,909	0
8GLASSMAN ANDREW BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	718,663	169,020	1,640	88,215	15,989	993,527	0
9HARTER RONALD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	551,622	99,343	4,422	76,190	25,241	756,818	0
10KOLETAR SUSAN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	295,015	35,006	3,129	42,405	8,325	383,880	0
11LANDON MARK BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	587,723	150,626	1,955	84,428	22,987	847,719	0
12LONSER RUSSELL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	939,896	214,232	552	96,513	22,729	1,273,922	0
13MALLAMPALLI RAMA BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	577,491	92,859	1,367	61,684	25,065	758,466	0
14MYSIW W JERRY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	371,182	72,846	1,981	57,450	28,330	531,789	0
15NEEDLEMAN BRADLEY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	547,449	75,300	828	85,893	29,876	739,346	0
16OHR MATTHEW BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	678,435	141,810	480	81,973	24,629	927,327	0
17PAPADAKIS MICHAEL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	602,154	134,200	2,217	76,337	23,581	838,489	0
18POWERS CIARAN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	705,078	6	615	74,087	26,731	806,517	0
19ROCCO JAMES BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	662,491	172,769	1,031	83,086	33,560	952,937	0

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				
21WHITE RICHARD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	642,571	107,874	1,059	99,200	15,710	866,414	0
1OLAYIWOLA JACQUELINE NWANDO BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	115,772	100,000	14,016	30,450	5,684	265,922	0
2PHAN KINH LUAN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	197,441	0	15,445	28,000	9,120	250,006	0
3SEGAL BENJAMIN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	243,861	0	20,477	34,300	3,243	301,881	0
4THOMAS ANDREW BOARD MEMBER / CMO	(i)	0	0	0	0	0	0	0
	(ii)	616,419	130,556	607	64,506	29,715	841,803	0
5KENT K CRAIG BOARD MEMBER/DEAN,COM	(i)	0	0	0	0	0	0	0
	(ii)	847,538	232,377	3,015	90,544	15,968	1,189,442	0
6MCQUAID DAVID CEO, HEALTH SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	923,835	345,950	5,231	111,539	26,339	1,412,894	0
7FARRAR WILLIAM CEO, THE JAMES	(i)	0	0	0	0	0	0	0
	(ii)	789,227	211,177	2,580	72,607	17,885	1,093,476	0
8LARMORE MARK CFO, MEDICAL CENTER	(i)	0	0	0	0	0	0	0
	(ii)	843,159	324,104	7,936	101,907	18,356	1,295,462	0
9PAZ HAROLD CHANCELLOR	(i)	0	0	0	0	0	0	0
	(ii)	780,229	50,000	26,742	70,369	10,622	937,962	0
10FORREST L ARICK PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	663,251	154,480	2,407	81,028	17,201	918,367	0
11SHARP KYLE EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	335,917	87,576	1,712	58,100	19,898	503,203	0
12ELDER JAMES BRADLEY PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	545,243	502,089	255	88,049	22,651	1,158,287	0
13FARHADI FRANCIS H PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	590,814	358,649	655	80,154	22,681	1,052,953	0
14POLLOCK RAPHAEL ETOMAR PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	824,114	226,686	7,780	99,200	6,384	1,164,164	0
15TANDON AMIT PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	593,268	407,338	865	66,647	24,868	1,092,986	0
16WASHBURN WILLIAM KENNETH PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	783,047	186,747	5,006	82,681	24,793	1,082,274	0
17CHANDAWARKAR RAJIV BOARD MEMBER 1/1/19-6/30/19	(i)	0	0	0	0	0	0	0
	(ii)	544,715	82,119	1,237	83,086	18,130	729,287	0
18RYAN EILEEN BOARD MEMBER 1/1/19-6/30/19	(i)	0	0	0	0	0	0	0
	(ii)	296,997	178,478	1,379	57,272	14,893	549,019	0
19SCHARRE DOUGLAS BOARD MEMBER 1/1/19-6/30/19	(i)	0	0	0	0	0	0	0
	(ii)	365,539	68,439	2,246	63,630	21,965	521,819	0

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				
41WELKER MARY JO BOARD MEMBER 1/1/19-6/30/19	(i)	0	0	0	0	0	0	0
	(ii)	410,954	82,611	3,033	48,970	16,550	562,118	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF FRANKLIN OHIO	31-6400067		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	570,855							
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								
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	15,381,000							
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 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

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

31-1447726

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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 COMMITTEE'S ARE RESPONSIBLE FOR REVIEWING ANY POTENTIAL CONFLICT TO DETERMINE IF ONE EXISTS. IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THE ACTION OR DECISION BEING AFFECTED SHOULD BE REVIEWED AND THE DECISION DOCUMENTED IN WRITING BY THE PRACTICE ADMINISTRATOR/COO IN COLLABORATION WITH THE OSUP HUMAN RESOURCES DEPARTMENT. ALL DOCUMENTATION SHOULD BE MAINTAINED IN THE ASSOCIATE'S PERSONNEL FILE AND DEPARTMENT FILE. IF THE INDIVIDUAL CONCERNED DOES NOT AGREE WITH THE DECISION HE OR SHE MAY APPEAL THE DECISION TO THE NEXT LEVEL OF MANAGEMENT AS NECESSARY.</p>

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE THROUGH ITS LEGAL COUNSEL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OHIO STATE UNIVERSITY PHYSICIANS INC

Employer identification number
31-1447726

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table					
(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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE OHIO STATE UNIVERSITY	B	15,869,792	
(2) THE OHIO STATE UNIVERSITY	O	325,379,066	
(3) THE OHIO STATE UNIVERSITY	P	129,868,842	
(4) THE OHIO STATE UNIVERSITY	L	101,042,237	
(5) THE OHIO STATE UNIVERSITY	K	5,666,033	

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

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
FAMILY MEDICINE FOUNDATION LLC 700 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-0887246	MEDICAL CARE	OH	28,042	1,645,421	OSUP
OSU EMERGENCY MEDICINE INC LLC 701 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1229292	MEDICAL CARE	OH	27,572,767	9,041,523	OSUP
OSU EYE PHYSICIANS AND SURGEONS LLC 702 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-0828400	MEDICAL CARE	OH	23,645,379	15,481,553	OSUP
OSU GYN AND OB CONSULTANTS LLC 703 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-0873154	MEDICAL CARE	OH	21,842,768	6,647,617	OSUP
OSU INTERNAL MEDICINE LLC 704 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1369596	MEDICAL CARE	OH	205,063,515	44,746,394	OSUP
OSU NEUROSCIENCE CENTER LLC 705 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1466115	MEDICAL CARE	OH	14,103,717	2,903,597	OSUP
OSU OTOLARYNGOLOGY-HEAD AND NECK SURGERY LLC 706 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 20-2288402	MEDICAL CARE	OH	21,745,814	7,390,155	OSUP
OSU PATHOLOGY SERVICES LLC 707 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-0895497	MEDICAL CARE	OH	37,851,374	27,520,497	OSUP
OSU PHYSICAL MEDICINE AND REHABILITATION LLC 708 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1255565	MEDICAL CARE	OH	10,785,939	1,954,088	OSUP
OSU PLASTIC SURGERY LLC 709 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 45-1800147	MEDICAL CARE	OH	8,680,788	4,685,030	OSUP
OSU PSYCHIATRY LLC 710 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 20-0437235	MEDICAL CARE	OH	14,514,328	4,049,584	OSUP
OSU RADIATION ONCOLOGY LLC 711 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1408591	MEDICAL CARE	OH	13,021,068	6,719,141	OSUP
OSU RADIOLOGY LLC 712 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 41-2181939	MEDICAL CARE	OH	39,836,746	32,054,023	OSUP
OSU SURGERY 713 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1164903	MEDICAL CARE	OH	41,665,018	18,010,702	OSUP
OSU UROLOGY LLC 714 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 20-4476421	MEDICAL CARE	OH	9,727,957	1,552,182	OSUP
OSUP CORPORATE 715 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 31-1447726	MEDICAL CARE	OH	7,636,158	4,449,569	N/A
OSUP COMMUNITY OUTREACH LLC 716 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 46-3580388	MEDICAL CARE	OH	191,737	91,227,871	OSUP
MOUNT CARMEL - OSU PHYSICIAN ALLIANCE LLC 717 ACKERMAN RD STE 5000 COLUMBUS, OH 43202 46-4924275	MEDICAL CARE	OH	0	570,246	OSUP