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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
A T Still University of Health Sciences

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
800 W Jefferson

City or town, state or country, and ZIP + 4
Kirksville, MO 63501

D Employer identification number
43-0356250

E Telephone number
(660) 626-2325

G Gross receipts $ 115,349,269

F Name and address of principal officer
W Jack Magruder
800 W Jefferson
Kirksville, MO 63501

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 Website: ▶ www atsu edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EDUCATE STUDENTS TO BE COMPETENT HEALTHCARE PROFESSIONALS WITH OSTEOPATHIC PRINCIPLES AND PHILOSOPHY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	1,620
6	Total number of volunteers (estimate if necessary)	6	2,589
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	22,129
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-40,587

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,293,263	4,811,730
9	Program service revenue (Part VIII, line 2g)	74,895,762	86,145,403
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-244,823	672,638
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,251,640	2,455,695
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,195,842	94,085,466
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	724,724	1,426,234
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	51,206,025	54,542,256
16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,853	34,097
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,502,540		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	29,448,772	31,215,078
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	81,410,374	87,217,665
19	Revenue less expenses Subtract line 18 from line 12	6,785,468	6,867,801
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	164,223,048	176,551,278
21	Total liabilities (Part X, line 26)	48,749,041	48,114,584
22	Net assets or fund balances Subtract line 21 from line 20	115,474,007	128,436,694

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

Sign Here

****** | 2011-02-15
Signature of officer | Date

MONICA L HARRISON VICE PRESIDENT/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Michael J Engle			

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP
1201 Walnut Suite 1700
Kansas City, MO 641062246

EIN ▶

Phone no ▶ (816) 221-6300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 501(c)(4) organizations and section 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 $ 59,924,074 including grants of $ 1,426,234) (Revenue $ 80,286,592)

See Schedule O

4b (Code) (Expenses $ 7,854,202 including grants of $ 0) (Revenue $ 6,264,062)

Clinics - As part of KCOM's education program, the university operates the Gutensohn Osteopathic Health and Wellness Clinic and as a part of ASDOH's education program, the university operates dental clinics in Mesa and Glendale, Arizona

4c (Code) (Expenses $ 549,751 including grants of $ 0) (Revenue $ 245,727)

As a service to employees and students, KCOM operates a campus recreational facility and 44 student apartments

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 68,328,027

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 similar funds or 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	Yes	
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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school 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 United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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 sections 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**		No
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	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	4,009		
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		
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	1,620		
b	If at least one is reported on line 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 (see instructions)		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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 17		
b	Enter the number of voting members that are independent	1b 16		
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		No
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	Yes	
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		No
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		No
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	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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 ▶ MO

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 ▶

MONICA L HARRISON
800 W JEFFERSON
Kirksville, MO 63501
(660) 626-2325

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- 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 current or former 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-2/1099-MISC)	(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			
See add'l data										

1b Total . . . . . ▶	5,312,637	0	558,703

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 104

			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**	Yes	
4	For any individual listed on line 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
eduinteractive	Advertise/Recruiting	1,043,373
UNITED HEALTHCARE INSURANCE CO	Administration	736,868
EBSCO Subscription Services	Library subscription	426,430
LUTHERAN FAMILY HEALTH CENTER	STUDENT TRAINING	378,632
HEALTH SOURCE OF OHIO	Student training	374,106

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 39

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	76,227			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,981,868			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,753,635			
	g	Noncash contributions included in lines 1a-1f $ 175,445					
	h	**Total.** Add lines 1a-1f		4,811,730			
Program Service Revenue			Business Code				
	2a	EDUCATIONAL PROGRAMS	611,600	79,475,395	79,453,266	22,129	
	b	PATIENT CARE	621,400	6,264,062	6,264,062		
	c	STUDENT LOAN INTEREST	611,710	160,219	160,219		
	d	STUDENT HOUSING/RECREATIONAL	611,710	245,727	245,727		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		86,145,403			
	3	Investment income (including dividends, interest and other similar amounts)		1,252,724			1,252,724
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,854,553				
	b	Less rental expenses					
	c	Rental income or (loss)	1,854,553				
	d	Net rental income or (loss)		1,854,553			1,854,553
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	20,591,901	13,663			
	b	Less cost or other basis and sales expenses	21,178,359	7,670			
	c	Gain or (loss)	-586,458	5,993			
	d	Net gain or (loss)		-580,086			-580,086
Other Revenue	8a	Gross income from fundraising events (not including $ 76,227 of contributions reported on line 1c) See Part IV, line 18	a 27,938				
	b	Less direct expenses	b 77,774				
	c	Net income or (loss) from fundraising events		-49,836			-49,836
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900,099	650,978			650,978
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		650,978			
	12	**Total revenue.** See Instructions		94,085,466	86,123,274	22,129	3,128,333

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	23,990	23,990		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,402,244	1,402,244		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,444,237	4,044,702	1,049,107	350,428
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	106,448	86,456	16,743	3,249
7 Other salaries and wages	39,651,562	31,760,052	6,853,030	1,038,480
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,348,521	1,698,967	561,954	87,600
9 Other employee benefits	3,950,651	2,190,705	1,540,211	219,735
10 Payroll taxes	3,040,837	2,418,599	529,331	92,907
11 Fees for services (non-employees)				
a Management	0			
b Legal	146,887	9,717	137,170	
c Accounting	123,910		123,910	
d Lobbying	16,150	16,150		
e Professional fundraising *See Part IV, line 17*	34,097			34,097
f Investment management fees	32,843		32,843	
g Other	9,886,369	9,095,259	731,234	59,876
12 Advertising and promotion	468,748	190,142	229,853	48,753
13 Office expenses	6,885,609	5,421,170	1,255,175	209,264
14 Information technology	895,288		895,288	
15 Royalties	0			
16 Occupancy	3,098,229	1,624,926	1,367,394	105,909
17 Travel	1,884,965	1,316,626	441,589	126,750
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	896,857	893,857	3,000	
20 Interest	614,950	47,550	567,400	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,784,169	1,876,528	2,896,299	11,342
23 Insurance	563,971	357,310	206,661	
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 MEMBERSHIPS & DUES	608,780	537,668	68,452	2,660
b MISCELLANEOUS	307,353	269,586	37,767	
c ALLOCATE PLANT OPERATIONS		3,045,823	-3,157,313	111,490
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	87,217,665	68,328,027	16,387,098	2,502,540
26 **Joint costs.** Check here ▶ ☐ 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			1	
	2	Savings and temporary cash investments		16,053,842	2	27,930,114
	3	Pledges and grants receivable, net		1,061,876	3	1,091,592
	4	Accounts receivable, net		5,220,723	4	6,047,681
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		4,296,000	7	348,199
	8	Inventories for sale or use		219,773	8	244,292
	9	Prepaid expenses and deferred charges		1,877,004	9	2,356,963
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 77,321,560			
	b	Less accumulated depreciation	10b 21,995,711	56,175,408	10c	55,325,849
	11	Investments—publicly traded securities		63,633,702	11	63,843,704
	12	Investments—other securities See Part IV, line 11		1,802,642	12	4,635,131
	13	Investments—program-related See Part IV, line 11		6,280,530	13	6,412,067
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,601,548	15	8,315,686
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		164,223,048	16	176,551,278
Liabilities	17	Accounts payable and accrued expenses		6,736,667	17	6,898,627
	18	Grants payable		968,066	18	660,402
	19	Deferred revenue		18,623,827	19	18,722,172
	20	Tax-exempt bond liabilities		14,750,000	20	14,375,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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		7,670,481	23	7,458,383
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		48,749,041	26	48,114,584
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		77,405,625	27	82,175,376
	28	Temporarily restricted net assets		2,003,444	28	9,818,335
	29	Permanently restricted net assets		36,064,938	29	36,442,983
		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		115,474,007	33	128,436,694
	34	Total liabilities and net assets/fund balances		164,223,048	34	176,551,278

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
A T Still University of Health Sciences	43-0356250

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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 similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		16,150
j	Total lines 1c through 1i			16,150
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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
Lobbying Activities	Schedule C, Part II-B, Line 1i	The University paid $16,150 during the year to a lobbyist firm for various legislative activities relating to the University's tax-exempt purpose

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 ▶ $ 70,929

(ii) Assets included in Form 990, Part X ▶ $ 221,112

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 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 the arrangement 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	57,905,677	61,298,451			
b	Contributions	159,655	6,561,433			
c	Investment earnings or losses	5,257,938	-8,425,284			
d	Grants or scholarships	111,400	239,244			
e	Other expenditures for facilities and programs	1,008,701	1,172,894			
f	Administrative expenses	84,650	116,785			
g	End of year balance	62,118,519	57,905,677			

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

- a Board designated or quasi-endowment ▶ 30 700 %
- b Permanent endowment ▶ 56 600 %
- c Term endowment ▶ 12 700 %

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)		No
(ii) related organizations	3a(ii)		No

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) Accumulated depreciation	(d) Book value
1a Land	2,274,706	6,272,992		8,547,698
b Buildings		46,862,534	14,500,167	32,362,367
c Leasehold improvements		1,600,591	532,748	1,067,843
d Equipment		17,584,199	6,108,537	11,475,662
e Other		2,726,538	854,259	1,872,279
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				55,325,849

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote 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	94,085,466
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	87,217,665
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,867,801
4	Net unrealized gains (losses) on investments	4	6,216,811
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-121,925
9	Total adjustments (net) Add lines 4 - 8	9	6,094,886
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,962,687

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	104,296,426
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,216,811		
b	Donated services and use of facilities	2b	4,038,300		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	77,774		
e	Add lines **2a** through **2d**			2e	10,332,885
3	Subtract line **2e** from line **1**			3	93,963,541
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	121,925		
c	Add lines **4a** and **4b**			4c	121,925
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	94,085,466

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

1	Total expenses and losses per audited financial statements			1	91,333,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	4,038,300		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	77,774		
e	Add lines **2a** through **2d**			2e	4,116,074
3	Subtract line **2e** from line **1**			3	87,217,665
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	87,217,665

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Collections and how they further the organization's exempt purpose	Schedule D, Part III, Line 4	The collections of the Still National Osteopathic Museum include more than 30,000 objects, photographs, documents, and books dating from the early 1800s to the present (bulk 1870-1940) The core of the collection consists of artifacts from A T Still's professional and private life, most of them donated by Dr Still's daughter, Blanche Laughlin, and members of her family Since the founding of the Museum, other family members, D O s and Museum supporters have donated many additional artifacts that reflect the ongoing history of the osteopathic profession The research collections of the International Center for Osteopathic History also include many former holdings of the ATSU-KCOM Library's special collections, for which the museum assumed responsibility in 1997 As a public trust the material is available free of charge for viewing and research by the local, national and international population Its programs and tours used by the local schools and public are provided free as an educational service
Endowment Funds	Schedule D, Part V, Line 4	The University's endowments are intended to provide sustainable and reliable funding for student scholarships and support of the University's operating budget Quasi-endowments have been established by both the University's Board of Trustees and administration Earnings from the quasi-endowments are used for support of the operating budget and research endeavors The corpus of the Board quasi-endowments may be expended as approved by the Board of Trustees
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	SCHEDULE D, PART X, LINE 2	As the University qualifies as a nonprofit corporation under Section 501(c)(3) of the Internal Revenue Code, it is exempt from federal and state income taxes However, the University is subject to federal income tax on any unrelated business taxable income The University is no longer subject to federal and state tax examinations by taxing authorities for years before 2007
OTHER - RECONCILIATION OF REVENUE PER AUDITED F/S AND TAX RETURN	SCHEDULE D, PART XI, LINE 8	LOSS ON ANNUITY & UNITRUST OBLIGATIONS $(121,925)
OTHER - REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES $77,774
OTHER - REVENUE INCLUDED ON FORM 990, PART VII, LINE 12 BUT NOT ON LINE 1	SCHEDULE D, PART XII, LINE 4B	LOSS ON ANNUITY & UNITRUST OBLIGATIONS $121,925
OTHER - EXPENSE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES $77,774

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

			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 THE RACIALLY NON-DISCRIMINATORY POLICY APPEARS IN THE UNIVERSITY CATALOG, ADMISSIONS BROCHURES, AND NEWSPAPER ADVERTISEMENTS	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, use Schedule O (Form 990)			
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, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
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," explain on Schedule O (Form 990)	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	1	Program Services	EDUCATION	78,299
Central America and the Caribbean			Investments		
Totals . . . . . ▶	1	1			78,299

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail 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
Charles W Sizemore	Consulting		No	0	4,800	0
MICHAEL WHITCOMB	Consulting		No	0	5,000	0
Pursuant Group Inc	VIDEO CAMPAIGN		No	2,000	24,297	0
Total . . . . . ▶				2,000	34,097	0

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

AL,AK,AR,CA,CT,MO

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 ASDOH FDRS BALL (event type)	(b) Event #2 ASDOH DIAMONDBK (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	66,500	23,765	13,900	104,165
	2 Less Charitable contributions	48,400	21,877	5,950	76,227
	3 Gross income (line 1 minus line 2)	18,100	1,888	7,950	27,938
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	7,790	0	0	7,790
	7 Food and beverages	37,583	1,423	6,307	45,313
	8 Entertainment	3,200	0	5,676	8,876
	9 Other direct expenses	10,117	1,800	3,878	15,795
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				77,774
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-49,836

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, column d, and line 7 ▶				

			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	Enter 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 United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

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" to 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 (Form 990) if additional space is needed . . . ▶ ☑

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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" to 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
Scholarships	615	1,385,874			
Assistance to Individuals	18	16,370			
See Additional Data Table					

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
Procedures for Monitoring the use of grant funds in the U S	Schedule I, Part I, Line 2	The University applies scholarships directly to students' tuition accounts

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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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**	Yes	
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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
Travel for Companions	Schedule J, Part I, Line 1a	The University paid for travel for companions for Richard Anderson and Robert Uhl Richard Anderson's amount was greater than $600, therefore it was included in box 7 on his 1099 The amount for Robert Uhl was less than $600, therefore no 1099 was issued, but the University did send him a letter, stating the amount paid by the University for Spousal Travel is required to be included in income on their personal tax returns, and included the amounts on Form 990, Part VII
Health or Social Club Dues or Initiation Fees	Schedule J, Part I, Line 1a	The University paid for aquatic center and health center dues for several employees, which were reported as taxable income on their W-2s All employees of the University are allowed to sign up to receive this benefit
Severance Payment	Schedule J, Part I, Line 4a	James J McGovern $395,000
Incentive Compensation	Schedule J, Part I, Line 5a	INCENTIVES ARE CALCULATED USING A FORMULA BASED ON COLLECTION OF PATIENT CARE CHARGES IN THE MEDICAL CLINICS THE CLINICIANS' SALARIES ARE PAID USING A FORMULA THAT IS CUSTOMARY IN THE CLINICAL SETTINGS AND THEREFORE THE CLINICIANS RECEIVED FAIR MARKET COMPENSATION John C Collins $88,831 Michael D Lockwood $63,050 Billy W Strait $67,762

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040505BH1	01-27-2010	14,377,933	REFUND 2000 BONDS (8-4-2000)		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	14,377,933				
2	Gross proceeds in reserve funds	1,117,780				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	2,933				
6	Working capital expenditures from proceeds	0				
7	Capital expenditures from proceeds	0				
8	Year of substantial completion	2001				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

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

Complete if the organization 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.

Complete if the organization 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.

Complete if the organization 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.

Complete if the organization 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
See Schedule O					

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures	X	23	70,929	SELLING PRICE
3	Art—Fractional interests				
4	Books and publications	X		5,096	SELLING PRICE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	2,463	SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	2,700	COST
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	5	68,603	COST
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Various Gifts)	X	27	25,654	COST
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	Consistent with the University's heritage as the founding school of osteopathic medicine, the mission of A T Still University is to educate students to become competent healthcare professionals who continuously develop and demonstrate compassion, integrity, and ability, while advancing osteopathic principles and philosophy The institution is committed to scholarly inquiry that anticipates and addresses society's healthcare needs The University encourages its constituencies to become leaders in improving community health and wellness with a comprehensive appreciation of the interaction of body, mind, and spirit

Identifier	Return Reference	Explanation
Program Service Accomplishments	Form 990, Part III, Line 4a	About A T Still University Established in 1892 by Andrew Taylor Still, M D , D O , the founder of osteopathy, A T Still University (ATSU) began as the nation's first college of osteopathic medicine and today has evolved into a leading university of health sciences comprised of five schools located on two campuses The University's schools include the Kirksville College of Osteopathic Medicine (KCOM) and School of Health Management (SHM) located in Kirksville, Missouri and the Arizona School of Health Sciences (ASHS), Arizona School of Dentistry & Oral Health (ASDOH), and School of Osteopathic Medicine in Arizona (SOMA) located in Mesa, Arizona Student learning is at the heart of A T Still University Our students and faculty are part of a distinguished heritage of humanistic healthcare based on an integrated approach that includes the body, mind, and spirit of the patient This "whole person" approach to healthcare is the foundation of the educational experience and is integrated into the curriculum for each school's programs, from audiology to dentistry, family practice to public health, and on-line to residential programs ATSU received honors for exemplary service to America's communities by the Corporation for National and Community Service with a place on the President's Higher Education Community Service Honor Roll At all levels of ATSU, beginning with the mission statement itself, the University practices two-way involvement in its communities, thus providing not only service but also true engagement This is evidenced by listening and responding to community and profession needs through the development of programs, involvement in off-site clinics, emergency response teams, active membership and collaboration with various community organizations by both faculty and students, and by communicating with University constituents to advance the mission of the University and respond to the needs of our greater community Our Programs Doctor of Osteopathic Medicine (D O) Master of Biomedical Sciences (M S) Athletic Training (M S) Audiology (Au D) Transitional Audiology (Au D) Occupational Therapy (M S) Physician Assistant Studies (M S) Physical Therapy (D P T) Transitional Physical Therapy (D P T) Advanced Occupational Therapy (M S) Advanced Physician Assistant Studies (M S) Health Sciences (D H Sc) Human Movement (M S) Public Health (M P H) Health Management (M H A) Health Education (D H Ed) Dental Medicine (D M D) Certificates Orthodontics Public Health - Dental Emphasis Sports Conditioning Geriatric Exercise Science Exercise & Sports Psychology Quick Facts About ATSU Campus Locations Kirksville, MO Mesa, AZ Kirksville Population 17,304 Mesa Population 467,122 Campus Size Kirksville, Mo - 150 acres Mesa, Ariz - 59 acres Enrollment (2010-11) Total - 3,623 Kirksville College of Osteopathic Medicine - 725 School of Osteopathic Medicine in Arizona - 407 Arizona School of Health Sciences - 1,628 School of Health Management - 593 Arizona School of Dentistry & Oral Health - 270 Number of Programs Total - 23 Doctoral - 9 Master's - 9 Certificates - 5 International Enrollment (2010-11) Approximately 177 students from more than 11 countries Living Alumni Total - 12,233 KCOM - 6,232 ASHS - 5,264 SHM - 525 ASDOH - 212 Degrees Granted (2010-11) Doctoral - 815 Master's - 374 Certificates - 66 Full-Time Employees 648 Student/Faculty Ratio 8 1 Male/Female Students 1,491/2,132 Points of University Pride - The Health Resources and Services Administration (HRSA) granted A T Still University (ATSU) eight awards totaling more than $5 86 million These gifts will greatly benefit the Kirksville, Mo , and Mesa, Ariz , communities, and beyond In all, ATSU was awarded more than 60 percent of HRSA's Federal Health Professions grant funding in Missouri and more than 75 percent of all grants in Arizona (Oct 2010) - The American Heart Association (AHA) has recognized A T Still University (ATSU) for its outstanding efforts to create a fitness- and wellness-friendly environment on its campuses in Kirksville, Mo , and Mesa, Ariz This is the fourth consecutive year that the university has been recognized as a Gold Start! Fit-Friendly Company (June 2010) - A T Still University (ATSU) was named to the 2009 President's Higher Education Community Service Honor Roll, the highest federal recognition a college or university can receive for its commitment to volunteering, service-learning, and civic engagement (February 2010) KCOM - Founding college of osteopathic medicine - Graduated more than 15,000 D O s - Offers Master's in Biomedical Sciences (M S) and dual D O /M S degree - First osteopathic medical school to receive two NIH research grants for clinical OMM methodology - Ranked US News & World Report's America's Best Graduate Schools 2008 - Ranked 20th in Hispanic Business Magazine's Best Medical Schools for Hispanics - Received 2008 President's Honor Roll Recognition - Home of the Still National Osteopathic Museum SOMA - Only medical school in the country to integrate physical diagnosis with ongoing didactic curriculum - Curriculum blends the case presentation model and the Harvard- Cambridge model ASDOH - Arizona's first dental school - 1 out of 4 dental school applicants nationwide applies to ASDOH - Nation's highest percentage of American Indian students at 6 percent - Operates Thunderbirds Charities Special care Unit at Dental Care West in Glendale, the only one of its kind in Arizona - More than 75 full-time faculty members and nationally recognized experts teach one-week modules in their areas of expertise - In a significant community investment to increase access to oral care for the uninsured and underinsured in the West Valley, Thunderbirds Charities has awarded $75,000 to expand Dental Care West (DCW), a university-affiliated dental clinic run by A T Still University's Arizona School of Dentistry & Oral Health (ATSU-ASDOH) (August 2010) - The American Association of Orthodontists (AAO) awarded Jae Hyun Park, D M D , M S D , M S , Ph D , director of the Postgraduate Orthodontic program at A T Still University's Arizona School of Dentistry & Oral Health, the 2010 AAO Academy of Academic Leadership Sponsorship Program Award (AALSP) (May 2010) - The Commission on Dental Accreditation has awarded a seven-year accreditation - the top accreditation - to A T Still University's Arizona School of Dentistry & Oral Health (ATSU-ASDOH) postgraduate orthodontic program (February 2010) ASHS - Graduated more than 4,000 students - ASHS faculty received top two honors at 2009 National Athletic Trainers' Association (NATA) Annual Symposium - Audiology (Au D) externs are placed in prestigious clinical facilities across the country - Physician Assistant Studies (PA) program has established strong relationships with Community Health Centers, bureaucrats, leaders, healers, and others committed to improving the health of the nation's rural and inner-city, underserved communities - PA pass rate for the Physician Assistant National Certifying Exam (PANCE) 2008=95% pass rate amongst ATSU first time takers (National Average was 94%) - Occupational Therapy (OT) program offers community-based lab experiences as part of coursework before clinical rotations - 20% of all Native American PAs in the United States graduated from ASHS - Partnerships with National Center for American Indian Health Professions (NCAIHP) - Physical Therapy (PT) program noted for tutelage of professors with doctorates from top notch Universities, like George Washington, Columbia, ASU and NAU - In an era when healthcare reform is an ongoing concern for the public, students at A T Still University (ATSU) are addressing fundamental issues facing today's healthcare system ATSU's Arizona School of Health Sciences (ASHS) is launching its first winter institute for its Doctor of Health Sciences (D H Sc) program February 7-12 Approximately 70 students from across the United States and several international students participated (February 2010) SHM - First dental public health (M P H) curriculum to be offered 100% online - First dental public health certificate offered to dental medicine (D M D) students - Online writing center assists students - 97% of ATSU online students said they will recommend ATSU to others - Kirksville College of Osteopathic Medicine (ATSU-KCOM) Dean Philip Slocum, D O , and School of Health Management (SHM) Dean Kimberly O'Reilly, D H Ed , were selected to participate in the 2010 Harvard Graduate School of Education summer programs (April 2010)

Significant Changes to Organizational Documents Form 990, Part VI, Section A, Line 4 On September 25, 2010, the Board of Trustees approved changes to the ATSU mission statement Form 990 Review Process Form 990, Part VI, Section B, Line 11A The University policy, adopted in May 2009, stipulates that the Audit Team of the Board of Trustees shall review and approve the IRS Form 990 annual tax filing prior to submission For the tax year ending June 30, 2010, this review and approval took place on February 11, 2011 The minutes of this meeting document this review and approval A complete copy of the Form 990, including all schedules, were provided to each Board of Trustee member prior to its submission to the Internal Revenue Service Conflict of Interest Policy Form 990, Part VI, Section B, Line 12c At the time of hire (or election in the case of trustees) and annually thereafter, the President or his/her designee shall provide to the board and to all executive officers and key employees a copy of the conflict of interest policy and the applicable conflict of interest disclosure form and questionnaire, which shall be completed to identify any relationships, positions or circumstances with respect to which it is believed a conflict may arise Such annual monitoring and review procedures shall be part of the corporate compliance plan An appropriate report shall be submitted to the audit team concerning any interest so disclosed Each member of the board of Trustees and all management associates shall disclose fully and frankly any and all actual or potential conflicts or duality of interest or responsibility, whether individual, personal or business, which may exist If it is determined that there is a conflict of interest with respect to a board member, the conflict shall be reported to the full board, and the affected board member must answer any questions pertaining to the conflict that other board members may have If a vote is required, the affected board member shall abstain from voting Compensation Review Form 990, Part VI, Section B, Lines 15a & b At the May 2009 meeting of the A T Still University of Health Sciences Board of Trustees, the Board unanimously adopted a policy creating "The Executive Compensation Program " The Executive Team of the Board administers the Executive Compensation Program by recommending a competitive range of compensation for the officers and key employees of the University to be adopted by the full Board The competitive ranges shall be determined by analyzing compensation structures for similar positions from similarly-situated organizations and from the independent compensation survey recently performed on the University by the Hay Group The Executive Team reviews such data and recommends salary ranges to be adopted by the full Board once a year Availability of Documents Form 990, Part VI, Section C, Line 19 The organization's governing documents, conflict of interest policy and financial statements are available upon request States the organization is registered to solicit funds in Schedule G, Part I, Line 3 As a higher education institution, A T Still University is exempt from state solicitation registration in many states and there are no filing requirements Some states exempt higher education institutions from the solicitation requirements but still require minimal paperwork, which the University is in the process of doing Other states require higher education institutions who solicit donations within the state to register with the Secretary of State and/or Attorney General, which the University is in the process of completing

Identifier	Return Reference	Explanation
Business Transactions with Interested Persons	Schedule L, Part IV	Transaction 1 (a) Elsie Gaber (b) Ronald Gaber is an officer of AT Still University (ATSU) and Elsie Gaber is an employee of ATSU (c) $96,298 (d) Ronald and Elsie are spouses employed by ATSU (e) No Transaction 2 (a) SANDY SLOCUM (b) PHILIP SLOCUM IS AN OFFICER OF ATSU AND SANDY SLOCUM IS AN EMPLOYEE OF ATSU (c) $10,150 (d) PHILIP AND SANDY ARE SPOUSES EMPLOYED BY ATSU (e) NO TRANSACTION 3 (A) RONALD WINKLER (B) RONALD WINKLER IS A TRUSTEE OF ATSU AND 100% OWNER OF KIRKSVILLE MINI STORAGE, INC DBA WINKLER COMMUNICATION (C) $193,521 (D) KIRKSVILLE MINI STORAGE, INC PROVIDED, INSTALLED AND SERVICED THE COMMUNICATION EQUIPMENT AT THE KIRKSVILLE CAMPUS (E) NO

Additional Data

Software ID:
Software Version:
EIN: 43-0356250
Name: A T Still University of Health Sciences

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
KENNETH A BURDICK TRUSTEE	1.0	X						0	0	0
CLYDE EVANS TRUSTEE/CHAIRPERSON	1.0	X		X				0	0	0
PETER DETWEILER Trustee	1.0	X						0	0	0
Linda Niessen Trustee	1.0	X						0	0	0
RONALD WINKLER Trustee	1.0	X						0	0	0
Richard Anderson Trustee	1.0	X						1,005	0	0
Manuel Bedoya Trustee	1.0	X						0	0	0
Daniel Biery Trustee	1.0	X						0	0	0
Cynthia Byler Trustee/Secretary	1.0	X		X				0	0	0
Carl Bynum Trustee/Chairperson	1.0	X		X				0	0	0
Capri Cafaro Trustee	1.0	X						0	0	0
David Conner Trustee	1.0	X						0	0	0
Kenneth Jones Trustee/CHAIRPERSON	1.0	X		X				0	0	0
Robert King Trustee	1.0	X						0	0	0
Martin Levine Trustee	1.0	X						0	0	0
Paul Lines Trustee	1.0	X						0	0	0
John Robinson Trustee	1.0	X						0	0	0
Robert Uhl Trustee/CHAIRPERSON	1.0	X		X				222	0	0
Paul Willging Trustee	1.0	X						0	0	0
W Jack Magruder President	40.0			X				395,660	0	29,027
Philip Slocum Dean	40.0			X				319,098	0	29,938
Craig M Phelps Provost	40.0			X				276,251	0	34,293
OT Wendel Associate Provost	40.0			X				255,452	0	29,106
Jack Dillenberg Dean	40.0			X				255,399	0	30,301
Matthew R Heeren General Counsel	40.0			X				126,342	0	12,298

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Randy Danielsen Dean	40 0			X				142,661	0	25,275
John Heard Vice President	40 0			X				159,764	0	19,019
Robert Basham Vice President	40 0			X				146,367	0	18,343
Ronald Gaber Dean	40 0			X				132,569	0	16,650
Monica L Harrison VICE PRESIDENT/CFO	40 0			X				132,758	0	19,735
Tracey J Lantz Assistant to the President	40 0			X				75,573	0	14,057
Kimberly O'Reilly Dean	40 0			X				115,758	0	20,610
HEINZ WOEHLK Vice President	40 0			X				67,468	0	11,757
Douglas Wood Dean	40 0			X				350,173	0	28,800
MICHAEL MCMANIS VICE PRESIDENT	40 0			X				124,073	0	23,784
Jeffrey A Suzewits Associate Dean	40 0				X			217,099	0	27,966
Stephen Laird Associate Dean	40 0				X			199,574	0	23,353
Albert Simon Associate Dean	40 0				X			192,808	0	19,069
Thomas McWilliams Associate Dean	40 0				X			204,197	0	25,099
JOHN C COLLINS PROFESSOR OMM	40 0					X		246,191	0	24,743
Michael D Lockwood Chairperson of OMM	40 0					X		185,355	0	19,359
Michael Glick Oral Pathologist	40 0					X		214,396	0	18,322
BILLY W STRAIT ASSOCIATE PROFESSOR OMM	40 0					X		188,924	0	18,744
L JAMES BELL VICE DEAN ASDOH	40 0					X		192,500	0	19,055
James J McGovern Former President	40 0						X	395,000	0	0

Additional Data

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Software ID:
Software Version:
EIN: 43-0356250
Name: A T Still University of Health Sciences

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				
W Jack Magruder	(I)	393,419	0	2,241	13,690	15,337	424,687	0
	(II)	0	0	0	0	0	0	0
Philip Slocum	(I)	317,276	0	1,822	13,690	16,248	349,036	0
	(II)	0	0	0	0	0	0	0
Craig M Phelps	(I)	275,957	0	294	13,690	20,603	310,544	0
	(II)	0	0	0	0	0	0	0
OT Wendel	(I)	254,884	0	568	13,690	15,416	284,558	0
	(II)	0	0	0	0	0	0	0
Jack Dillenberg	(I)	252,853	0	2,546	13,690	16,611	285,700	0
	(II)	0	0	0	0	0	0	0
Randy Danielsen	(I)	142,099	0	562	8,855	16,420	167,936	0
	(II)	0	0	0	0	0	0	0
John Heard	(I)	158,649	0	1,115	9,495	9,524	178,783	0
	(II)	0	0	0	0	0	0	0
Robert Basham	(I)	145,213	0	1,154	8,803	9,540	164,710	0
	(II)	0	0	0	0	0	0	0
Monica L Harrison	(I)	131,111	0	1,647	8,203	11,532	152,493	0
	(II)	0	0	0	0	0	0	0
Douglas Wood	(I)	349,726	0	447	13,690	15,110	378,973	0
	(II)	0	0	0	0	0	0	0
Jeffrey A Suzewits	(I)	216,314	0	785	12,706	15,260	245,065	0
	(II)	0	0	0	0	0	0	0
Stephen Laird	(I)	197,801	0	1,773	11,545	11,808	222,927	0
	(II)	0	0	0	0	0	0	0
Albert Simon	(I)	191,576	0	1,232	11,045	8,024	211,877	0
	(II)	0	0	0	0	0	0	0
JOHN C COLLINS	(I)	157,209	88,831	151	8,127	16,616	270,934	0
	(II)	0	0	0	0	0	0	0
Michael D Lockwood	(I)	121,822	63,050	483	8,521	10,838	204,714	0
	(II)	0	0	0	0	0	0	0
Michael Glick	(I)	214,203	0	193	11,321	7,001	232,718	0
	(II)	0	0	0	0	0	0	0
Thomas McWilliams	(I)	203,836	0	361	11,851	13,248	229,296	0
	(II)	0	0	0	0	0	0	0
BILLY W STRAIT	(I)	121,032	67,762	130	6,936	11,808	207,668	0
	(II)	0	0	0	0	0	0	0
James J McGovern	(I)	0	0	395,000	0	0	395,000	0
	(II)	0	0	0	0	0	0	0
L JAMES BELL	(I)	192,073	0	427	11,063	7,992	211,555	0
	(II)	0	0	0	0	0	0	0