

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2003

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning **and ending**

B Check if applicable <input checked="" 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 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5900 ROCHE DRIVE STE 440 City or town, state or country, and ZIP + 4 COLUMBUS, OH 43229	D Employer identification number 34-1817218 E Telephone number 614-841-9690 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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.)

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

I Group Exemption Number ▶

G Website: ▶ **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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **902,592.**

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

	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	487,071.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	103,361.	
	d Total (add lines 1a through 1c) (cash \$ <u>590,432.</u> noncash \$ _____)	1d		590,432.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		180,987.
	3 Membership dues and assessments	3		94,926.
	4 Interest on savings and temporary cash investments	4		15,851.
	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 sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	300.	
	c Gain or (loss) (attach schedule)	8b	1,870.	
	d Net gain or (loss) (attach schedule) (A) and (B))	8c	-1,570.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 1		-1,570.
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	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		20,096.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		900,722.
	13 Program services (from line 44, column (B))	13		494,364.
	14 Management and general (from line 44, column (C))	14		289,956.
	15 Fundraising (from line 44, column (D))	15		55,330.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		839,650.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		61,072.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		911,734.
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	33,862.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,006,668.

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 SCANNED
 Net Assets

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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	187,350.	84,308.	91,802.
26	Other salaries and wages	26	224,996.	101,544.	111,969.
27	Pension plan contributions	27			
28	Other employee benefits	28	98,176.	83,758.	11,215.
29	Payroll taxes	29	27,690.	23,624.	3,163.
30	Professional fundraising fees	30			
31	Accounting fees	31	17,353.		17,353.
32	Legal fees	32	12,186.		12,186.
33	Supplies	33	6,358.	6,040.	
34	Telephone	34	8,448.	6,758.	845.
35	Postage and shipping	35	4,361.	3,489.	
36	Occupancy	36	18,648.	8,392.	9,324.
37	Equipment rental and maintenance	37	4,106.	4,106.	
38	Printing and publications	38	7,626.	7,245.	
39	Travel	39	16,657.	16,657.	
40	Conferences, conventions, and meetings	40	5,044.	5,044.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	7,428.		7,428.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e	193,223.	143,399.	24,671.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	839,650.	494,364.	289,956.
					55,330.

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 \$ _____)	405,237.
b	LABORATORY ANALYSIS AND DRUG SCREENING (Grants and allocations \$ _____)	89,127.
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)	494,364.

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	378,274.	45 496,267.
	46 Savings and temporary cash investments	215,614.	46 175,000.
	47 a Accounts receivable	47a 76,476.	
	b Less: allowance for doubtful accounts	47b	47c 76,476.
	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	10,881.	53 13,216.
	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 50,322.		
b Less: accumulated depreciation STMT 4	57b 20,934.	57c 29,388.	
58 Other assets (describe SEE STATEMENT 5)		58 249,257.	
59 Total assets (add lines 45 through 58) (must equal line 74)	938,556.	59 1,039,604.	
Liabilities	60 Accounts payable and accrued expenses	15,622.	60 32,936.
	61 Grants payable		61
	62 Deferred revenue	11,200.	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
66 Total liabilities (add lines 60 through 65)	26,822.	66 32,936.	
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	911,734.	67 1,006,668.
	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)	911,734.	73 1,006,668.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	938,556.	74 1,039,604.	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and compliance.

Located at 5900 ROCHE DRIVE, SUITE 440, COLUMBUS, OH ZIP + 4 43229

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

Part VII Analysis of Income-Producing Activities (See page 33 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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a TOXICOLOGY FEES					180,987.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					94,926.
95 Interest on savings and temporary cash investments			14	15,851.	
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					-1,570.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					20,096.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		15,851.	294,439.
105 Total (add line 104, columns (B), (D), and (E))					310,290.

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 34 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 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that anyone who furnishes false or misleading information on this return or who omits material or information on this return which is required to be furnished may be guilty of criminal tax evasion, tax fraud, and/or willful failure to file a tax return.

Date: PA Type or print name and title: _____

Date: 5-4-04 Check if self-employed: Preparer's SSN or PTIN: P00742408

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

2003

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
<u>EDWARD POCZEKAJ</u> ----- <u>WORTHINGTON, OH</u>	<u>FIELD SRV DIR</u> <u>40</u>	 <u>57,665.</u>	 <u>4,613.</u>	

Total number of other employees paid over \$50,000 ▶	<u>0</u>			

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
<u>NONE</u> -----		

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

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 i 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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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 **▶** _____
 - 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	673,933.	426,416.	451,108.	451,041.	2,002,498.
16 Membership fees received	69,804.	56,298.	28,820.	23,782.	178,704.
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	145,715.	121,570.	95,778.	93,554.	456,617.
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	17,750.	22,176.	18,286.	13,638.	71,850.
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	11,119.	10,637.	SEE STATEMENT 8 9,835.	12,443.	44,034.
23 Total of lines 15 through 22	918,321.	637,097.	603,827.	594,458.	2,753,703.
24 Line 23 minus line 17	772,606.	515,527.	508,049.	500,904.	2,297,086.
25 Enter 1% of line 23	9,183.	6,371.	6,038.	5,945.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 45,942.
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 1999 through 2002 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 2,297,086.
d Add: Amounts from column (e) for lines: 18 71,850. 19 _____ 22 44,034. 26b _____					26d 115,884.
e Public support (line 26c minus line 26d total)					26e 2,181,202.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.9552%
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					
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					
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 1999 through 2002, 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.)		
<hr/>			
<hr/>			
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	
<hr/>			
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	
<hr/>			
<hr/>			
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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)		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 -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	
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														
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) 2003	(b) 2002	(c) 2001	(d) 2000	(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.

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(D)	OFFICE FURNITURE	071997200DB5	00	17	1,872.				1,872.	1,872.		0.
2(D)	2 PRINTERS	090897200DB5	00	17	1,028.				1,028.	1,028.		0.
3(D)	FAX MACHINE	112597200DB5	00	17	404.				404.	404.		0.
4	LAP TOP COMPUTERS	122297200DB5	00	17	8,654.				8,654.	8,654.		0.
5(D)	COMPUTER SYSTEM	010197200DB5	00	17	5,000.				5,000.	5,000.		0.
6	DATA SCANNER	012298200DB5	00	17	800.				800.	763.		37.
7(D)	COMPUTER UPGRADE	020398200DB5	00	17	579.				579.	552.		27.
8	BREATHALIZER KIT	061798200DB5	00	17	2,814.				2,814.	2,662.		152.
9	FURNITURE-PAT'S OFFI	091598200DB7	00	17	665.				665.	510.		62.
10(D)	PRINTER & SERVER	112598200DB5	00	17	2,528.				2,528.	2,355.		173.
11(D)	TELEPHONE SYSTEM	113098200DB5	00	17	2,525.				2,525.	2,352.		173.
(D)	OFFICE FURN-DR											
12	ERWIN	120198200DB7	00	17	1,157.				1,157.	866.		58.
131	FILE CABINET	120898200DB5	00	17	1,467.				1,467.	1,367.		100.
14(D)	TELEPHONE WIRING	020199200DB5	00	17	567.				567.	466.		34.
(D)	MOTHER											
15	BOARD-COMPUTE	070199200DB5	00	17	615.				615.	492.		41.
16(D)	COMPUTER EQUIPMENT	090199200DB5	00	17	584.				584.	467.		39.
17(D)	DELL COMPUTER EQUIP	120799200DB5	00	17	5,204.				5,204.	4,192.		337.

328102 05-01-03 (D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990

GAIN (LOSS) FROM SALE OF OTHER ASSETS

STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OFFICE FURNITURE	07/19/97	06/30/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	300.	1,872.	0.	1,872.	300.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2 PRINTERS	09/08/97	06/30/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,028.	0.	1,028.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FAX MACHINE	11/25/97	06/30/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	404.	0.	404.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTER SYSTEM	01/01/97	06/30/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,000.	0.	5,000.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTER UPGRADE	02/03/98	06/30/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	579.	0.	579.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
PRINTER & SERVER	11/25/98	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	2,528.	0.	2,528.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
TELEPHONE SYSTEM	11/30/98	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	2,525.	0.	2,525.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
OFFICE FURN-DR ERWIN	12/01/98	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	1,157.	0.	924.	-233.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
TELEPHONE WIRING	02/01/99	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	567.	0.	500.	-67.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
MOTHER BOARD-COMPUTE	07/01/99	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	615.	0.	533.	-82.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
COMPUTER EQUIPMENT	09/01/99	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	584.	0.	506.	-78.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
DELL COMPUTER EQUIP	12/07/99	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	5,204.	0.	4,529.	-675.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
STAFF COMPUTER	12/21/99	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	1,709.	0.	1,488.	-221.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
COMPUTER	12/01/00	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	1,491.	0.	1,057.	-434.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
FAX MACHINE	11/27/01	06/30/03	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	0.	209.	0.	129.	-80.

TO FM 990, PART I, LN 8	300.	25,472.	0.	23,602.	-1,570.
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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OPEP FOUNDATION		33,862.	
TOTAL TO FORM 990, PART I, LINE 20		33,862.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
LAB EXPENSE REPAIRS AND MAINTENANCE	89,127.	89,127.			
INSURANCE	150.		150.		
DUES AND SUBSCRIPTIONS	11,090.		11,090.		
OFFICE EXPENSE	2,661.	2,661.			
COMPUTER SERVICES	3,535.	1,944.	1,591.		
CONTINUING EDUCATION	9,709.	4,855.	4,854.		
BAD DEBTS	1,776.	1,776.			
CONSULTING EXPENSE	2,865.	2,865.			
PUBLIC AWARENESS	63,239.	38,086.		25,153.	
INVESTMENT FEES	2,031.	2,031.			
RELOCATION EXPENSE	3,386.		3,386.		
MISCELLANEOUS	3,546.		3,546.		
	108.	54.	54.		
TOTAL TO FM 990, LN 43	193,223.	143,399.	24,671.	25,153.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
LAP TOP COMPUTERS	8,654.	8,654.	0.		
DATA SCANNER	800.	800.	0.		
BREATHALIZER KIT	2,814.	2,814.	0.		
FURNITURE-PAT'S OFFI	665.	572.	93.		
1 FILE CABINET	1,467.	1,467.	0.		
2 DESKS	474.	267.	207.		
COMPUTER - DR. SATEREN	2,921.	1,256.	1,665.		

PHONE SYSTEM	6,171.	2,654.	3,517.
COMPUTER EQUIPMENT	1,300.	238.	1,062.
COMPUTER EQUIPMENT	16,259.	1,626.	14,633.
OFFICE FURNITURE	8,797.	586.	8,211.
TOTAL TO FORM 990, PART IV, LN 57	50,322.	20,934.	29,388.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
DEPOSITS	1,830.
CAPITAL CONTRIBUTION - FOUNDATION	247,427.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	249,257.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STAN SATEREN, M.D. COLUMBUS, OH	PRESIDENT/MEDICAL DIRECTOR 40	187,350.	14,988.	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.

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RANSOME R. WILLIAMS, M.D. COLUMBUS, OH	TRUSTEE 5	0.	0.	0.
TIMOTHY O. WIECHERS, J.D. GLEN ALLEN, VA	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.
GEORGE HARDING IV, M.D. LOMA LINDA, CA	TRUSTEE 5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		187,350.	14,988.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 7

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 8

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	11,119.	10,637.	9,835.	12,443.
TOTAL TO SCHEDULE A, LINE 22	11,119.	10,637.	9,835.	12,443.