

**Return of Organization Exempt From Income Tax**

**2002**

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2002** calendar year, or tax year period beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>OHIO PHYSICIANS EFFECTIVENESS PROGRAM</b>		<b>D</b> Employer identification number <b>34-1817218</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>445 EAST GRANVILLE ROAD, BLDG C</b>		<b>E</b> Telephone number <b>614-841-9690</b>
		City or town, state or country, and ZIP + 4 <b>WORTHINGTON, OH 43085</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		<b>H and I are not applicable to section 527 organizations</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates <b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Enter 4-digit GEN

**G** Web site **OPEP.ORG**

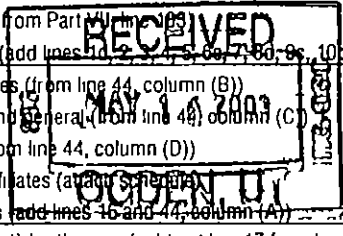
**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

**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.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **918,321.**

**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	544,407.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	129,526.		
	d	Total (add lines 1a through 1c) (cash \$ 673,933. noncash \$ )	1d	673,933.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	145,715.		
	3	Membership dues and assessments	3	69,804.		
	4	Interest on savings and temporary cash investments	4	17,750.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	6b	Less rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d				
Revenue	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			
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
Revenue	10a	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 VIII, line 93)	11	11,119.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	918,321.			
Expenses	13	Program services (from line 44, column (B))	13	509,751.		
	14	Management and general (from line 44, column (C))	14	115,066.		
	15	Fundraising (from line 44, column (D))	15	42,824.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17	667,641.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	250,680.			
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	728,145.		
	20	Other changes in net assets or fund balances (attach explanation)	20	-67,091.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	911,734.		



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OHIO PHYSICIANS EFFECTIVENESS PROGRAM

34-1817218

**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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	116,530.	110,704.	0.	5,826.
26	Other salaries and wages	188,981.	145,515.	39,686.	3,780.
27	Pension plan contributions				
28	Other employee benefits	54,912.	42,520.	11,313.	1,079.
29	Payroll taxes	18,362.	14,218.	3,783.	361.
30	Professional fundraising fees				
31	Accounting fees	22,109.		22,109.	
32	Legal fees	17,419.		17,419.	
33	Supplies	4,335.	3,901.		434.
34	Telephone	7,014.	5,611.	701.	702.
35	Postage and shipping	4,694.	3,520.		1,174.
36	Occupancy	16,758.	12,150.	3,352.	1,256.
37	Equipment rental and maintenance	2,756.	2,756.		
38	Printing and publications	11,570.	8,473.		3,097.
39	Travel	19,380.	19,380.		
40	Conferences, conventions, and meetings	8,048.	8,048.		
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	4,635.		4,635.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	170,138.	132,955.	12,068.	25,115.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	667,641.	509,751.	115,066.	42,824.

**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? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
<b>ASSIST MEDICAL PROFESSIONS</b> 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.)	
<b>a</b> THESE EXPENSES ARE INCURRED IN THE PROCESS OF TREATING THE RECOVERY & ADVOCACY NEEDS OF PHYSICIANS, ETC..INCLUDING SUBSTANCE USE, ETC..INCLUDING EDUCATION, CONSULTATION, INTERVENTION, MONITORING, ETC. (Grants and allocations \$ _____)	427,065.
<b>b</b> LABORATORY ANALYSIS AND DRUG SCREENING (Grants and allocations \$ _____)	82,686.
<b>c</b> _____ (Grants and allocations \$ _____)	
<b>d</b> _____ (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	509,751.

**Part IV Balance Sheets**

Note			(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			Beginning of year		End of year
Assets	45	Cash - non-interest-bearing	161,560.	45	378,274.
	46	Savings and temporary cash investments	176,977.	46	215,614.
	47 a	Accounts receivable	47a   107,823.		
	b	Less allowance for doubtful accounts	47b	101,923.	47c   107,823.
	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		7,086.	53   10,881.
	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   49,438.		
	b	Less accumulated depreciation STMT 3	57b   37,113.	7,873.	57c   12,325.
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 4 )		280,730.	58   213,639.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		736,149.	59   938,556.	
Liabilities	60	Accounts payable and accrued expenses	8,004.	60   15,622.	
	61	Grants payable		61	
	62	Deferred revenue		62   11,200.	
	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 <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)		8,004.	66   26,822.	
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	728,145.	67   911,734.	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		728,145.	73   911,734.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		736,149.	74   938,556.	

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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization <b>OHIO PHYSICIANS EFFECTIVENESS FOUNDATION</b> 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 <b>81a</b> 0.		
b	Did the organization file Form 1120-POL for this year?		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?		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) <b>82b</b> N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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 <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <b>87a</b> 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) <b>87b</b> 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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
90 a	List the states with which a copy of this return is filed <b>OHIO</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 <b>90b</b> 5		
91	The books are in care of <b>BETSY ARVIDSON</b> Telephone no <b>614-841-9690</b>		
	Located at <b>445 EAST GRANVILLE ROAD, WORTHINGTON, OH</b> ZIP + 4 <b>43085</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>TOXICOLOGY FEES</b>					145,715.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					69,804.
95 Interest on savings and temporary cash investments			14	17,750.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS</b>					11,119.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		17,750.	226,638.
105 Total (add line 104, columns (B), (D), and (E))					244,388.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am preparing this return and the accompanying schedules and statements and to the best of my knowledge and belief it is true and correct to the best of my knowledge and belief. I am not aware of any information of which preparer has any knowledge.

Date: 5-13-03  
 Type or print name and title: Stan Safereen, M.D. (President / Medical Director)

Preparer's SSN or PTIN: [Redacted]

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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
EDWARD POCZEKAJ ----- WORTHINGTON, OH	FIELD SRV DIR 40	55,730.	4,458.	
BETSY ARVIDSON ----- WORTHINGTON, OH	OPER DIR 40	50,117.	4,009.	
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-----				
-----				
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 ► \$ _____ \$ _____ (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
<b>Note</b> 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 5 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 ► \_\_\_\_\_
- 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	426,416.	451,108.	451,041.	440,351.	1,768,916.
16 Membership fees received	56,298.	28,820.	23,782.		108,900.
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	121,570.	95,778.	93,554.	105,630.	416,532.
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	22,176.	18,286.	13,638.	11,553.	65,653.
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	10,637.	9,835.	SEE STATEMENT 7 12,443.		32,915.
23 Total of lines 15 through 22	637,097.	603,827.	594,458.	557,534.	2,392,916.
24 Line 23 minus line 17	515,527.	508,049.	500,904.	451,904.	1,976,384.
25 Enter 1% of line 23	6,371.	6,038.	5,945.	5,575.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 39,528.
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 1,976,384.
	d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				26d 98,568.
	e Public support (line 26c minus line 26d total)				26e 1,877,816.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 95.0127%
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
	(2001)	(2000)	(1999)	(1998)	
	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
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	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 1998 through 2001, 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

**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

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

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl.	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL											
1	OFFICE FURNITURE	071997	200DB	5.00	17	1,872.			1,872.	1,758.		114.
2	PRINTERS	090897	200DB	5.00	17	1,028.			1,028.	965.		63.
3	FAX MACHINE	112597	200DB	5.00	17	404.			404.	376.		28.
4	LAP TOP COMPUTERS	122297	200DB	5.00	17	8,654.			8,654.	8,062.		592.
5	COMPUTER SYSTEM	010197	200DB	5.00	17	5,000.			5,000.	4,766.		234.
6	DATA SCANNER	012298	200DB	5.00	17	800.			800.	688.		75.
7	COMPUTER UPGRADE	020398	200DB	5.00	17	579.			579.	498.		54.
8	BREATHALIZER KIT	061798	200DB	5.00	17	2,814.			2,814.	2,359.		303.
9	FURNITURE-PAT'S OFFI	091598	200DB	7.00	17	665.			665.	449.		62.
10	PRINTER & SERVER	112598	200DB	5.00	17	2,528.			2,528.	2,010.		345.
11	TELEPHONE SYSTEM	113098	200DB	5.00	17	2,525.			2,525.	2,006.		346.
12	OFFICE FURN-DR ERWIN	120198	200DB	7.00	17	1,157.			1,157.	751.		116.
13	FILE CABINET	120898	200DB	5.00	17	1,467.			1,467.	1,166.		201.
14	TELEPHONE WIRING	020199	200DB	5.00	17	567.			567.	398.		68.
15	MOTHER BOARD-COMPUTE	070199	200DB	5.00	17	615.			615.	411.		82.
16	COMPUTER EQUIPMENT	090199	200DB	5.00	17	584.			584.	390.		78.
17	DELL COMPUTER EQUIP	120799	200DB	5.00	17	5,204.			5,204.	3,518.		674.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
18	STAFF COMPUTER	122199	200DB	5.00	17	1,709.			1,709.	1,155.		222.
19	COMPUTER	120100	200DB	5.00	17	1,491.			1,491.	642.		340.
20	DESKS	030101	200DB	7.00	17	474.			474.	68.		116.
21	FAX MACHINE	112701	200DB	5.00	17	209.			209.	42.		67.
22	COMPUTER - DR. SATEREN	110102	200DB	5.00	19B	2,921.			2,921.			146.
23	PHONE SYSTEM	120102	200DB	5.00	19B	6,171.			6,171.			309.
	* 990 PAGE 2 TOTAL					49,438.		0.	49,438.	32,478.	0.	4,635.
	MANAGEMENT AND GENERAL					49,438.		0.	49,438.	32,478.	0.	4,635.
	* GRAND TOTAL 990 PAGE 2 DEPR					49,438.		0.	49,438.	32,478.	0.	4,635.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OPEP FOUNDATION		-67,091.	
TOTAL TO FORM 990, PART I, LINE 20		-67,091.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
DEVELOPMENT	35,520.	10,608.		24,912.	
LAB EXPENSE	82,686.	82,686.			
REPAIRS AND MAINTENANCE	466.		466.		
INSURANCE	7,326.		7,326.		
DUES AND SUBSCRIPTIONS	2,080.	2,080.			
OFFICE EXPENSE	2,281.	918.	1,160.	203.	
COMPUTER SERVICES	3,507.	1,754.	1,753.		
CONTINUING EDUCATION	60.	60.			
CONTRIBUTIONS	250.	250.			
BAD DEBTS	4,951.	4,951.			
CONSULTING EXPENSE	21,398.	21,398.			
PUBLIC AWARENESS	8,250.	8,250.			
INVESTMENT FEES	1,363.		1,363.		
TOTAL TO FM 990, LN 43	170,138.	132,955.	12,068.	25,115.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE FURNITURE	1,872.	1,872.	0.	
2 PRINTERS	1,028.	1,028.	0.	
FAX MACHINE	404.	404.	0.	
LAP TOP COMPUTERS	8,654.	8,654.	0.	
COMPUTER SYSTEM	5,000.	5,000.	0.	
DATA SCANNER	800.	763.	37.	
COMPUTER UPGRADE	579.	552.	27.	

## OHIO PHYSICIANS EFFECTIVENESS PROGRAM

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BREATHALIZER KIT	2,814.	2,662.	152.
FURNITURE-PAT'S OFFI	665.	511.	154.
PRINTER & SERVER	2,528.	2,355.	173.
TELEPHONE SYSTEM	2,525.	2,352.	173.
OFFICE FURN-DR ERWIN	1,157.	867.	290.
1 FILE CABINET	1,467.	1,367.	100.
TELEPHONE WIRING	567.	466.	101.
MOTHER BOARD-COMPUTE	615.	493.	122.
COMPUTER EQUIPMENT	584.	468.	116.
DELL COMPUTER EQUIP	5,204.	4,192.	1,012.
STAFF COMPUTER	1,709.	1,377.	332.
COMPUTER	1,491.	982.	509.
2 DESKS	474.	184.	290.
FAX MACHINE	209.	109.	100.
COMPUTER - DR. SATEREN	2,921.	146.	2,775.
PHONE SYSTEM	6,171.	309.	5,862.
TOTAL TO FORM 990, PART IV, LN 57	49,438.	37,113.	12,325.

FORM 990	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPOSITS	74.
CAPITAL CONTRIBUTION - FOUNDATION	213,565.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	213,639.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STAN SATEREN, M.D. WORTHINGTON, OH	PRESIDENT/MEDICAL DIRECTOR 12	41,885.	3,351.	0.
DAVID D. GOLDBERG, D.O. XENIA, OH	VICE-PRES. 5	0.	0.	0.
MOLLY A. KATZ, M.D. CINCINNATI, OH	SEC/TREAS. 5	0.	0.	0.
ROBERT K. RUPP, ESQ. COLUMBUS, OH	CHAIRMAN 5	0.	0.	0.
MARTIN MACKLIN, M.D. CHARDON, OH	TRUSTEE 5	0.	0.	0.
RAYMOND R. MAZZOTTA, C.P.C.U. COLUMBUS, OH	TRUSTEE 5	0.	0.	0.
JOHN J. PICKEN, M.D. OBERLIN, OH	TRUSTEE 5	0.	0.	0.
RANSOME R. WILLIAMS, M.D. COLUMBUS, OH	TRUSTEE 5	0.	0.	0.
TIMOTHY O. WIECHERS, J.D. DUBLIN, OH	TRUSTEE 5	0.	0.	0.
FARSHID AFSARIFARD, PHD WILLOUGHBY, OH	TRUSTEE 5	0.	0.	0.
GARRETT DYER KENNEY, D.D.S, CINCINNATI, OH	TRUSTEE 5	0.	0.	0.

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GEORGE HARDING IV, M.D. LOMA LINDA, CA	TRUSTEE 5	0.	0.	0.
FREDERICK KARAFFA, M.D. GRANVILLE, OH	INTERIM MEDICAL DIRECTOR 12	74,645.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>116,530.</u>	<u>3,351.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 6  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEs CHARGED IN PROVIDING TOXICOLOGY TESTING SERVICES TO THE MEDICAL AND HEALTH CARE COMMUNITY
94	ADMINISTRATIVE FEES CHARGED TO HELP FUND THE ADMINISTRATION AND ENROLLMENT COSTS TO THE PROGRAM.
103A	MISCELLANEOUS RECEIPTS RECEIVED IN PROVIDING SERVICES TO PROFESSIONALS

SCHEDULE A OTHER INCOME STATEMENT 7

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	10,637.	9,835.	12,443.	0.
TOTAL TO SCHEDULE A, LINE 22	<u>10,637.</u>	<u>9,835.</u>	<u>12,443.</u>	<u>0.</u>

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

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return	Business or activity to which this form relates	Identifying number
OHIO PHYSICIANS EFFECTIVENESS PROGRAM	FORM 990 PAGE 2	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 amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 29	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 line 13 of your 2001 Form 4562	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 2003 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property )**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	4,180.
18 If you are electing under section 168(n)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(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
19a 3 year property						
b 5 year property		9,092.	5 YRS.	MQ	200DB	455.
c 7 year property						
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 - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	22	4,635.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**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 24a, 24b, 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.)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b 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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**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
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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.		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 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
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report.					44