

Return of Organization Exempt From Income Tax

2001

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year period beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization OHIO PHYSICIANS EFFECTIVENESS PROGRAM		D Employer identification number 34-1817218
		Number and street (or P O box if mail is not delivered to street address) Room/suite 445 EAST GRANVILLE ROAD, Bldg C		E Telephone number 614-841-9690
		City or town, state or country, and ZIP + 4 WORTHINGTON, OH 43085		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual (specify)

G Web site **OPEP.org**

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **637,397.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	376,416.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	50,000.		
	d Total (add lines 1a through 1c) (cash \$ 426,416. noncash \$ _____)	1d		426,416.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		121,570.	
	3 Membership dues and assessments	3		56,298.	
	4 Interest on savings and temporary cash investments	4		22,176.	
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		10,937.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		637,397.		
Expenses	13 Program services (from line 44, column (B))	13		369,951.	
	14 Management and general (from line 44, column (C))	14		107,799.	
	15 Fundraising (from line 44, column (D))	15		31,411.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		509,161.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		128,236.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		619,253.	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 1	20		-19,344.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		728,145.	

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 43,117.	40,961.	0.	2,156.
26	Other salaries and wages	26 179,438.	138,941.	37,169.	3,328.
27	Pension plan contributions	27			
28	Other employee benefits	28 44,972.	34,822.	9,316.	834.
29	Payroll taxes	29 15,959.	12,357.	3,306.	296.
30	Professional fundraising fees	30			
31	Accounting fees	31 11,059.		11,059.	
32	Legal fees	32 10.		10.	
33	Supplies	33 3,057.	2,751.	306.	
34	Telephone	34 6,209.	4,967.	621.	621.
35	Postage and shipping	35 3,864.	2,898.		966.
36	Occupancy	36 16,757.	12,149.	3,351.	1,257.
37	Equipment rental and maintenance	37 2,254.	2,254.		
38	Printing and publications	38 5,919.	4,439.		1,480.
39	Travel	39 20,550.	20,550.		
40	Conferences, conventions, and meetings	40 2,503.	2,503.		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 6,186.		6,186.	
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	See Statement 2	43e 147,307.	90,359.	36,475.	20,473.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 509,161.	369,951.	107,799.	31,411.

Joint Costs Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

ASSIST MEDICAL PROFESSIONS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)

a	THESE EXPENSES ARE INCURRED IN THE PROCESS OF TREATING THE RECOVERY & ADVOCACY NEEDS OF PHYSICIANS, ETC.. INVOLVING SUBSTANCE USE, ETC.. INCLUDING EDUCATION, CONSULTATION, INTERVENTION, MONITORING, ETC. (Grants and allocations \$ _____)	303,428.
b	LABORATORY ANALYSIS AND DRUG SCREENING _____ _____ (Grants and allocations \$ _____)	66,523.
c	_____ _____ (Grants and allocations \$ _____)	
d	_____ _____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	369,951.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	250,090.	45	161,560.
	46 Savings and temporary cash investments	150,000.	46	176,977.
	47 a Accounts receivable	47a 101,923.		
	b Less allowance for doubtful accounts	47b	61,599.	47c 101,923.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		3,050.	53 7,086.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a 40,347.			
b Less accumulated depreciation Stmt 3	57b 32,474.	13,374.	57c 7,873.	
58 Other assets (describe ▶ See Statement 4)		150,074.	58 280,730.	
59 Total assets (add lines 45 through 58) (must equal line 74)		628,187.	59 736,149.	
Liabilities	60 Accounts payable and accrued expenses	8,934.	60	8,004.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶)			65 0.
66 Total liabilities (add lines 60 through 65)		8,934.	66 8,004.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	619,253.	67	728,145.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		619,253.	73 728,145.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		628,187.	74 736,149.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization OHIO PHYSICIANS EFFECTIVENESS FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed OHIO		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 6		

91 The books are in care of **BETSY ARVIDSON** Telephone no **614-841-9690**

Located at **445 EAST GRANVILLE ROAD, WORTHINGTON, OH** ZIP + 4 **43085**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

Employer identification number

34 1817218

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is* (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	451,108.	451,041.	440,351.	309,527.	1,652,027.
16 Membership fees received	28,820.	23,782.			52,602.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	95,778.	93,554.	105,630.	113,921.	408,883.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18,286.	13,638.	11,553.	2,213.	45,690.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	9,835.	12,443.	See Statement 7		22,278.
23 Total of lines 15 through 22	603,827.	594,458.	557,534.	425,661.	2,181,480.
24 Line 23 minus line 17	508,049.	500,904.	451,904.	311,740.	1,772,597.
25 Enter 1% of line 23	6,038.	5,945.	5,575.	4,257.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 35,452.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c 1,772,597.
	d Add Amounts from column (e) for lines 18 _____ 19 _____	45,690.			26d 67,968.
	22 _____ 26b _____	22,278.			26e 1,704,629.
	e Public support (line 26c minus line 26d total)				26f 96.1656%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines 15 _____ 16 _____				27c N/A
	17 _____ 20 _____				27d N/A
	d Add Line 27a total _____ and line 27b total _____				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

None

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) **N/A**

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500 000	20% of the amount on line 40	}
	Over \$500 000 but not over \$1 000 000	\$100,000 plus 15% of the excess over \$500 000	
	Over \$1 000,000 but not over \$1 500,000	\$175 000 plus 10% of the excess over \$1 000,000	
	Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	
	Over \$17 000 000	\$1 000,000	
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

Employer identification number

34-1817218

Organization type (check one)

- | Filers of | Section |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization OHIO PHYSICIANS EFFECTIVENESS PROGRAM	Employer identification number 34-1817218
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Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ <u>300,888.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	Management and General											
1	OFFICE FURNITURE	071997200	DB5.00	17		1,872.			1,872.	1,529.		229.
2	PRINTERS	090897200	DB5.00	17		1,028.			1,028.	839.		126.
3	FAX MACHINE	112597200	DB5.00	17		404.			404.	321.		55.
4	LAP TOP COMPUTERS	122297200	DB5.00	17		8,654.			8,654.	6,878.		1,184.
5	COMPUTER SYSTEM	010197200	DB5.00	17		5,000.			5,000.	4,298.		468.
6	DATA SCANNER	012298200	DB5.00	17		800.			800.	613.		75.
7	COMPUTER UPGRADE	020398200	DB5.00	17		579.			579.	444.		54.
8	BREATHALIZER KIT	061798200	DB5.00	17		2,814.			2,814.	2,055.		304.
9	FURNITURE-PAT'S OFFI	091598200	DB7.00	17		665.			665.	362.		87.
10	PRINTER & SERVER	112598200	DB5.00	17		2,528.			2,528.	1,664.		346.
11	TELEPHONE SYSTEM	113098200	DB5.00	17		2,525.			2,525.	1,661.		345.
12	OFFICE FURN-DR ERWIN	120198200	DB7.00	17		1,157.			1,157.	588.		163.
13	FILE CABINET	120898200	DB5.00	17		1,467.			1,467.	965.		201.
14	TELEPHONE WIRING	020199200	DB5.00	17		567.			567.	286.		112.
15	MOTHER BOARD-COMPUTE	070199200	DB5.00	17		615.			615.	274.		137.
16	COMPUTER EQUIPMENT	090199200	DB5.00	17		584.			584.	260.		130.
17	DELL COMPUTER EQUIP	120799200	DB5.00	17		5,204.			5,204.	2,394.		1,124.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
18	STAFF COMPUTER	122199	200DB	5.00	17	1,709.			1,709.	786.		369.
19	COMPUTER	120100	200DB	5.00	17	1,491.			1,491.	75.		567.
20	DESKS	030101	200DB	7.00	15C	474.			474.			68.
21	FAX MACHINE	112701	200DB	5.00	15B	209.			209.			42.
	* 990 Page 2 Total					40,346.		0.	40,346.	26,292.	0.	6,186.
	* Grand Total 990 Page 2					40,346.		0.	40,346.	26,292.	0.	6,186.
	Depr											

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
Description		Amount	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OPEP FOUNDATION		-19,344.	
Total to Form 990, Part I, line 20		-19,344.	

Form 990	Other Expenses			Statement	2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
DEVELOPMENT	28,800.	8,520.		20,280.	
LAB EXPENSE	66,523.	66,523.			
REPAIRS AND MAINTENANCE	1,182.		1,182.		
INSURANCE	4,072.		4,072.		
DUES AND SUBSCRIPTIONS	1,189.	1,189.			
BANK CHARGES	216.		216.		
OFFICE EXPENSE	1,929.	868.	868.	193.	
COMPUTER SERVICES	2,674.	1,337.	1,337.		
CONTINUING EDUCATION	1,236.	1,236.			
CONTRIBUTIONS	0.				
BAD DEBTS	8,086.	8,086.			
HIRING/RECRUITMENT	2,600.	2,600.			
CONSULTING EXPENSE	28,800.		28,800.		
Total to Fm 990, ln 43	147,307.	90,359.	36,475.	20,473.	

Form 990	Depreciation of Assets Not Held for Investment			Statement	3
Description	Cost or Other Basis	Accumulated Depreciation	Book Value		
OFFICE FURNITURE	1,872.	1,758.	114.		
2 PRINTERS	1,028.	965.	63.		
FAX MACHINE	404.	376.	28.		
LAP TOP COMPUTERS	8,654.	8,062.	592.		
COMPUTER SYSTEM	5,000.	4,766.	234.		
DATA SCANNER	800.	688.	112.		
COMPUTER UPGRADE	579.	498.	81.		

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

34-1817218

BREATHALIZER KIT	2,814.	2,359.	455.
FURNITURE-PAT'S OFFI	665.	449.	216.
PRINTER & SERVER	2,528.	2,010.	518.
TELEPHONE SYSTEM	2,525.	2,006.	519.
OFFICE FURN-DR ERWIN	1,157.	751.	406.
1 FILE CABINET	1,467.	1,166.	301.
TELEPHONE WIRING	567.	398.	169.
MOTHER BOARD-COMPUTE	615.	411.	204.
COMPUTER EQUIPMENT	584.	390.	194.
DELL COMPUTER EQUIP	5,204.	3,518.	1,686.
STAFF COMPUTER	1,709.	1,155.	554.
COMPUTER	1,491.	642.	849.
2 DESKS	474.	68.	406.
FAX MACHINE	209.	42.	167.
Total to Form 990, Part IV, ln 57	40,346.	32,478.	7,868.

Form 990	Other Assets	Statement	4
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Description	Amount
DEPOSITS	74.
CAPITAL CONTRIBUTION - FOUNDATION	280,656.
Total to Form 990, Part IV, line 58, Column B	280,730.

Form 990 Part V - List of Officers, Directors, Trustees and Key Employees Statement 5

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
ROBERT C. ERWIN, D.O. STREETSBORO, OH	PRESIDENT 12	34,027.	2,722.	0.
DAVID D. GOLDBERG, D.O. DAYTON, OH	VICE-PRES. 5	0.	0.	0.
MOLLY A. KATZ, M.D. CINCINNATI, OH	SEC/TREAS. 5	0.	0.	0.
ROBER K. RUPP, ESQ. COLUMBUS, OH	CHAIRMAN 5	0.	0.	0.
FREDERICK N. KAROFFA GRANVILLE, OH	MEDICAL DIRECTOR 12	9,090.	0.	0.
MARTIN MACKLIN, M.D. CHARDON, OH	TRUSTEE 5	0.	0.	0.
GEORGE HARDING, IV, MD LOMA LINDA, CA	TRUSTEE 5	0.	0.	0.
JOHN J. PICKEN, MD OBERLIN, OH	TRUSTEE 5	0.	0.	0.
RANSOME R. WILLIAMS, M.D. COLUMBUS, OH	TRUSTEE 5	0.	0.	0.
TIMOTHY O. WIECHERS, J.D. COLUMBUS, OH	TRUSTEE 5	0.	0.	0.
FARSHID AFSARIFARD, PhD WILLOUGHBY, OH	TRUSTEE 5	0.	0.	0.
Totals Included on Form 990, Part V		43,117.	2,722.	0.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
26 Add amounts in column (h) Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i) Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (do not include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2001 tax year					
41 Amortization of costs that began before your 2001 tax year					41
42 Total Add amounts in column (f) See instructions for where to report					42

Depreciation and Amortization
 (Including Information on Listed Property) **990**

▶ See separate instructions ▶ Attach this form to your return.

Name(s) shown on return: **OHIO PHYSICIANS EFFECTIVENESS PROGRAM**
 Business or activity to which this form relates: **Form 990 Page 2**
 Identifying number: **34-1817218**

Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any "listed property," complete Part V before you complete Part I

1	Maximum dollar limitation. If an enterprise zone business, see instructions	24,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from 2000	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2001 Tax Year (Do not include listed property)

Section A - General Asset Account Election
 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions.

Section B - General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3 year property						
b 5 year property		209.	5 Yrs.	HY	200DB	42.
c 7 year property		474.	7 Yrs.	HY	200DB	68.
d 10 year property						
e 15 year property						
f 20-year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions)

16 a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property) (See instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2001	6,076.
18	Property subject to section 168(f)(1) election	
19	ACRS and other depreciation	

Part IV Summary (See instructions)

20	Listed property. Enter amount from line 25	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	6,186.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	