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Form **990**

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5515 PEACH STREET

City or town, state or country, and ZIP + 4
ERIE, PA 16509

D Employer identification number
25-1698677

E Telephone number
(814) 866-6641

G Gross receipts $ 101,069,980

F Name and address of Principal Officer
JOHN M FERRETTI DO
5515 PEACH STREET
ERIE, PA 16509

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

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www lecom edu

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1993

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM) IS TO PREPARE STUDENTS TO BECOME OSTEOPATHIC PHYSICIANS OR PHARMACY PRACTITIONERS THROUGH PROGRAMS OF EXCELLENCE IN EDUCATION, RESEARCH, CLINICAL CARE, AND COMMUNITY SERVICES TO ENHANCE THE QUALITY OF LIFE THROUGH IMPROVED HEALTH FOR ALL HUMANITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	534
6	Total number of volunteers (estimate if necessary)	6	16
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	307,683
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-714,945

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,218,531	4,378,913
9	Program service revenue (Part VIII, line 2g)	51,644,203	56,489,569
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,415,135	-1,745,860
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,235,367	1,812,567
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,513,236	60,935,189
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		823,057
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,143,937	21,403,944
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	14,201,625	15,688,539
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	32,345,562	37,915,540
19	Revenue less expenses Subtract line 18 from line 12	28,167,674	23,019,649

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	159,519,708	172,751,330
21	Total liabilities (Part X, line 26)	17,817,053	17,410,249
22	Net assets or fund balances Subtract line 21 from line 20	141,702,655	155,341,081

Part II Signature Block

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

Please Sign Here

****** | 2010-05-13
Signature of officer | Date

RICHARD P OLINGER TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DENNIS W GROW CPA | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SCHAFFNER KNIGHT MINNAUGH & CO PC
1001 STATE STREET SUITE 1300
ERIE, PA 16501

EIN ▶

Phone no ▶ (814) 454-1997

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

THE MISSION OF LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM) IS TO PREPARE STUDENTS TO BECOME OSTEOPATHIC PHYSICIANS OR PHARMACY PRACTITIONERS THROUGH PROGRAMS OF EXCELLENCE IN EDUCATION, RESEARCH, CLINICAL CARE, AND COMMUNITY SERVICES TO ENHANCE THE QUALITY OF LIFE THROUGH IMPROVED HEALTH FOR ALL HUMANITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 30,066,680 including grants of $) (Revenue $)

The mission of Lake Erie College of Osteopathic Medicine (LECOM) is to prepare students to become osteopathic physicians or pharmacy practitioners through programs of excellence in education, research, clinical care, and community service to enhance the quality of life through improved health for all humanity LECOM is one of the 26 Colleges of Osteopathic Medicine In 1992, the Lake Erie College of Osteopathic Medicine received pre-accreditation status from the American Osteopathic Association After further preparation, LECOM achieved a charter from the Commonwealth of Pennsylvania and full accreditation status with the American Council on Pharmaceutical Education It is one of over 90 pharmacy schools in the United States The goal of Lake Erie College of Osteopathic Medicine is to educate qualified students to become osteopathic physicians imbued with the philosophical principles of osteopathic medicine It is the stated purpose of the College to educate and develop family physicians in the osteopathic tradition At the same time, it proposes to provide its students with firm academic background so that those who wish may advance further into the osteopathic specialties or academic careers, particularly for and with osteopathic colleges The goal of the College of Pharmacy is to prepare highly qualified, ethical, and caring generalist pharmacy practitioners to serve the needs of Pennsylvania and surrounding areas Two academic doctoral degrees are conferred at LECOM The Doctor of Osteopathy (DO) and the Doctor of Pharmacy is awarded to graduates who have satisfactorily fulfilled the requirements for graduation The first medical classes began on August 9, 1993 and 61 students enrolled The College began a school of pharmacy in the fall of 2002 For the fiscal year ended June 30, 2009, there were 2,450 medical, pharmacy, post-baccalaureate, and masters of education students enrolled The College has three campuses, Erie, Pennsylvania, Greensburg, Pennsylvania and Bradenton, Florida

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 30,066,680 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	85		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	534		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	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 account)?	4a			No
b	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.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RICHARD P OLINGER
5515 PEACH STREET
ERIE, PA 16509
(814) 868-7767

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								3,070,853	918,498	355,433

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 34

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
POWER WELLNESS MANAGEMENT LLC 2055W ARMY TRAIL ROAD ADDISON, IL 60101	MANAGEMENT COMPANY	319,540
JANBURY 5674 MARQUESAS CIRCLE SARASOTA, FL 34233	JANITORIAL SERVICES	195,384
MALADY WOOTEN PUBLIC AFFAIRS 604 NORTH THIRD STREET HARRISBURG, PA 17101	GOVERNMENTAL ADVISORS	120,054
OASIS FOOTWEAR LLC 5148 PEACH STREET ERIE, PA 16509	FOOTWEAR	114,384

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 405,087				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 3,837,267				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 136,559				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	4,378,913			
Program Service Revenue		Business Code				
	2a	TUITION and fees	900,099	55,913,438	55,913,438	
	b	APPLICATION FEES	900,099	563,365	563,365	
	c	PHYSICIAN PRACTICE PLA	900,099	12,766	12,766	
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 56,489,569				
	3	Investment income (including dividends, interest other similar amounts) ▶	2,172,816			2,172,816
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 211,668				
	b	Less rental expenses				
	c	Rental income or (loss) 211,668				
	d	Net rental income or (loss) ▶	211,668	211,668		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 36,182,695				
	b	Less cost or other basis and sales expenses 40,101,371				
	c	Gain or (loss) -3,918,676				
	d	Net gain or (loss) ▶	-3,918,676			-3,918,676
Other Revenue	8a	Gross income from fundraising events (not including $ 299,177 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 405,087				
	b	Less direct expenses b 33,420				
	c	Net income or (loss) from fundraising events ▶	265,757			265,757
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	BOOK STORE RECEIPTS 451,211	608,246			608,246
	b	WELLNESS CENTER 713,940	307,683		307,683	
	c	cafeteria RECEIPTS 722,210	174,584			174,584
	d	All other revenue	244,629			244,629
	e	**Total. Add lines 11a-11d** ▶ $ 1,335,142				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	60,935,189	56,701,237	307,683	-452,644

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	823,057	823,057		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,256,951	1,801,047	455,904	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,550,288	12,409,130		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	748,227	597,085	151,142	
9 Other employee benefits	1,664,273	1,328,090	336,183	
10 Payroll taxes	1,184,205	944,996	239,209	
11 Fees for services (non-employees)				
a Management	40,000		40,000	
b Legal	100,488	80,189	20,299	
c Accounting	50,220		50,220	
d Lobbying	278,982	222,628	56,354	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	289,964		289,964	
g Other	2,759,312	2,201,931	557,381	
12 Advertising and promotion	703,920	561,728	142,192	
13 Office expenses	1,227,335	979,413	247,922	
14 Information technology	244,027	194,733	49,294	
15 Royalties				
16 Occupancy	1,882,803	1,502,477	380,326	
17 Travel	385,154	307,353	77,801	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	186,815		186,815	
20 Interest	20,194		20,194	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,264,894	2,605,385	659,509	
23 Insurance	457,211	364,854	92,357	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a STUDENT ROTATION FEES	697,000	697,000	0	0
b dues and subscriptions	643,517	513,527	129,990	0
c special functions	587,231	468,610	118,621	0
d bookstore cost of sales	540,586	540,586	0	0
e repairs and maintenance	373,577	298,114	75,463	0
f All other expenses	955,309	624,747	330,562	
25 **Total functional expenses.** Add lines 1 through 24f	37,915,540	30,066,680	7,848,860	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		14,206	1	23,996
	2	Savings and temporary cash investments		31,806,070	2	11,563,106
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,826,178	4	896,619
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		283,342	8	119,938
	9	Prepaid expenses and deferred charges		643,772	9	1,123,554
	10a	Land, buildings, and equipment cost basis	10a 109,302,725			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 19,568,981	69,607,206	10c	89,733,744
	11	Investments—publicly traded securities		54,158,176	11	68,134,153
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		1,180,758	15	1,156,220
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		159,519,708	16	172,751,330
Liabilities	17	Accounts payable and accrued expenses		5,245,328	17	3,580,568
	18	Grants payable			18	
	19	Deferred revenue		12,263,924	19	13,393,204
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		307,801	25	436,477
	26	**Total liabilities.** *Add lines 17 through 25*		17,817,053	26	17,410,249
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		139,673,239	27	153,423,313
	28	Temporarily restricted net assets		2,029,416	28	1,917,768
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		141,702,655	33	155,341,081
	34	Total liabilities and net assets/fund balances		159,519,708	34	172,751,330

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☑ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 25-1698677
Name: LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Silvia M Ferretti , PROVOST, SR V P , DEAN	75 00	X						648,266	0	29,246
John M Ferretti DO , President/CEO	58 00	X		X				493,543	0	32,186
RIchard P Olinger , Treasurer/CFO	30 00	X		X				180,926	204,055	35,585
JOHN D ANGELONI DO , TRUSTEE	1 00	X						0	0	0
BETTY J CRANDELL , TRUSTEE	1 00	X						0	0	0
MARY L ECKERT , SECRETARY	4 00	X		X				1,279	420,811	29,246
JOHN L JOHNSTON DO , TRUSTEE	1 00	X						0	0	0
JOHN M MAGENAU III PHD , TRUSTEE	1 00	X						0	0	0
PAUL J MARTIN , TRUSTEE	1 00	X						0	0	0
JOAN L MOORE DO , TRUSTEE	1 00	X						0	0	0
MARLENE D MOSCO , TRUSTEE	1 00	X						0	0	0
SENATOR DURELL PEADEN , TRUSTEE	1 00	X						0	0	0
KEVIN L COLOSIMO ESQ , TRUSTEE	1 00	X						0	0	0
DENNIS M STYN , TRUSTEE	4 00	X						0	262,589	32,537
MICHAEL J VISNOSKY ESQ , CHAIRMAN	1 00	X						0	0	0
THOMAS J WEDZIK , TRUSTEE	1 00	X						0	0	0
MICHAEL J FEINSTEIN D , TRUSTEE	1 00	X						0	0	0
DR ROBERT GEORGE DO , employee	40 00				X			266,535	0	30,159
DR HERSHEY BELL DO , EMPLOYEE	40 00				X			338,277	0	31,556
DONALD TUTTLE PHARM D , EMployee	40 00				X			183,566	0	17,112
DR ANTHONY FERRETTI D , EMployee	40 00					X		192,139	0	27,322
DR DENNIS AGOSTINI DO , EMPLOYEE	40 00					X		229,889	31,043	24,946
DR REGAN SHABLOSKI DO , EMPLOyee	40 00					X		202,241	0	20,785
GARY LEVIN , Employee	40 00					X		177,631	0	20,502
ROBERT FORTUNE , EMPloyee	40 00					X		156,561	0	24,251

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE	25-1698677

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		278,982
j	Total lines 1c through 1i			278,982
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE ORGANIZATION HAS RETAINED GOVERNMENTAL COUNSEL TO REPRESENT THEIR INTERESTS IN LEGISLATIVE AND OTHER GOVERNMENTAL MATTERS AT BOTH THE STATE AND FEDERAL LEVELS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		13,283,444		13,283,444
b Buildings		79,744,784	13,632,857	66,111,927
c Leasehold improvements				
d Equipment		10,993,872	5,936,124	5,057,748
e Other		5,280,625		5,280,625
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				89,733,744

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	153,063
OTHER LIABILITIES	283,414
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	436,477

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	60,935,189
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,915,540
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,019,649
4	Net unrealized gains (losses) on investments	4	-4,269,575
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,111,648
9	Total adjustments (net) Add lines 4 - 8	9	-9,381,223
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,638,426

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	56,464,540
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-3,357,628		
e	Add lines **2a** through **2d**			2e	-3,357,628
3	Subtract line **2e** from line **1**			3	59,822,168
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,113,021		
c	Add lines **4a** and **4b**			4c	1,113,021
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	60,935,189

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	37,714,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	911,947		
e	Add lines **2a** through **2d**			2e	911,947
3	Subtract line **2e** from line **1**			3	36,802,519
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,113,021		
c	Add lines **4a** and **4b**			4c	1,113,021
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	37,915,540

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109 FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISES FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME IN ADDITION, FIN 48 PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE COLLEGE PRESENTLY RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS BY APPLYING FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES THE COLLEGE HAS ELECTED TO DEFER THE APPLICATION OF INTERPRETATION 48 IN ACCORDANCE WITH FASB STAFF POSITION (FSP) FIN 48-3 THIS FSP DEFERS THE EFFECTIVE DATE OF INTERPRETATION 48 FOR NONPUBLIC ENTERPRISES INCLUDED WITHIN ITS SCOPE TO THE ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 THE COLLEGE WILL BE REQUIRED TO ADOPT FIN 48 IN ITS JUNE 30, 2010, ANNUAL FINANCIAL STATEMENTS THE PROVISIONS OF FIN 48 ARE TO BE APPLIED TO ALL TAX POSITIONS UPON INITIAL APPLICATION OF THIS STANDARD ONLY TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED UPON ADOPTION MANAGEMENT IS CURRENTLY ASSESSING THE IMPACT OF FIN 48 ON ITS FINANCIAL POSITION AND RESULTS OF OPERATIONS AND HAS NOT DETERMINED IF THE ADOPTION OF FIN 48 WILL HAVE A MATERIAL EFFECT ON ITS FINANCIAL STATEMENTS
Part XI, Line 8 - Other Adjustments		TEMPORARILY RESTRICTED CONTRIBUTIONS AND GRANTS 800299 net assets released from restriction - 911947 TRANSFER TO PARENT CORPORATION -5000000
Part XII, Line 2d - Other Adjustments		NET ASSETS RELEASED FROM RESTRICTIONS UNREALIZED LOSS ON INVESTMENTS
Part XII, Line 4b - Other Adjustments		INVESTMENT MANAGEMENT FEES NETTED AGAINST INTEREST INCOME COLLEGE FUNDED SCHOLARSHIPS
Part XIII, Line 2d - Other Adjustments		net assets released from restrictions
Part XIII, Line 4b - Other Adjustments		INVESTMENT MANAGEMENT FEES NETTED AGAINST INTEREST INCOME COLLEGE FUNDED SCHOLARSHIPS

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

			YES	NO
1	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?	1	Yes	
2	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?	2	Yes	
3	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 LECOM HAS PUBLICIZED ITS NONDISCRIMINATORY POLICY THROUGH NEWSPAPER MEDIA	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	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	7	Yes	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DINNER/AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	704,264			704,264
	2 Less Charitable contributions	405,087			405,087
	3 Gross revenue (line 1 minus line 2)	299,177			299,177
Direct Expenses	4 Cash Prizes	1,250			1,250
	5 Non-cash Prizes				
	6 Rent/Facility costs	18,465			18,465
	7 Other direct expenses	13,705			13,705
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				33,420
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				265,757

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT SCHOLARSHIPS	359	823,057			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Silvia M Ferretti	(i)	611,481		36,785	19,600	9,646	677,512	324,133
	(ii)							
John M Ferretti DO	(i)	455,627		37,916	19,600	12,586	525,729	246,772
	(ii)							90,463
RIchard P Olinger	(i)	156,376		24,550		4,300	185,226	90,463
	(ii)	183,555		20,500	16,444	14,841	235,340	102,028
MARY L ECKERT	(i)			1,279			1,279	640
	(ii)	379,861		40,950	19,600	9,646	450,057	210,406
DENNIS M STYN	(i)							
	(ii)	228,205		34,384	18,083	14,454	295,126	131,295
DR ROBERT GEORGE DO	(i)	245,262		21,273	19,600	10,559	296,694	133,268
	(ii)							
DR HERSHEY BELL DO	(i)	317,637		20,640	19,600	11,956	369,833	169,139
	(ii)							
DONALD TUTTLE PHARM D	(i)	162,926		20,640	11,575	5,537	200,678	91,783
	(ii)							
DR ANTHONY FERRETTI DO	(i)	171,237		20,902	16,763	10,559	219,461	96,070
	(ii)							
DR DENNIS AGOSTINI DO	(i)	208,987		20,902	19,600	5,346	254,835	114,945
	(ii)	31,043					31,043	15,522
DR REGAN SHABLOSKI DO	(i)	186,680		15,561	17,329	3,456	223,026	101,121
	(ii)							
GARY LEVIN	(i)	165,622		12,009	15,156	5,346	198,133	88,816
	(ii)							
ROBERT FORTUNE	(i)	146,313		10,248	13,692	10,559	180,812	78,281
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE ORGANIZATION SUBSCRIBES TO A CHARTER TRAVEL SHARED SERVICE PROGRAM THIS SERVICE IS USED SOLELY FOR BUSINESS PURPOSES THE ORGANIZATION DOES NOT PAY FOR FIRST-CLASS TRAVEL THE ORGANIZATION HOLDS AN ANNUAL OFF-SITE MEETING FOR WHICH IT PERMITS EACH PERSON NAMED ON FORM 990, PART VII, SECTION A TO BRING ONE GUEST THE ORGANIZATION PAYS THE TRAVEL EXPENSES FOR THE INVITED GUEST AT THIS MEETING, EACH PARTICIPANT RECEIVES A HOTEL VOUCHER THAT CAN BE USED TO PURCHASE GOODS AND SERVICES PROVIDED BY THE HOTEL THE EXPENSES INCURRED ARE REPORTED ON EACH PARTICIPANT'S HOTEL BILL DURING THE FISCAL YEAR, THE ORGANIZATION PAID THE SOCIAL CLUB DUES FOR ONE INDIVIDUAL
Supplemental Information	Part III	SCHEDULE J, PART II, COLUMN F IN ACCORDANCE WITH THE SCHEDULE J INSTRUCTIONS, COLUMN F REPRESENTS COMPENSATION REFLECTED IN COLUMN B PAID FROM JANUARY 1, 2008 THROUGH JUNE 30, 2008

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 25-1698677
Name: LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Silvia M Ferretti	(I)	611,481		36,785	19,600	9,646	677,512	324,133
	(II)							
John M Ferretti DO	(I)	455,627		37,916	19,600	12,586	525,729	246,772
	(II)							90,463
RIchard P Olinger	(I)	156,376		24,550		4,300	185,226	90,463
	(II)	183,555		20,500	16,444	14,841	235,340	102,028
MARY L ECKERT	(I)			1,279			1,279	640
	(II)	379,861		40,950	19,600	9,646	450,057	210,406
DENNIS M STYN	(I)							
	(II)	228,205		34,384	18,083	14,454	295,126	131,295
DR ROBERT GEORGE DO	(I)	245,262		21,273	19,600	10,559	296,694	133,268
	(II)							
DR HERSHEY BELL DO	(I)	317,637		20,640	19,600	11,956	369,833	169,139
	(II)							
DONALD TUTTLE PHARM D	(I)	162,926		20,640	11,575	5,537	200,678	91,783
	(II)							
DR ANTHONY FERRETTI DO	(I)	171,237		20,902	16,763	10,559	219,461	96,070
	(II)							
DR DENNIS AGOSTINI DO	(I)	208,987		20,902	19,600	5,346	254,835	114,945
	(II)	31,043					31,043	15,522
DR REGAN SHABLOSKI DO	(I)	186,680		15,561	17,329	3,456	223,026	101,121
	(II)							
GARY LEVIN	(I)	165,622		12,009	15,156	5,346	198,133	88,816
	(II)							
ROBERT FORTUNE	(I)	146,313		10,248	13,692	10,559	180,812	78,281
	(II)							

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
VANTAGE	INDEPENDENT CONTRACTOR - SHARES ONE COMMON TRUSTEE WITH FILING ORG	61,623	VANTAGE SELLS MEDICAL SUPPLIES AND SERVICES TO LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE		No
VANTAGE	RENTAL OF PROPERTY - SHARES ONE COMMON TRUSTEE WITH FILING ORGANIZATION	110,868	VANTAGE RENTS PROPERTY FROM LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE		No
RICHARD FERRETTI	FAMILY MEMBER OF DR ANTHONY J FERRETTI, D O, HIGHLY COMPENSATED EMPLOYEE	148,426	EMPLOYMENT		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		DR JOHN M FERRETTI, D O , DR SILVIA FERRETTI, D O AND DR ANTHONY J FERRETTI, D O - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		MILLCREEK HEALTH SYSTEM, THE FILING ORGANIZATION'S PARENT CORPORATION, IS THE SOLE MEMBER OF THE FILING ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		MILLCREEK HEALTH SYSTEM IS THE PARENT CORPORATION OF LECOM IN ACCORDANCE WITH MILLCREEK HEALTH SYSTEM'S BY-LAWS, ITS BOARD OF TRUSTEES HAS THE RIGHT TO APPROVE ANY AND ALL TRANSACTIONS THAT CHANGE, OR HAVE THE EFFECT OF CHANGING, THE OWNERSHIP AND/OR CONTROL OF THE CORPORATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO FILING ITS FORMS 990 AND 990-T, THE ORGANIZATION PROVIDED ITS BOARD MEMBERS WITH ACCESS TO AN ELECTRONIC COPY OF THE DRAFT TAX RETURN AND INVITED COMMENTS AND QUESTIONS FROM THE BOARD MEMBERS PRIOR TO FILING FORM 990 AND 990-T, MEMBERS OF THE ORGANIZATION'S FINANCIAL MANAGEMENT CONDUCTED DETAILED REVIEWS OF DRAFTED VERSIONS OF THE TAX FILINGS THROUGHOUT THE REVIEW PROCESS THERE WAS ONGOING DISCUSSION BETWEEN THE ORGANIZATION'S FINANCIAL MANAGEMENT AND THE TAX PREPARER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EACH MEMBER OF THE BOARD OF TRUSTEES IS REQUIRED TO COMPLETE A STANDARDIZED CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS ANY POTENTIAL CONFLICTS OF INTEREST ARE ADDRESSED BY THE EXECUTIVE COMMITTEE IF A POTENTIAL CONFLICT OF INTEREST ARISES, IT IS REVIEWED AND DOCUMENTED BY THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE REPORTS THE RESULTS OF ITS REVIEW TO THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION'S COMPENSATION COMMITTEE REVIEWED A STUDY BY AN INDEPENDENT COMPENSATION CONSULTANT IN ADDITION, THE COMPENSATION COMMITTEE REVIEWED VARIOUS FORM 990 FILINGS BY COMPARATIVE ORGANIZATIONS IN ORDER TO MAKE EXECUTIVE PAY COMPARISONS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINES 2B AND 2C	OVERSIGHT OF INDEPENDENT FINANCIAL STATEMENT AUDIT	THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE ORGANIZATION'S INDEPENDENT FINANCIAL STATEMENT AUDIT THE PROCESS ASSOCIATED WITH THE OVERSIGHT OF THE INDEPENDENT FINANCIAL STATEMENT AUDIT REMAINS CONSISTENT WITH THE PRIOR FISCAL YEAR

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	ESTIMATE OF AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS	DR JOHN M FERRETTI, D O MEDICAL ASSOCIATES OF ERIE - 5 HOURS PER WEEK MILLCREEK COMMUNITY HOSPITAL - 10 HOURS PER WEEK MILLCREEK MANOR - 5 HOURS PER WEEK MILLCREEK HEALTH SYSTEM - 1 HOUR PER WEEK MILLCREEK HEALTH SYSTEM MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE TRUST - 1 HOUR PER WEEK DR SILVIA M FERRETTI, D O MEDICAL ASSOCIATES OF ERIE - 1 HOUR PER WEEK MILLCREEK COMMUNITY HOSPITAL - 2 HOURS PER WEEK MILLCREEK MANOR - 1 HOUR PER WEEK MILLCREEK HEALTH SYSTEM - 1 HOUR PER WEEK MARY L ECKERT MEDICAL ASSOCIATES OF ERIE - 1 HOUR PER WEEK MILLCREEK COMMUNITY HOSPITAL - 72 HOURS PER WEEK MILLCREEK MANOR - 1 HOUR PER WEEK MILLCREEK HEALTH SYSTEM - 1 HOUR PER WEEK MILLCREEK HEALTH SYSTEM MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE TRUST - 1 HOUR PER WEEK RICHARD P OLINGER MEDICAL ASSOCIATES OF ERIE - 1 HOUR PER WEEK MILLCREEK COMMUNITY HOSPITAL - 31 HOURS PER WEEK MILLCREEK MANOR - 1 HOUR PER WEEK MILLCREEK HEALTH SYSTEM - 1 HOUR PER WEEK MILLCREEK HEALTH SYSTEM MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE TRUST - 1 HOUR PER WEEK DENNIS STYN MEDICAL ASSOCIATES OF ERIE - 60 HOURS PER WEEK MILLCREEK HEALTH SYSTEM - 1 HOUR PER WEEK DR DENNIS AGOSTINI, D O MILLCREEK COMMUNITY HOSPITAL - 7 5 HOURS PER WEEK DR ANTHONY J FERRETTI, D O MILLCREEK HEALTH SYSTEM 1 HOUR PER WEEK

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 28C	SUPPLEMENTAL DISCLOSURE REGARDING BUSINESS TRANSACTIONS	CERTAIN PERSONS LISTED ON FORM 990, PART VII, SECTION A ARE EMPLOYED OR HAVE AN OWNERSHIP INTEREST IN ORGANIZATIONS WITH WHOM LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM) TRANSACTS BUSINESS BASED ON THE REPORTING THRESHOLDS STATED IN THE FILING INSTRUCTIONS, THESE BUSINESS TRANSACTIONS ARE NOT REQUIRED TO BE REPORTED ON SCHEDULE L, PART IV THE ORGANIZATION'S BOARD OF TRUSTEES VOLUNTARILY DISCLOSES THE FOLLOWING BUSINESS RELATIONSHIPS MICHAEL J VISNOSKY, ESQUIRE LECOM ENGAGED ATTORNEY VISNOSKY'S EMPLOYER, KNOX MCLAUGHLIN GORNALL & SENNETT, P C , TO PERFORM VARIOUS LEGAL SERVICES DURING THE FISCAL YEAR ENDED JUNE 20, 3009 LECOM PAID LEGAL FEES TOTALING $41,739 TO KNOX MCLAUGHLIN GORNALL & SENNETT, P C FOR THOSE SERVICES ATTORNEY VISNOSKY'S SON-IN-LAW, MARK A DENLINGER, IS ALSO A SHAREHOLDER OF KNOX MCLAUGHLIN GORNALL & SENNETT, P C NEITHER ATTORNEY VISNOSKY OR ATTORNEY DENLINGER, INDIVIDUALLY, HOLD AN OWNERSHIP INTEREST OF GREATER THAN 5% IN THE LAW FIRM COLLECTIVELY, THEIR OWNERSHIP INTERESTS DO EXCEED 5% MARLENE D MOSCO LECOM ENGAGED MS MOSCO'S EMPLOYER, PNC BANK, TO MANAGE CERTAIN INVESTMENTS HELD IN ITS PORTFOLIO LECOM PAID INVESTMENT MANAGEMENT FEES OF $91,024 TO PNC BANK DURING THE FISCAL YEAR ENDED JUNE 30, 2009 PNC BANK IS A PUBLICLY TRADED COMPANY PNC BANK DOES NOT OPERATE AS A PARTNERSHIP OR A PROFESSIONAL CORPORATION THOMAS J WEDZICK LECOM ENGAGED MR WEDZICK'S EMPLOYER, FIRST NATIONAL BANK, TO MANAGE CERTAIN INVESTMENTS HELD IN ITS PORTFOLIO LECOM PAID INVESTMENT MANAGEMENT FEES OF $90,367 TO FIRST NATIONAL BANK DURING THE FISCAL YEAR ENDED JUNE 30, 2009 FIRST NATIONAL BANK IS A PUBLICLY TRADED COMPANY FIRST NATIONAL BANK DOES NOT OPERATE AS A PARTNERSHIP OR A PROFESSIONAL CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 7G	CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY	THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY DURING THE FISCAL YEAR ENDED JUNE 30, 2009

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 7H	CONTRIBUTIONS OF CARS, BOATS, AIRPLANES AND OTHER VEHICLES	THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES DURING THE FISCAL YEAR ENDED JUNE 30, 2009

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Employer identification number
25-1698677

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MILLCREEK HEALTH SYSTEM 5515 PEACH STREET ERIE, PA16509 25-1766164	PARENT CORPORATION	PA	501(C)(3)	11C - III-FI	N/A
MILLCREEK COMMUNITY HOSPITAL 5515 PEACH STREET ERIE, PA16509 25-1002937	HOSPITAL	PA	501(C)(3)	3	N/A
MILLCREEK MANOR 5515 PEACH STREET ERIE, PA16509 25-1619204	SKILLED NURSING FACILITY	PA	501(C)(3)	3	N/A
MILLCREEK HEALTH SYSTEM MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE TRUST 5515 PEACH STREET ERIE, PA16509 57-6204119	PROVIDES MANDATORY PROFESSIONAL LIABILITY COVERAGE TO AFFILIATE ORGS	PA	501(C)(3)	11C - III-O	N/A
MEDICAL ASSOCIATES OF ERIE ONE LECOM PLACE ERIE, PA16505 11-3716896	PHYSICIAN PRACTICE CORPORATION	PA	501(C)(3)	9	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
MCH CORPORATION 5515 PEACH STREET ERIE, PA16509 25-1549695	LESSOR OF REAL ESTATE	PA	N/A	C			

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	MILLCREEK COMMUNITY HOSPITAL	B	99,261
(2)	MILLCREEK COMMUNITY HOSPITAL	C	5,000
(3)	MILLCREEK COMMUNITY HOSPITAL	E	480,603
(4)	MEDICAL ASSOCIATES OF ERIE	I	24,000
(5)	MILLCREEK COMMUNITY HOSPITAL	J	513,892
(6)	MCH CORPORATION	J	5,000
(7)	MILLCREEK COMMUNITY HOSPITAL	O	969,727
(8)	MILLCREEK COMMUNITY HOSPITAL	P	66,316
(9)	MEDICAL ASSOCIATES OF ERIE	P	32,099
(10)	MILLCREEK HEALTH SYSTEM	Q	5,000,000