Form 990

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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

A	For the :	2007 ca	lendar yea	r, or tax year beginning	10-01-2007 and ending	g 09-30-	-2008				
В	Check If a	pplicable	Please	C Name of organization UNIVERSITY PHYSICIAN GI	ROUP				D Emp	loyer i	dentification number
Γ	Address ch	nange	use IRS label or							3474	
Γ	Name cha	nge	print or	Number and street (or P C 550 E CANFIELD	box if mail is not delivered t	o street a	address)	Room/suite	E leie	pnone	number
abla 1	nıtıal retu	rn	type. See Specific	ROOM/SUITE 324							7-1194
Г	inal retur	'n	Instruc- tions.	City or town, state or cour DETROIT, MI 48201	ntry, and ZIP + 4						nethod Cash Accrual
Γ	Amended	return		·					1 0	tner (s	pecify) 🕨
\Box	Application	n pending									
	Web sit				and 4947(a)(1) nonexemp chedule A (Form 990 or 99		ble	H(a) Is this H(b) If "Yes	a group " enter r	return f number	section 527 organizations for affiliates? Yes V No
_				. = œ	. –			H(c) Are all			ed? Yes No See instructions)
	Organiza	ation type	e (check only	one) 🕨 🔽 501(c) (3)	◀ (Insert no)	.) or	527	,			rn filed by an organization
	normally i	not more			rting organization and its gros f the organization chooses to			covere	d by a g	roup ru	
_			•				—	<u>'</u>			ganization is not required to
L	Gross re	eceipts	Add lines 6	b, 8b, 9b, and 10b to lir	ne 12 🕨 210,001,383			attach	Sch B (Form 99	90, 990-EZ, or 990-PF)
] P	art I	Reve	nue, Exp	enses, and Chang	es in Net Assets or	Fund	Bala	nces <i>(See</i>	the	instr	uctions.)
	1	Contrib	utions, gift	s, grants, and sımılar an	nounts received	1					
	а	a Contributions to donor advised funds									
	Ь	Direct public support (not included on line 1a) 1b 59,300									
	C	Indirect public support (not included on line 1a) 1c									
	d	Government contributions (grants) (not included on line 1a)									
	e	Total (a	add lines 1a	a through 1d) (cash \$ ⁵⁹	9,300 noncash \$			_)		1e	59,300
	2	Progran	n service re	evenue including govern	ment fees and contracts	(from P	art V I	I, line 93)	.	2	207,079,890
	3	Membe	rship dues	and assessments .					.	3	
	4	Interes	t on saving	s and temporary cash ir	ovestments					4	426,479
	5	Divider	nds and inte	rest from securities .					.	5	1,054
	6a	Gross	ents			6a					
	Ь	Less r	ental expen	ises		6b					
	C	Net rental income or (loss) subtract line 6b from line 6a					6с				
当	7	Otheri	nvestment	income (describe 🟲)	<u> </u>					7	
Revenue	8a	Gross	amount fron	n sales of assets	(A) Securities			(B) Other			
α				ry	921,09	4 8a			173,044		
	ь	Less cos	st or other bas	sis and sales expenses	675,62	8 8b		•	317,382		
	C	Gain or	(loss) (atta	ach schedule)	245,46	6 8 c	%	-	144,338		
	d	Netgai	n or (loss)	Combine line 8c, columr	ns (A) and (B)				.	8d	101,128
	9 a				dule) If any amount is f	rom gan	ming, c	heck here 🕨			
			•	rted on line 1b)	of	9a					
	b	Less d	ırect expen	ises other than fundrais	ng expenses	9b					
	c	Netinc	ome or (los	s) from special events S	Subtract line 9b from line	9a .				9с	
	10a	Gross	ales of inv	entory, less returns and	allowances	10a					
	ь	Less c	ost of good	ssold		10b					
	c	Gross pro	ofit or (loss) fr	rom sales of inventory (attach	n schedule) Subtract line 10b	from line	10a .			10 c	
	11	Otherr	evenue (fro	m Part VII, line 103)					.	11	1,340,522
	12	Total re	evenue A dd	lines 1e, 2, 3, 4, 5, 6c,	7,8d,9c,10c,and11					12	209,008,373
	13))				.	13	176,045,723
8	14				lumn (C))				- 1	14	35,513,003
Expens	15	Fundraising (from line 44, column (D))							.	15	
யி	16	,								16	
	17									17	211,558,726
2	18		, ,	·	ne 17 from line 12 .				ŀ	18	-2,550,353
inseq.	19	Net assets or fund balances at beginning of year (from line 73, column (A))						19	36,298,131		
Net.)	20		-		ces (attach explanation)				ŀ	20	116,777
_	21	Netass	sets or fund	balances at end of year	Combine lines 18, 19,	and 20				21	33,864,555

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

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. (See the instructions.)

22b	Grants paid from donor advised funds (attach Schedule) (cash \$) If this amount includes foreign grants, check here					
	(cash \$noncash \$) If this amount includes foreign grants, check here	1 1	I			
	in this amount includes foreign grants, check here					
		22a				
	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	3,870,098	3,870,098		
b	Compensation of former officers, directors, key employees etc listed in Part V -B (attach schedule)	25b				
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	78,657,447	61,571,123	17,086,324	
27	Pension plan contributions not included on lines 25a, b and c	27	6,001,271	4,766,820	1,234,451	
28	Employee benefits not included on lines 25a - 27	28	5,558,393	3,781,417	1,776,976	
29	Payroll taxes	29	5,274,573	3,994,203	1,280,370	
30	Professional fundraising fees	30				
31	Accounting fees	31	584,253		584,253	
32	Legal fees	32	1,821,435	1,383,088	438,347	
33	Supplies	33	1,230,937	924,500	306,437	
34	Telephone	34	389,992	270,995	118,997	
35	Postage and shipping	35	277,419	125,270	152,149	
36	Occupancy	36	5,487,643	4,144,925	1,342,718	
37	Equipment rental and maintenance	37	1,601,462	761,585	839,877	
38	Printing and publications	38	188,414	160,038	28,376	
39	Travel	39	826,028	727,603	98,425	
40	Conferences, conventions, and meetings	40				
41	Interest	41	69,255	62,329	6,926	
42	Depreciation, depletion, etc (attach schedule) 🕏	42	1,578,448	607,469	970,979	
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	211,558,726	176,045,723	35,513,003	0

_, **(ii)** the amount allocated to Program services \$___

, and (iv) the amount allocated to Fundraising \$

			_
Dart IIII I	Statement of Program Service Accomplishments	(See the instructions	
	Statement of Frogram Service Accompnishments	(See the mstractions.)	,

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.

acc	omplishments		
All c	organizations must describe their exempt purpose achieve	UNIVERSITY SCHOOL OF MEDICINE AND THROUGH OTHER APPROPRIATELY LICENSED PHYSICIANS AND HEALTH PROFESSIONALS ments in a clear and concise manner State the number of clients served, easurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a		TIONAL OPPORTUNTIES FOR NUMEROUS DEPARTMENTS AT	
	LOCAL AREA HOSPITALS AND FOR WAYNE	STATE UNIVERSITY FACULTY, FELLOWS AND RESIDENTS	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	141,641,484
b	OTHER HEALTH CARE INSTITUTIONS AND SUPPORTING THE ACEDEMIC PROGRAMS	IISTRATIVE SERVICES PROVIDED TO HOSPITALS AND PATIENTS, SPONSOR & CONDUCT ACTIVITIES OF THE SCHOOL OF MEDICINE (UNDER- GRADUATE AND ITING HIGH QUALITY FACULTY MEMBERS, AND PROVIDING CARE SERVICES)	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	34,047,673
c		COMPLIANCE PROGRAMS COVERING ALL DEPARTMENTS OF .TH CARE SERVICES FURNISHED TO TEACHING PATIENTS	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	356,566
d			
	(Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► ┌	
f	Total of Program Service Expenses (should en	ual line 44 column (B) Program services)	176 045 723

Dowl TV	Dalamas	Chasta	/C +h-	
zairu IV	ватапсе	Sneets	(See tne	instructions.

Pa	art IV	Balance Sheets (See the instruc	ctions	:.)			
Not	:e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			5,682,940	45	4,968,594
	46	Savings and temporary cash investments			6,168,733	46	12,979,080
			1				
		Accounts receivable	47a	24,930,852			
	Ь	Less allowance for doubtful accounts	47b		24,287,645	47c	24,930,852
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officer key employees (attach schedule)				50a	
	ь	Receivables from other disqualified persons 4958(c)(3)(B) (attach schedule)	s (as de	efined under section		50a	
	51a	Other notes and loans receivable (attach	ı				
		schedule)	51a				
Ş	Ь	Less allowance for doubtful accounts	51b			51c	
Ass	52	Inventories for sale or use				52	
_	53	Prepaid expenses and deferred charges .			759,697	53	983,934
	54a	Investments—publicly-traded securities	. •	· ┌ Cost ┌ FMV	682,213	54a	717,470
	ь	Investments—other securities (attach sche	edule)	► ▼ Cost	16,299,170	54b	17,203,525
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	11,978,397			
	ь	Less accumulated depreciation (attach schedule)	57b	7,545,341	3,285,579	57c	4,433,056
	58	Other assets, including program-related in	vestme	nts			
		(describe ►			1 000 005		
					1,086,905	58	
	59	Total assets (must equal line 74) Add lines	45 th	rough 58	58,252,882	59	66,216,511
	60	Accounts payable and accrued expenses			16,569,032	60	14,530,636
	61	Grants payable		[61	
	62	Deferred revenue		[62	
e)	63	Loans from officers, directors, trustees, and	d key e	mployees (attach			
ı		schedule)				63	
<u>;;</u>	64a	Tax-exempt bond liabilities (attach schedu		h h		64a	
	ь	Mortgages and other notes payable (attach	sched	ule)	4,672,595	64b	16,524,378
	65)	713,124	65	1,296,942
	66	Total liabilities Add lines 60 through 65 .			21,954,751	66	32,351,956
	+	nizations that follow SFAS 117, check here			21,001,101		52,551,555
	Oiga	67 through 69 and lines 73 and 74	- V a	na complete inies			
o O	67	Unrestricted			36,298,131	67	33,864,555
alances	68	Temporarily restricted		[68	
<u> </u>	69	Permanently restricted		[69	
둳	Orga	nnizations that do not follow SFAS 117, chec	k here	► and			
Fund		complete lines 70 through 74					
ъ	70	Capital stock, trust principal, or current fun			70		
8	71	Paid-in or capital surplus, or land, building,		71			
ASS	72	Retained earnings, endowment, accumulate		72			
Net	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19		-			
		line 21)			36,298,131	73	33,864,555
	7 4	Total liabilities and net assets / fund balances	Add line	es 66 and 73	58.252.882	74	66,216,511

Par	TV-A Reconciliation of Reven the instructions.)	ue per Audited Finar	ncial Sta	tements V	With Rever	nue per	Return (See
<u>а</u>	Total revenue, gains, and other suppo	rt per audited financial sta	tements			а	209,008,373
ь	A mounts included on line a but not on	Part I, line 12					· · ·
1	Net unrealized gains on investments		Ь1				
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)					1	
	Add lines b1 through b4		b4			_b	
_	Subtract line b from line a				• •	c	209,008,373
C C						+	209,008,373
d _	A mounts included on Part I, line 12, b		1	İ			
1	Investment expenses not included on 6b	Part I, line	d1				
2	Other (specify)					1	
			d2				
	Add lines d1 and d2					d	
e	Total revenue (Part I, line 12) Add lir					e	209,008,373
Part	IV-B Reconciliation of Expen		ncial St	atements	With Expe	nses pe	r Return
а	Total expenses and losses per audited					а	211,558,726
b	A mounts included on line a but not on	Part I, line 17					
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Pa	rt I, line	L2				
3	20 Losses reported on Part I, line		b2			1	
	20		Ь3]	
4	Other (specify)		b4				
	Add lines b1 through b4					_b	
c	Subtract line b from line a					С	211,558,726
d	A mounts included on Part I, line 17, b						
1	Investment expenses not included on		Ī				
_	6b	r arc 1, mic	d1				
2	Other (specify)] [
	Add lines d1 and d2		. d2			- d	
_	Total expenses (Part I, line 17) Add I	unas gand				u	211,558,726
е	d					e	211,330,720
Part	: V-A Current Officers, Directo director, trustee, or key em instructions.)	rs, Trustees, and Ke			they were	not comp	
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation id, enter -0)	(D) Contrib employee ben deferred com plan	efit plans & pensation	(E) Expense account and other allowances
See A	ddıtıonal Data Table						

	330 (2007)						raye	
ar	t V-A Current Officers, Director	nued)		Yes	No			
5a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organizatioi	n business at board				
	meetings							
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V - A , or hig	jhest compensated				
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent				
	contractors listed in Schedule A , Part II-	A or II-B, related to each	other through family or	business				
	relationships? If "Yes," attach a statemen				75b		No	
c	Do any officers, directors, trustees, or key		•					
	employees listed in Schedule A, Part I, or							
	contractors listed in Schedule A, Part II-			•				
	tax exempt or taxable, that are related to				75c	Yes		
	organization"		750	165				
	If "Yes," attach a statement that includes							
d	Does the organization have a written confi				75d	Yes		
	t V-B Former Officers, Director						 Other	
	Benefits (If any former office (described below) during the benefits in the appropriate of	cer, director, trustee, e year, list that person	or key employee red below and enter the	eived compensation amount of compens	or oth	ner bei	nefits	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense acc ner allowa	ount and	
3 r	t VI Other Information (See the	instructions)				W		
	Did the organization make a change in its activities	<u> </u>	utios? If "Vos " attach a			Yes	No	
6		of methods of conducting activ	rilles il Tes, allacii a					
	detailed statement of each change				76		No	
7	Were any changes made in the organizing	-	but not reported to the :	[RS?	77		No	
	If "Yes," attach a conformed copy of the c	hanges						
8a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ng the year covered by this	return?	78a	Yes		
b	If "Yes," has it filed a tax return on Form 9		78b	Yes				
9	Was there a liquidation, dissolution, termination, or							
	a statement		79		Νo			
0a	Is the organization related (other than by association							
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?							
b	If "Yes," enter the name of the organization	on 🛌 See Additional Data	Table					
			ıs Fexempt or Fno	nexempt				
1a	Enter direct or indirect political expenditu			· · · · · · · · · · · · · ·				
	Did the organization file Form 1120-POL for		81b		N o			

Day	TVI Other Information (continued)			Tage /
	t VI Other Information (continued)		Yes	No
82a	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		No
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.)			
02-	, , , , , , , , , , , , , , , , , , , ,		V	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	-		<u> </u>
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	. 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_	Dues assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	. 85g		
h	If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to add the amount on line 85f to reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
	Gross income from other sources (Do not net amounts due or paid to other			
00-	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
00a	partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-and 301 7701-3? If "Yes," complete Part IX			
		88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning	g		
	of section 512(b)(13)? If yes complete Part XI	•		
		88b		No
89a	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 ► , section 4915 ► , section 4955 ►			
b	501(c)(3) and $501(c)(4)$ orgs. 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			No
_	Enter Amount of tax imposed on the organization managers or disqualified persons	032		
	during the year under sections 4912, 4955, and 4958	_		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
				١
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		l No
90a	List the states with which a copy of this return is filed 🕨 MI	OJG		
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			1,210
	Instructions)			
91a	The books are in care of DON WALLACE Telephone no (3)	3)577-1	.179	
	550 E CANFIELD			
	RM 324 Located at Located at DETROIT, MI ZIP + 4 Located 4 Locat			
J.				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and			
	Financial Accounts			

Р	а	a	٥	

orm 990 (2007)								Page
art VI Other Information (con	ntinued)						Yes	No
$oldsymbol{c}$ At any time during the calendar yea	r, dıd the organızatıon	maıntaın	an office outside o	f the United	States?	91c		Νo
If "Yes," enter the name of the foreig	ın country 🕨							
2 Section 4947(a)(1) nonexempt charital		90 in lieu	of Form 1041—Che	ck here				-
and enter the amount of tax-exempt	=				1 1	•		
rt VII Analysis of Income-Pr					32			
te: Enter gross amounts unless otherwis			business income		ection 512, 513, or 51	4	(E)	
Let Enter gross amounts amess otherwis		(A)	(B)	(C)	(D)	٦ .	Related	d or
		usiness code	Amount	Exclusion code	Amount	e.	xempt fu ıncom	
Program service revenue								
a PATIENT REVENUES							87	,999,6
b ADMIN & CLINICAL SVCS SUPPO	DRT -					+	73	,306,7
c MANAGEMENT, HR, & IT SERVICE		61000	4,877,946			+		
d RENTAL INCOME			.,,.			+		52,8
e RENTAL INCOME						+		
						+-		,842,5
f Medicare/Medicaid payments .						+-		,042,3
g Fees and contracts from governmen						+		
Membership dues and assessments				14	426,479	_		
Interest on savings and temporary cash inv		-		14	1,054	+		
 Dividends and interest from securit Net rental income or (loss) from rea 		+		17	1,05-	'		
Net rental income or (loss) from rea a debt-financed property						+		
						+		
b non debt-financed property						+-		
, , , ,	· ·					+-		
Other investment income Gain or (loss) from sales of assets other the						+		101,1
Net income or (loss) from special e	· ·					+		
2 Gross profit or (loss) from sales of						+		
Other revenue a MISCELLANEO	, <u>-</u>					+		,340,5
	DOS INCOME					+-		.540,5
b						+-		
c						+-		
d						+		
e			4,877,946		427,533	2	203	,643,5
Subtotal (add columns (B), (D), and			4,077,940		±27,335		-	
5 Total (add line 104, columns (B), (D te: Line 105 plus line 1e, Part I, should ed		12 Part I			· · · • —		208,94	+9,07
art VIII Relationship of Activ	·			t Durnes	os (Soo the in			
DE No. Explain how each activity for white organization's exempt pur UNIVERSITY PHYSICIAN GRO EDUCATION, SERVICE AND R	poses (other than by p UP OPERATING PUR ESEARCH) IN CONJU	roviding SUANT T NCTION	funds for such purp TO A PRACTICE P I WITH THE WAYN	oses) LAN (ORGA IE STATE U	NIZED TO PROV	/IDE	MEDIC.	AL DICII
PROVIDED MEDICAL SERVICE MEDICAL EDUCATION IN OUT 3B ADMINISTRATIVE AND CLINI	TPATIENT AND HOSE	PITAL SE	TTINGS					, A N
art IX Information Regardin	g Taxable Subsid	iaries a	and Disregarde	ed Entitie	s (See the ins	truci	ions.)
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest		(C) Nature of activitie	es	(D) Total income		(E) End-of- asse	year
IVERSITY PHYSICIAN SERVICES INC DE CANFIELD RM 324 FROIT, MI48201 3386347	100 00 %	PHYSICIA	IN MGMT SERVICES		-70,50)9	3	,866,1
	%	1				+		
	%	+				+		
art X Information Regardin		ciated :	with Dersonal	Renefit C	nntracts (See	the		
instructions.)	y IIalisieis Asso	Ciateu	with Personal	benefit C	ontiacts (See	are		
Did the organization, during the year, receiv	e any funds, directly or indi	rectly, to n	av premiums on a ner	sonal benefit o	ontract?	Г	Yes	₹ Nc
						. г	Yes	
Did the organization, during the year			nectly, on a persor	iai penefit c	untract'	. '	162	140
OTE: If "Yes" to (b), file Form 8870 and	ı rorm 4/20 (see instru	ctions).					.rm 000	

Form 99	90 (200	17)									Page 9
Part 2		nformation Reg				ed E	ntities Comp	lete only i	if the org	anizati	on is
										Yes	No
106		e reporting organiza ode? if "Yes," comp				define	d in section 512	?(b)(13) of		res	No
		(A) Name and address o controlled enti		Employer I	(B) Employer Identification Number		(C) Description of transfer	of (D)		-	fer
а											
b											
С											
		Totals									
										ı	
107	Did th	e reporting organiza	ation receive an	v transfers from a	a controlled entity	as de	efined in section	512(b)(13	3) of	Yes	No
		ode? if "Yes," comp						(-)(, ,		No
	(A) Name and address of each controlled entity		Employer I	(B) Employer Identification Number		(C) Description of transfer		(D) A mount of transfer			
а											
b											
с											
		Totals									
											T
108		e organization have ies and annuities do			ct on August 17,	2006	covering the in	terests, re	nts,	Yes	No
Please	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any 2009-08-12										wledge dge
Sign Here		Signature of officer KEN LEE EXECUTIVE DIRECTOR Type or print name and title									
Paid Prepa	Preparer's signature JEFFREY ELLIS			Date 2009-08-17		Check if self-empolyed	Preparer's S	SN or PTIN (See Gen	Inst W)	
Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4	P	STANLEY KOSHIW & C	0			EIN Þ			
			2155 BUTTERFIEL	D DR STE 305A				Phone no	(248) 643	8-4545	
			3450								

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 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

2007

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.")

UNIVERSITY PHYSICIAN GROUP 38-3474766

(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	
PATRICK MURPHY	PHYSICIAN				
550 E CANFIELD DETROIT,MI 48201	40 00	1,201,405	45,000	0	
JAMES PUKLIN	PHYSICIAN				
500 E CANFIELD DETROIT,MI 48201	40 00	668,061	45,000	0	
JOHN MALONE	PHYSICIAN				
550 E CANFIELD DETROIT, MI 48201	40 00	446,412	11,500	0	
JEFFREY RUBIN	PHYSICIAN				
550 E CANFIELD DETROIT,MI 48201	40 00	400,000	0	0	
NOUR JURATLI	PHYSICIAN				
550 E CANFIELD DETROIT, MI 48201	40 00	370,000	0	0	
Total number of other employees paid over \$50,000	443				

Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individual 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
UNIVERSITY PEDIATRICIANS		
3901 BEAUBIEN	PATIENT/ADMIN	16,297,732
DETROIT, MI 48201		
MEDICAL CENTER EMERGENCY SERV		
4201 ST ANTOINE 6G	PATIENT/ADMIN	5,937,565
DETROIT, MI 48201		
DR L REYNOLDS ASSOC		
24500 NORTHWESTERN STE 100	PATIENT/ADMIN	4,985,795
SOUTHFIELD, MI 48075		
ANESTHESIA SERVICES PC		
PO BOX 1009	PATIENT/ADMIN	2,439,653
JACKSON, MI 49204		
HARPER HUTZEL		
PO BOX 67000 DEPT 641164	PATIENT/ADMIN	1,533,675
DETROIT, MI 48267		
Total number of others receiving over \$50,000 for		
professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation MEDQUIST INC TRANSCRIPTION PO BOX 10832 258,083 NEWARK, NJ 07193 WEIGHT LOSS SERVICES 11 INDIGO COMMISSION SALE 257,337 IRVINE, CA 92618 NEXTGEN HEALTH CARE SOFTWARE 236.583 18191 VONKAMAN STE 450 IRVINE, CA 92812 SUNTEL SERVICES TELECOMMUNICATI 204,624 1095 CROOKS RD STE 100 TROY, MI 48084 AEGIS GROUP RECRUITING 188,982 41451 W ELEVEN MILE NOVI, MI 48375 Total number of other contractors receiving over 12 \$50,000 for other services

Par	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, include 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 ► \$ 91,101 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	1
	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			
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.)			
а	Sale, exchange, or leasing property?	2a		Νo
b	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments) 🕏	3a	Yes	ı
Ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
Ь	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)				
Icer	tify th	at the organization is not a private foun	dation because it is (P	lease check only C	NE applicable bo	x)					
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)						
6	\vdash	A school Section 170(b)(1)(A)(II) (A	Also complete Part V)								
7	Γ	A hospital or a cooperative hospital s	service organization Section 170(b)(1)(A)(iii)								
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)						
9	Γ	A medical research organization oper and state 🕨	ated in conjunction with	a hospital Section	n 170(b)(1)(A)(ııı	ı) Enter the ho	spital's name, city,				
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a governi	mental unit					
An organization that normally receive Section 170(b)(1)(A)(vi) (Also com			•	· · · -	overnmental unit	or from the ge	neral public				
11b	Γ	A community trust Section 170(b)(1	(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12	্ব	An organization that normally receives (1) more than 331/3% 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 331/3% 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	Γ	An organization that is not controlled requirements of section 509(a)(3)		•	_	•	se meets the				
		Type I Type II Type	e III - Functionally Inte	grated 7	ype III - Other						
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)					
(a) Name(s) of supported organization(s)			(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) A mount of support?				
				IRC section)	Yes	No					
Tota						•					

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	003	(e) Total
15	Gifts, grants, and contributions received (Do not	345,381	41,102,282	45,006,550	4	5,450,030	131,904,243
16	include unusual grants See line 28) Membership fees received						(
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	172,354,227	17,030,001	19,357,293	1	9,029,574	227,771,095
	facilities in any activity that is related to the organization's charitable, etc., purpose	, ,	, ,	, ,		. ,	, ,
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	480,176	607,752	115,012		75,086	1,278,026
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						C
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						(
21	behalf 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						C
	charge						
22	Other income Attach a schedule Do not include						(
23	gain or (loss) from sale of capital assets Total of lines 15 through 22	173,179,784	58,740,035	64,478,855	6	4,554,690	360,953,364
24	Line 23 minus line 17	825,557	41,710,034	45,121,562		5,525,116	133,182,269
25	Enter 1% of line 23	1,731,798	587,400	644,789		645,547	, ,
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lır	ne 24	26a		
	Prepare a list for your records to show the name of	and amount cont	ributed by each p	erson (other			
	than a governmental unit or publicly supported org	anization) whose	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	nter the total			
	of all these excess amounts			▶	26b		
	Total support for section 509(a)(1) test Enter line	e 24, column (e)		•	26c		
	Add Amounts from column (e) for lines 18		19				
	22 _		26b		26d		
•	Public support (line 26c minus line 26d total)			•	26e		
1	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))	<u> </u>	26f		
27	Organizations described on line 12: a For amou						
	prepare a list for your records to show the name of			h year from, each	"dısqua	lified pers	son "
	Do not file this list with your return. Enter the sur		•		(2002)		
_	(2006) (2005) (2005) For any amount included in line 17 that was received.	- d 6	(2004)		(2003)_		
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de return. After computing the difference between the						
	these differences (the excess amounts) for each y		and the larger an	nount described in	1 (1) 01 (2) , enter	the sum of
	(2006) (2005)		(2004)		(2003)		
	(====,				.`		
	Add Amounts from column (e) for lines 15	131,904	243 16	0			
	17227,771,095 20		0 21	0	▶ !	27c	359,675,338
	Add Line 27a total	and line 27b tot	 al		▶	27d	
	Public support (line 27c total minus line 27d total)			▶ 1	27e	359,675,338
	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f 36	0,953,364		
	Public support percentage (line 27e (numerator) d			•		İ '	99 65 %
	1 Investment income percentage (line 18, column (e			(denominator)) 🕨	27h		0 35 %
28	Unusual Grants: For an organization described in li				 urıng 20(02 throug	h 2005,
	prepare a list for your records to show, for each ye		•	=	-	_	

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	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		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	32ь		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
•	with student admissions, programs, and scholarships?	 32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Copies of all material used by the organization of on its behalf to solicit contributions.	32u	<u> </u>	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
ā	Students' rights or privileges?	33a		
t	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c	ı	
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	· Use of facilities?	33f		
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	- Has the organization's right to such aid ever been revoked or suspended?	34b		
ı	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	340		
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	ı	

Schedule A (Form 990 or 990-EZ) 2007 Page 6 Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) Part VI-A (To be completed **ONLY** by an eligible organization that filed Form 5768) Check - a if the organization belongs to an affiliated group (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 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 41 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 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 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) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) fiscal year beginning in) 2007 2006 2005 2004 Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 46 Total lobbying expenditures 47 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures

Part VI-B Lobbying Activity by Nonelecting Public Charities

I C VI-D		
	(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)	į

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

- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

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

Yes	No	A mount
	Νo	
Yes		91,101
	Νo	
		91,101

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

Solic) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash (ii) Other assets (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iv) Reimbursement arrangements (iv) Cash officilities, equipment, or other assets (iv) Reimbursement arrangements (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization If the organization received less than fair market value of the goods, other assets, or services received (iv) Purchases of assets from a noncharitable exempt organization of transfers, transactions, and sharitane no arrangements (iii) Purchases of assets from a noncharitable exempt organization (iiii) Purchases of assets from a noncharitable exempt organization (iiii) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (iv) Purchases of assets from a noncharitable exempt organization (i
(i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimburs ement arrangements (b(iv) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Rental of facilities, equipment, mailing lists, other assets, or paid employees (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services
(ii) Other assets by Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iv) Reimbursement arrangements (iv) Reimbursement arrangements (iv) Performance of services or membership or fundraising solicitations (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Perfo
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Remainswer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Name of noncharitable exempt organization Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Obscription of transfers, transactions Obscription of transfers, transactions
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(v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (d) If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) (d) Description of transfers, transactions, and sharing arrangements (a) Name of noncharitable exempt organization arrangements
(vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) A mount involved Name of noncharitable exempt organization Name of noncharitable exempt organization A mount involved Name of noncharitable exempt organization A mount involved Nound involv
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goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) (d) Description of transfers, transactions, and sharing arrangements.
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(a) (b) (c) Name of noncharitable exempt organization (c) Description of transfers, transactions, and sharing arrangements Description of transfers, transactions, and sharing arrangements Description of transfers, transactions, and sharing arrangements
a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
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Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? • Yes • Yes
(a) (b) (c) Name of organization Type of organization Description of relationship

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DLN: 93490229007539

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

Attachment Sequence No **67**

Service											Sequence No 07
Name(s) shown on return UNIVERSITY PHYSICIAN	GROUP		Business or a	ctivity to which	this fo	rm rel	ates	I	den	tifyin	g number
			ALL ACTIVIT					3	8 - 3	4747	66
•	T o Expense (ou have any li					u con	nnlat	ta Dart I			
1 Maximum amount See						-		.c rait i	•	1	125,000
2 Total cost of section 1		_			-	•				2	123,000
3 Threshold cost of section					•	•	•		•	3	500,000
4 Reduction in limitation		•			•	•	•		•	4	300,000
5 Dollar limitation for tax					 0. Ifm	• arriad	filing		•	-	
separately, see instruc		iiile 4 iioiii	Tille I II Zelo	or less, efficer -	0- 11 111	airieu	mmg	9		5	
separatery, see mistruc	tions	• •			• •	•	•		•		
(a) D	escription of pro	perty		(b) Cost	(busine only)	ss us	e	(c) Elect	:ed	cost	
6											
							\perp				_]
7 Listed property Enter 1	the amount from	line 29			•	7					
8 Total elected cost of se	ection 179 prop	erty Adda	amounts ın colu	ımn (c), lınes 6	and 7	•				8	
9 Tentative deduction E	nter the smaller	of line 5 o	rline 8 .		•				-	9	
10 Carryover of disallowed	d deduction from	ılıne 13 of	your 2006 For	m 4562 .						10	
11 Business income limitation	Enter the smaller of	business inc	ome (not less thar	n zero) or line 5 (s	ee instruc	ctions)				11	
12 Section 179 expense of	leduction Add li	ines 9 and	10, but do not	enter more tha	n lıne 1	1 .				12	
13 Carryover of disallowed	d deduction to 2	008 Add I	ines 9 and 10,	less line 12	.▶	13					
Note: Do not use Part					ıse Par	t V.	1				
							t ıncl	ude liste	d pr	operty	y) (See instructions)
14 Special allowance for q											
property) and cellulosi	c biomass ethan	ol plant pr	operty placed ı	n service durin	g the ta	x yea	r				
(see instructions)										14	
15 Property subject to sec	tion 168(f)(1) e	election				•	•			15	
16 Other depreciation (inc							•			16	1,227,565
Part IIII MACRS De	preciation (I	Do not in			ee insti	ructio	ns.)				
				ction A							· · · · · · · · · · · · · · · · · · ·
17 MACRS deductions for						•			•	17	131,584
18 If you are electing to		•	ced in service	e during the t	ax yea	ar into	one	_	_		
general asset accou	nts, check her		<u> </u>			•	•	▶[
(a) Classification of property	(b) Month and year placed in service	depr (busines:	Basis for reciation s/investment use instructions)	(d) Recovery period	(e) Co	onven	tion	(f) M e	etho	d	(g) Depreciation deduction
19a 3-year property											
b 5-year property											
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				27 5 yrs	 	1 M		S/L			
property				27 5 yrs	+	1 M		S/L			
i Nonresidential real				39 yrs	+	1 M		S/L			
property					+	1 M		S/L			
Sect io	n C—Assets Plac	ed in Serv	ice During 2007	' Tax Year Usin	g the A	lterna	tive			Syste	em
20a Class life					Ī			S/l			
b 12-year				12 yrs				S/l	_		
c 40-year				40 yrs	1	ΜМ		S/l	_		
Part IV Summar	y (see ınstruc	tions)									
21 Listed property Enter a	amount from line	28 .			•					21	
22 Total. Add amounts fro and on the appropriate							e 21	Enter he	ere •	22	1,359,149
23 For assets shown abov portion of the basis att			-	t year, enter the	e 	23					
			_	_	_	_	_			_	

Form 4562 (2007) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V 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 the 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 (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment deduction vehicles first) basis Convention service period use use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 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 -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 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 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 No No Yes No No No Yes Yes Yes Yes Yes No 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 (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the 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? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for

Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2007 tax year (see instructions) 43 A mortization of costs that began before your 2007 tax year 43 219,299 44 Total. Add amounts in column (f) See the instructions for where to report 44 219,299

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TY 2007 Compensation Schedule

Name: UNIVERSITY PHYSICIAN GROUP

Manag	Related Organizatio	Dolotionskin	Compensation	Benefit Plan	Evenence Account	Commonantian Description		
Name	Name	EIN	Relationship	A mount	Contributions	Expense Account	Compensation Description	
MICHAEL MARSH	WAYNE STATE UNIVERSITY	38-6028429			171,145	44,155	44155	
DARIUS MEGREGAN	WAYNE STATE UNIVERSITY	38-6028429			51,847	13,376	13376	
SUZANNE WHITE	WAYNE STATE UNIVERSITY	38-6028429			213,491	55,081	55081	
MARYJEAN SCHENK	WAYNE STATE UNIVERSITY	38-6028429			247,605	63,882	63882	

Name	Related Organization	Relationship	Compensation	Benefit Plan	Evenes & securit	Compensation Description	
	Name	EIN	Kelationship	A mount	Contributions	Expense Account	compensation description
JOHN FLACK	WAYNE STATE UNIVERSITY	38-6028429			232,580	60,006	60006
ROBERT LISAK	WAYNE STATE UNIVERSITY	38-6028429			224,778	57,993	57993
MURALI GUTHIKO NDA	WAYNE STATE UNIVERSITY	38-6028429			196,076	50,588	50588
THEODORE JONES	WAYNE STATE UNIVERSITY	38-6028429			155,656	29,839	29839

Name	Related Organization			Compensation	Benefit Plan	Evnence Account	Commonantian December
Name	Name	EIN	Relationship	A mount	Contributions	Expense Account	Compensation Description
GARY ABRAMS	WAYNE STATE UNIVERSITY	38-6028429			213,491	55,081	55081
LA WRENCE MORAWA	WAYNE STATE UNIVERSITY	38-6028429			55,183	14,237	14237
ROBERT MATHOG	WAYNE STATE UNIVERSITY	38-6028429			196,814	50,778	50778
JAY MEYTHALER	WAYNE STATE UNIVERSITY	38-6028429			292,641	75,501	75501
,		,	,	,			'

Name	Related Organization		Relationship	Compensation	Benefit Plan	Evenes Assessed	Compensation Description
Name	Name	EIN	Relationship	A mount	Contributions	Expense Account	compensation bescription
MANUELTRANCER	WAYNE STATE UNIVERSITY	38-6028429	<u> </u>	<u> </u>	239,982	61,915	61915
MARIA VLACHAKI	WAYNE STATE UNIVERSITY	38-6028429		<u>'</u>	159,220	41,079	41079
WILBUR SMITH	WAYNE STATE UNIVERSITY	38-6028429			174,551	45,034	45034
DONALD WEAVER	WAYNE STATE UNIVERSITY	38-6028429	<u>'</u>		232,417	59,964	59964
1	1	'	'	'	, I	· I	I .

Name	Related Organization		Relationship	Compensation	Benefit Plan	Evnance & securit	Compensation Description
Name	Name EIN Relationship	Keiationsnip	Amount	Contributions	Expense Account		
MICHAEL CHER	WAYNE STATE UNIVERSITY	38-6028429			252,797	65,222	65222
ROBERT MENTZER	WAYNE STATE UNIVERSITY	38-6028429			364,249	93,976	93976
ROBERT MENTZER	FUND FOR MEDICAL RESEARCH	38-2319524			45,000		
KENNETH LEE	WAYNE STATE UNIVERSITY	38-6028429			170,115	43,890	43890
•	•		,		•		,

Name	Related Organization		Deletienshin	Compensation	Benefit Plan Contributions	Expense Account	Compensation Description
Name	Name	EIN	Relationship A mount				
KENNETH PALMER	WAYNE STATE UNIVERSITY	38-6028429			227,751	58,760	58760
KENNETH PALMER	FUND FOR MEDICAL RESEARCH	38-2319524			21,800		
VALERIE M PARISI	WAYNE STATE UNIVERSITY	38-6028429			298,851	77,103	77103
,	'	1	'			'	•

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TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: UNIVERSITY PHYSICIAN GROUP

EIN: 38-3474766

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
DISPOSAL OF ASSETS		PURCHASE			173,044	6,553,929			-144,338	6,236,547

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TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: UNIVERSITY PHYSICIAN GROUP

EIN: 38-3474766

Gross Sales Price: 921,094

Basis: 675,628

Sales Expenses:

Total (net): 245,466

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TY 2007 General Explanation Attachment

Name: UNIVERSITY PHYSICIAN GROUP

ldentifier	Return Reference	Explanation
GENERAL RETURN INFORMATION		BOARD MEMBERS WITH ZERO AVERAGE HOU NEEDED AND RECIEVE LITTLE OR NO SAL

ldentifier	Return Reference	Explanation
GENERAL ELECTIONS		

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TY 2007 Investments - Securities Schedule

Name: UNIVERSITY PHYSICIAN GROUP

Description	Book Value	Cost/FMV
CORPORATE STOCK		F
INVESTMENT IN UNIV PHYSICIAN SERV	10,752,471	С
INVESTMENT IN OHS/UPG	6,451,054	С

TY 2007 Land etc. Schedule

Name: UNIVERSITY PHYSICIAN GROUP

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	9,449,442	6,326,776	3,122,666
FURNITURE & FIXTURES	1,046,363	460,135	586,228
LEASEHOLD IMPROVEMENTS	1,482,592	758,430	724,162

TY 2007 Mortgages and Notes Payable Schedule

Name: UNIVERSITY PHYSICIAN GROUP

EIN: 38-3474766

Total Mortgage Amount:

ERSITY ERSITY
918982

Item No.	2
Lender's Name	FUND FOR MEDICAL RESEARCH & EDUC FUND FOR MEDICAL RESEARCH & EDUC
Lender's Title	
Relationship to Insider	RELATED PARTY
Original Amount of Loan	
Balance Due	2605396
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	TRADE PAYABLES
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	UNIVERSITY PHYSICIAN SERVICE UNIVERSITY PHYSICIAN SERVICE
Lender's Title	
Relationship to Insider	RELATED PARTY
Original Amount of Loan	
Balance Due	
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	TRADE PAYABLES
Description of Lender Consideration	
Consideration FMV	
,	

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TY 2007 Other Assets Schedule

Name: UNIVERSITY PHYSICIAN GROUP

Description	Beginning of Year Amount	End of Year Amount
INTEREST AND DIVIDENDS RECEIVABLE	8,842	
EMPLOYEE ADVANCES	14,869	
OTHER RECEIVABLES	1,063,194	

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TY 2007 Other Changes in Net Assets Schedule

Name: UNIVERSITY PHYSICIAN GROUP

Description	Amount
MERGER OF A SSETS FROM UNIVERSITY OB/GYN	577,400
UNREALIZED LOSS ON INVESTMENTS	-460,623

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TY 2007 Other Liabilities Schedule

Name: UNIVERSITY PHYSICIAN GROUP

Description	Beginning of Year Amount	End of Year Amount
LINE OF CREDIT	200,000	270,000
CAPITAL LEASE OBLIGATIONS	181,793	774,480
MALPRACTICE CLAIMS PAYABLE	331,331	252,462

TY 2007 Non Electing Public Charities Statement

Name: UNIVERSITY PHYSICIAN GROUP

EIN: 38-3474766

Statement: PAYMENT TO REGISTERED LOBBYIST AND REIMBURSEMENT OF

EXPENSES TO MEET AND CALL ON STATE EXECUTIVE OFFICERS,

LEGISLATORS AND STATE GOVERNMENT AGENCIES

TY 2007 Scholarship Award Statement

Name: UNIVERSITY PHYSICIAN GROUP

EIN: 38-3474766

Statement: ALL PAYMENTS ARE BASED ON CONTRACTUAL AGREEMENTS

AMONG THE ORGANIZATION, THE DETROIT MEDICAL CENTER,

WAYNE STATE UNIVERSITY, AND THE WSU SCHOOL OF MEDICINE

FACULTY PRACTICE GROUPS.

Software ID: Software Version:

EIN: 38-3474766

Name: UNIVERSITY PHYSICIAN GROUP

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a EXPENSES	43a				
b SALARY REIMBURSEMENTS	43b	25,462,109	22,720,525	2,741,584	
c INSURANCE	43c	4,377,489	3,620,862	756,627	
d BAD DEBT EXPENSE	43d	17,628,081	17,628,081		
e PRACTICE EXPENSE	43e	4,248,927	4,104,649	144,278	
f FUND FOR MEDICAL RESEARCH	43f	8,126,601	7,313,941	812,660	
g CONTRACTED EXPENSES	43g	34,577,539	30,460,132	4,117,407	
h CONTRIBUTIONS	43h	451,846	406,661	45,185	
i PROFESSIONAL DEVELOPMENT	43i	219,339	196,484	22,855	
j SUBSCRIPTION - BOOKS	43j	174,428	142,306	32,122	
k LICENSES AND FEES	43k	203,310	182,979	20,331	
I DUES AND MEMBERSHIPS	431	708,312	489,927	218,385	
m VEHICLE EXPENSE	43m	163,060	126,304	36,756	
n MISCELLANEOUS	43n	21,407	20,267	1,140	
o ADVERTISING	43o	259,701	233,375	26,326	
p RECRUITMENT	43p	317,521	276,797	40,724	
q BANK AND CREDIT CARD FEES	43q	228,341	128,336	100,005	
r HONORARIA	43r	167,410	148,419	18,991	
s BUSINESS RELATIONS	43s	594,092	506,436	87,656	
t OFFICE EXPENSE	43t	212,145	187,779	24,366	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL MARSH 4201 ST ANTOINE 2T DETROIT, MI 48201	BOARD MEMBER 000 0	0	0	0
DARIUS MEHREGAN 4201 ST ANTOINE 5E DETROIT, MI 48201	BOARD MEMBER 000 0	7,412	927	0
SUZANNE WHITE 4201 ST ANTOINE DETROIT, MI 48201	BOARD MEMBER 000 0	0	0	0
MARYJEAN SCHENK 15400 W MCNICHOLS 2ND FLR DETROIT, MI 48226	SECRETARY 000 0	95,000	0	0
JOHN FLACK 4201 ST ANTOINE 2E DETROIT, MI 48201	BOARD MEMBER 40 00	215,000	21,500	0
ROBERT LISAK 4201 ST ANTOINE 6E DETROIT, MI 48201	BOARD MEMBER 40 00	146,396	0	0
MURALI GUTHIKONDA 930 HARPER DETROIT, MI 48201	BOARD MEMBER 40 00	574,194	45,000	0
THEODORE JONES 7 BRUSH NORTH DETROIT, MI 48201	BOARD MEMBER 40 00	452,827	11,500	0
GARY ABRAMS 4717 ST ANTOINE DETROIT, MI 48201	BOARD MEMBER 40 00	150,535	22,580	0
LAWRENCE G MORAWA 21031 MICHIGAN AVE DEARBORN,MI 48124	BOARD MEMBER 000 0	25,000	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT MATHOG 4201 ST ANTOINE 5E DETROIT, MI 48201	BOARD MEMBER 40 00	223,673	33,551	0
WAEL SAKR 3990 JOHN R DETROIT, MI 48201	BOARD MEMBER 40 00	423,192	34,500	0
JAY MEYTHALER 261 MACK DETROIT, MI 48201	BOARD MEMBER 000 0	0	0	0
MANUEL TRANCER 2751 JEFFERSON 501 DETROIT, MI 48207	BOARD MEMBER 000 0	69,784	0	0
MARIA VLACHAKI UNIVERSITY HEALTH CENTER 1ST FLR DETROIT, MI 48201	BOARD MEMBER 40 00	338,385	34,500	0
WILBUR SMITH 4201 ST ANTOINE 3L-8 DETROIT,MI 48201	BOARD MEMBER 000 0	0	0	0
DONALD WEAVER 3990 HARPER 400 DETROIT, MI 48201	BOARD MEMBER 40 00	239,635	45,500	0
MICHAEL CHER 3990 HARPER 1017 DETROIT, MI 48201	BOARD MEMBER 40 00	152,463	7,623	0
ROBERT MENTZER 540 E CANFIELD 1241 DETROIT, MI 48201	PRESIDENT 40 00	255,000	16,625	0
KENNETH LEE 550 E CANFIELD 3013 DETROIT, MI 48201	EXC DIRECTOR 40 00	143,460	14,346	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KENNETH PALMER 540 E CANFIELD 9374 DETROIT, MI 48201	BOARD MEMBER 000 0	72,308	0	0
VALERIE M PARISI 540 E CANFIELD 1253 DETROIT, MI 48201	CHF MED OFCR 40 00	150,257	2,431	0
LARRY GROSSMAN 540 E CANFIELD 3303 DETROIT, MI 48201	BOARD MEMBER 000 0	0	0	0
DIANE STILLER 550 ECANFIELD 324 DETROIT, MI 48201	CFO/COO 40 00	135,577	12,596	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
WAYNE STATE UNIVERSITY	X	
FUND FOR MEDICAL RESEARCH	Х	
UNIVERSITY PHYSICIAN SERVICES		X