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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization AT Still University of Health Sciences		D Employer identification number 43-0356250
	Doing Business As		E Telephone number (660) 626-2325
	Number and street (or P O box if mail is not delivered to street address) 800 W Jefferson	Room/suite	G Gross receipts \$ 134,224,919
	City or town, state or country, and ZIP + 4 Kirksville, MO 63501		
	F Name and address of principal officer CRAIG M PHELPS 800 W Jefferson Kirksville, MO 63501		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		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 ▶	
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
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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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,779
	6 Total number of volunteers (estimate if necessary)	6	3,217
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,491
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-24,052	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,099,386	6,801,077
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,935,646	97,708,145
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,688,976	448,823
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,649,658	2,491,544
		112,373,666	107,449,589
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,005,663	1,247,633
	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)	60,448,181	64,370,281
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	43,470
	b Total fundraising expenses (Part IX, column (D), line 25) <u>2,260,785</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,506,164	38,216,077
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	97,960,008	103,877,461
	19 Revenue less expenses Subtract line 18 from line 12	14,413,658	3,572,128
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	198,645,823	226,033,106
	21 Total liabilities (Part X, line 26)	49,000,291	72,700,819
	22 Net assets or fund balances Subtract line 21 from line 20	149,645,532	153,332,287

Part II	Signature Block
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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	***** Signature of officer			2013-02-15 Date	
	MONICA L HARRISON VICE PRESIDENT/CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Michael J Engle	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	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

Check if Schedule O contains a response to any question in this Part III

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?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 64,506,096 including grants of \$ 1,247,633) (Revenue \$ 89,907,320)

See Schedule O

4b

(Code) (Expenses \$ 9,994,891 including grants of \$ 0) (Revenue \$ 7,548,208)

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

4c

(Code) (Expenses \$ 553,935 including grants of \$ 0) (Revenue \$ 252,617)

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 \$ 75,054,922

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(see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	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. 	11b		No
c	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. 	11c		No
d	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. 	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV 	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 and IV 	16	Yes	
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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						
Check if Schedule O contains a response to any question in this Part V ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a	4,057			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,779			
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 (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country CJ, VI See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, 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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AZ , AR , KY , MA , MI , MS , MO , NH , OK
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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

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	38,200				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,355,650				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,407,227				
	g	Noncash contributions included in lines 1a-1f \$ 780,776						
	h	Total. Add lines 1a-1f		6,801,077				
Program Service Revenue			Business Code					
	2a	Educational Programs	611600	89,766,268	89,752,777	13,491		
	b	Patient Care	621400	7,548,208	7,548,208			
	c	Student Loan Interest	611710	141,052	141,052			
	d	Student Housing/recreational	611710	252,617	252,617			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		97,708,145				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,294,521			2,294,521	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
		Gross rents	1,788,818					
		b Less rental expenses						
		c Rental income or (loss)	1,788,818					
	d	Net rental income or (loss)		1,788,818			1,788,818	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	24,843,037	15,040				
		b Less cost or other basis and sales expenses	26,658,715	45,060				
		c Gain or (loss)	-1,815,678	-30,020				
	d	Net gain or (loss)		-1,845,698			-1,845,698	
	8a	Gross income from fundraising events (not including \$ 38,200 of contributions reported on line 1c) See Part IV, line 18						
	a		20,700					
	b	Less direct expenses	b	71,555				
	c	Net income or (loss) from fundraising events . .		-50,855			-50,855	
	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						
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	900099	753,581			753,581		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		753,581					
12	Total revenue. See Instructions		107,449,589	97,694,654	13,491	2,940,367		

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	29,896	29,896		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,211,087	1,211,087		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	6,650	6,650		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,120,279	2,756,591	1,009,074	354,614
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	303,983	265,802	34,344	3,837
7	Other salaries and wages	48,225,450	38,254,568	9,007,358	963,524
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,770,327	2,004,110	662,884	103,333
9	Other employee benefits	5,403,218	3,215,488	1,940,680	247,050
10	Payroll taxes	3,547,024	2,808,855	650,369	87,800
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	49,930		49,930	
c	Accounting	107,155		107,155	
d	Lobbying	16,250	16,250		
e	Professional fundraising See Part IV, line 17	43,470			43,470
f	Investment management fees	462,240		462,240	
g	Other	11,314,353	9,818,704	1,454,928	40,721
12	Advertising and promotion	511,999	159,040	325,341	27,618
13	Office expenses	9,008,229	6,689,167	2,089,750	229,312
14	Information technology	1,307,749		1,307,749	
15	Royalties	0			
16	Occupancy	4,016,177	1,745,294	2,264,179	6,704
17	Travel	2,644,521	1,818,731	682,326	143,464
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	867,443	855,443	12,000	
20	Interest	698,807	21,463	677,344	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,226,196	2,334,306	2,883,952	7,938
23	Insurance	501,678	292,137	209,541	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Membership & Dues	829,518	583,510	244,608	1,400
b	ENDOWMENT EXPENDITURES	456,082		456,082	
c					
d					
e					
f	All other expenses	197,750	167,830	29,920	
25	Total functional expenses. Add lines 1 through 24f	103,877,461	75,054,922	26,561,754	2,260,785
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,331	1	5,431
	2	Savings and temporary cash investments			38,227,291	2	42,063,938
	3	Pledges and grants receivable, net			880,285	3	1,257,401
	4	Accounts receivable, net			5,725,929	4	2,312,765
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			33,968	5	0
	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			0	6	0
	7	Notes and loans receivable, net			179,000	7	114,122
	8	Inventories for sale or use			259,742	8	239,315
	9	Prepaid expenses and deferred charges			2,419,095	9	3,172,116
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	85,948,022			
	b	Less: accumulated depreciation	10b	26,402,021	58,836,993	10c	59,546,001
	11	Investments—publicly traded securities			74,041,682	11	74,956,392
	12	Investments—other securities. See Part IV, line 11			2,688,720	12	4,742,026
	13	Investments—program-related. See Part IV, line 11			6,173,064	13	5,992,082
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			9,174,723	15	31,631,517
	16	Total assets. Add lines 1 through 15 (must equal line 34)			198,645,823	16	226,033,106
Liabilities	17	Accounts payable and accrued expenses			8,380,278	17	9,222,451
	18	Grants payable			873,917	18	1,369,960
	19	Deferred revenue			18,629,510	19	15,839,289
	20	Tax-exempt bond liabilities			13,925,000	20	39,249,991
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			7,191,586	23	6,894,128
	24	Unsecured notes and loans payable to unrelated third parties			0	24	125,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			49,000,291	26	72,700,819
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			96,713,692	27	100,189,486
	28	Temporarily restricted net assets			15,199,914	28	15,290,455
	29	Permanently restricted net assets			37,731,926	29	37,852,346
	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			149,645,532	33	153,332,287
	34	Total liabilities and net assets/fund balances			198,645,823	34	226,033,106

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,449,589
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,877,461
3	Revenue less expenses Subtract line 2 from line 1	3	3,572,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,645,532
5	Other changes in net assets or fund balances (explain in Schedule O)	5	114,627
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	153,332,287

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?	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	Yes	

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

2011

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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of the organization A T Still University of Health Sciences	Employer identification number 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 on behalf of or in opposition to candidates for public office 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	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)		(b)
		Yes	No	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		
	j Total lines 1c through 1i			16,250
	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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 \$16,250 during the year to a lobbyist firm for various legislative activities relating to the University's tax-exempt purpose.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

\$ 26,974

(ii)

Assets included in Form 990, Part X

\$ 246,700

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

\$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	73,456,948	62,118,519	57,905,677	61,298,451
b	Contributions	755,304	701,541	159,655	6,561,433
c	Investment earnings or losses	53,672	11,808,365	5,257,938	-8,425,284
d	Grants or scholarships	255,986	204,278	111,400	239,244
e	Other expenditures for facilities and programs	777,490	731,097	1,008,701	1,172,894
f	Administrative expenses	477,742	236,102	84,650	116,785
g	End of year balance	72,754,706	73,456,948	62,118,519	57,905,677

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 32 500 %

b

Permanent endowment ▶ 50 300 %

c

Term endowment ▶ 17 200 %

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,274,706	6,559,826		8,834,532
b Buildings		46,707,184	16,066,829	30,640,355
c Leasehold improvements		2,351,977	973,825	1,378,152
d Equipment		22,565,869	8,294,317	14,271,552
e Other		5,488,460	1,067,050	4,421,410
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				59,546,001

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	107,449,589
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	103,877,461
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,572,128
4	Net unrealized gains (losses) on investments	4	282,634
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-168,007
9	Total adjustments (net) Add lines 4 - 8	9	114,627
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,686,755

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	111,210,881
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	282,634
b	Donated services and use of facilities	2b	3,575,110
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	71,555
e	Add lines 2a through 2d	2e	3,929,299
3	Subtract line 2e from line 1	3	107,281,582
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	168,007
c	Add lines 4a and 4b	4c	168,007
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	107,449,589

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	107,524,126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,575,110
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	71,555
e	Add lines 2a through 2d	2e	3,646,665
3	Subtract line 2e from line 1	3	103,877,461
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	103,877,461

Part XIVSupplemental 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	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER - RECONCILIATION OF REVENUE PER AUDITED F/S AND TAX RETURN	SCHEDULE D, PART XI, LINE 8	LOSS ON ANNUITY & UNITRUST OBLIGATIONS \$(168,007)
OTHER - REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES \$71,555
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 \$168,007
OTHER - EXPENSE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES \$71,555

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

2011

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I		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	Yes	
	3	Yes	
	4a	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?	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
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 If you need more space use Part II	5b		No
	5c		No
	5d		No
	5e		No
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	5f		No
	5g		No
	5h		No
	6a	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	6b		No
	7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
RACIALLY NON-DISCRIMINATORY POLICY	SCHEDULE E, PART I, LINE 3	THE RACIALLY NON-DISCRIMINATORY POLICY APPEARS IN THE UNIVERSITY CATALOG, ADMISSIONS BROCHURES, AND NEWSPAPER ADVERTISEMENTS
FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	SCHEDULE E, PART I, LINE 6A	ATSU RECEIVES FINANCIAL SUPPORT FROM THE FEDERAL GOVERNMENT IN A VARIETY OF WAYS, INCLUDING FINANCIAL AID TO STUDENTS IN REVOLVING LOAN FUNDS, SUCH AS PERKINS AND HPSL, AND GRANT SUPPORT FOR TEACHING AND RESEARCH PROJECTS. INFORMATION WITH REGARD TO THESE PROGRAMS IS REPORTED TO THE FUNDING AGENCY AS REQUESTED AND IS COVERED UNDER THE SCOPE OF THE SINGLE AUDIT.

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

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
Europe (Including Iceland and Greenland)	1	1	Program Services	EDUCATION	47,899
Central America and the Caribbean			Investments		4,742,026
North America			Grantmaking		2,300
East Asia and the Pacific			Grantmaking		1,750
South America			Grantmaking		100
South Asia			Grantmaking		2,400
Sub-Saharan Africa			Grantmaking		100
3a Sub-total	1	1			4,796,575
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			4,796,575

1

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 Part V 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)
SCHOLARSHIPS	North America	2	2,300				
SCHOLARSHIPS	East Asia/Pacific	3	1,750				
SCHOLARSHIPS	South America	1	100				
SCHOLARSHIPS	South Asia	1	2,400				
SCHOLARSHIPS	Sub-Saharan Africa	1	100				

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE U S	SCHEDULE F, PART I, LINE 3	THE UNIVERSITY APPLIES SCHOLARSHIPS DIRECTLY TO STUDENTS' TUITION ACCOUNTS

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

2011

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.

1

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

a☒ Mail solicitations

e☒ Solicitation of non-government grants

b☒ Internet and e-mail solicitations

f☒ Solicitation of government grants

c☒ Phone solicitations

g☒ Special fundraising events

d☒ In-person solicitations

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 services?

☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
PHILIP OSBORNE BETHEA JR	Consulting		No	0	22,640	
DAVID H WEBSTER	Consulting		No	0	20,830	
Total ▶				0	43,470	

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.

AK, AZ, CO, KY, MA, MI, MS, MO, NH, OK, OR, WA, WI

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

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	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ASDOH FDRS BALL</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	58,900		58,900
	2	Less Charitable contributions	38,200		38,200
	3	Gross income (line 1 minus line 2)	20,700		20,700
Direct Expenses	4	Cash prizes	0		0
	5	Non-cash prizes	0		0
	6	Rent/facility costs	0		0
	7	Food and beverages	56,340		56,340
	8	Entertainment	5,738		5,738
	9	Other direct expenses	9,477		9,477
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(71,555)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-50,855

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

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?

Yes

No

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
A T Still University of Health Sciences

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

2011

Open to Public
Inspection

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 listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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
(1) Scholarships	321	1,208,787			
(2) Assistance to Individuals	3	2,300			

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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 accrued 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	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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
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	Philip Slocum \$ 249,138
INCENTIVE COMPENSATION	SCHEDULE J, PART I, LINE 5A	INCENTIVES ARE CALCULATED USING A FORMULA BASED ON RELATIVE VALUE UNITS 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. MICHAEL D. LOCKWOOD \$ 103,766. ROBERT SCHNEIDER \$ 109,805.

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) (ii)	389,756 0	0 0	4,396 0	13,690 0	12,391 0	420,233 0	
Philip Slocum	(i) (ii)	0 0	0 0	249,138 0	6,845 0	11,748 0	267,731 0	
Craig M Phelps	(i) (ii)	293,675 0	0 0	378 0	13,690 0	26,906 0	334,649 0	
OT Wendel	(i) (ii)	263,274 0	0 0	639 0	13,690 0	22,690 0	300,293 0	
Jack Dillenberg	(i) (ii)	291,121 0	0 0	2,880 0	13,690 0	24,486 0	332,177 0	
Monica L Harrison	(i) (ii)	157,848 0	0 0	647 0	9,501 0	17,047 0	185,043 0	
Douglas Wood	(i) (ii)	372,744 0	0 0	558 0	13,690 0	22,384 0	409,376 0	
Jeffrey A Suzewits	(i) (ii)	253,776 0	0 0	325 0	13,690 0	23,390 0	291,181 0	
Stephen Laird	(i) (ii)	207,957 0	0 0	579 0	12,055 0	21,190 0	241,781 0	
KEVIN MARBERRY	(i) (ii)	593,401 0	0 0	305 0	11,440 0	19,215 0	624,361 0	
Michael D Lockwood	(i) (ii)	138,874 0	103,766 0	579 0	8,802 0	21,863 0	273,884 0	
Thomas McWilliams	(i) (ii)	240,068 0	0 0	639 0	13,669 0	20,890 0	275,266 0	
ALBERT SIMON	(i) (ii)	203,423 0	0 0	386 0	11,615 0	7,758 0	223,182 0	
ROBERT SCHNEIDER	(i) (ii)	97,157 0	109,805 0	636 0	6,430 0	16,147 0	230,175 0	
MICHAEL MCMANIS	(i) (ii)	128,508 0	0 0	639 0	8,280 0	23,890 0	161,317 0	
JOHN HEARD	(i) (ii)	165,137 0	0 0	723 0	9,810 0	8,958 0	184,628 0	
ROBERT BASHAM	(i) (ii)	151,928 0	0 0	639 0	9,094 0	8,744 0	170,405 0	
RONALD GABER	(i) (ii)	137,609 0	0 0	639 0	8,337 0	8,144 0	154,729 0	

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				
KIMBERLY O'REILLY	(i)	137,213	0	386	8,505	20,890	166,994	
	(ii)	0	0	0	0	0	0	
BARBARA MAXWELL	(i)	143,111	0	679	8,536	0	152,326	
	(ii)	0	0	0	0	0	0	

Schedule K (Form 990)	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
		2011
		Open to Public Inspection

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

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292		10-22-2004	2,526,568	ACQUIRE EQUIPMENT		X		X		X
B ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040505BH1	01-27-2010	14,377,933	REFUND 2000 BONDS (8-4-2000)		X		X		X
C MISSOURI HEALTH & EDUCATIONAL FACILITIES AUTHORITY	43-1178966	60636ACP6	11-15-2011	25,770,587	CONSTR EQUIP/FURNISH UNIV FACILI		X		X		X

Part II

Proceeds

		A	B	C	D
1	Amount of bonds retired	2,167,965	875,000	0	
2	Amount of bonds defeased	0	0	0	
3	Total proceeds of issue	2,545,003	14,377,933	25,824,086	
4	Gross proceeds in reserve funds	0	1,119,550	1,680,079	
5	Capitalized interest from proceeds	20	0	457,966	
6	Proceeds in refunding escrow	0	0	0	
7	Issuance costs from proceeds	26,568	2,933	339,685	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	2,518,415	0	2,344,136	
11	Other spent proceeds	0	14,375,000	0	
12	Other unspent proceeds	0	0	21,002,220	
13	Year of substantial completion	2005		2001	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No
			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X				X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X				X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 %		0 %		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 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		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		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider	0		0		0			
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		X		X		
6	Did the bond issue qualify for an exception to rebate?	X		X			X		

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
TOTAL PROCEEDS OF ISSUE	SCHEDULE K, PART II, LINE 3, COLUMNS A & C	AMOUNT IS NOT EQUAL TO ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD
PRIVATE BUSINESS USE	SCHEDULE K, PART III, COLUMN B	PROJECTS WERE ORIGINALLY FINANCED PRIOR TO JANUARY 1, 2003

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
2011
Open to Public Inspection

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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$					0					

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
(1) See Schedule L Part V					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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) \$88,585 (D) RONALD AND ELSIE ARE SPOUSES EMPLOYED BY ATSU (E) NO Transaction 2 (a) SANDY SLOCUM (b) PHILIP SLOCUM IS A FORMER OFFICER OF ATSU AND SANDY SLOCUM IS AN EMPLOYEE OF ATSU (c) \$10,889 (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) \$142,070 (D) KIRKSVILLE MINI STORAGE, INC PROVIDED, INSTALLED AND SERVICED THE COMMUNICATION EQUIPMENT AT THE KIRKSVILLE CAMPUS (E) NO TRANSACTION 4 (A) JASON HAXTON (B) LORI HAXTON IS AN OFFICER OF ATSU AND JASON HAXTON IS AN EMPLOYEE OF ATSU (C) \$62,439 (D) LORI AND JASON ARE SPOUSES EMPLOYED BY ATSU (E) NO

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.

OMB No 1545-0047

2011

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures	X	15	26,974	SELLING PRICE
3 Art—Fractional interests				
4 Books and publications	X		1,435	SELLING PRICE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	11,478	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	179,545	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	11	257,590	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
EDUCATIONAL				
25 Other ► (MATERIALS)	X	37	299,843	COST
VARIOUS				
26 Other ► (GIFTS)	X	10	3,911	COST
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	2

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?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

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

Yes

No

Yes

No

Part III

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
NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	SCHEDULE M, PART I, COLUMN B	THE AMOUNTS LISTED IN THIS COLUMN ARE A COMBINATION OF NUMBER OF CONTRIBUTIONS AND NUMBER OF ITEMS CONTRIBUTED

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization A T Still University of Health Sciences	Employer identification number 43-0356250
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Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART III, LINE 1	A T Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and its focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations

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 fo under of osteopathy, A T Still University (ATSU) began as the nation's first college of o steopathic medicine and has evolved into a leading university of health sciences comprised of SIX schools located on two campuses The University's schools include the Kirksville C ollege of Osteopathic Medicine (KCOM) and School of Health Management (SHM), and Missouri School of Dentistry & Oral Health (MSDOH, pending accreditation), located in Kirksville, Mo , The Arizona School of Health Sciences (ASHS), Arizona School of Dentistry & Oral Healt h (ASDOH), and School of Osteopathic Medicine in Arizona (SOMA) are located in Mesa, Ariz Student learning is at the heart of A T Still University Our students and faculty are p art of a distinguished heritage of humanistic healthcare based on an integrated approach t hat includes the body, mind, and spirt of the patient This "w hole person" approach to he althcare is the foundation of the educational experience and is integrated into the curric ulum for each school's programs, from audiology to dentistry, family practice to public he alth, and online 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, begi nning with the mission statement itself, the University practices two-way involvement in i ts communities, thus providing not only service but also true engagement This is evidence d by listening and responding to community and profession needs through the development of programs, involvement in off-site clinics, emergency response teams, active membership an d collaboration with various community organizations by both faculty and students, and com municating with University constituents to advance the mission of the University and respo nd to the needs of our greater community Our Programs Osteopathic Medicine (DO) Biomedical Sciences (MS) Athletic Training (MS) Audiology (AuD) Transitional Audiology (AuD) Occupa tional Therapy (MS) Physician Assistant Studies (MS) Physical Therapy (DPT) Transitional P hysical Therapy (DPT) Advanced Occupational Therapy (MS) Advanced Physician Assistant Stud ies (MS) Health Sciences (DHSc) Human Movement (MS) Public Health (MPH) Health Administration (MHA) Health Education (DHed) Dental Medicine (DMD) Certificates Orthodontics Public H ealth - Dental Emphasis Sports Conditioning Geriatric Exercise Science Exercise & Sports P sychology Quick Facts about ATSU Campus Locations Kirksville, Mo Mesa, Az Kirksville Popul ation 17,304 Mesa Population 467,122 Campus Size Kirksville, Mo - 150 acres Mesa, Ariz - 59 acres Enrollment (2011-12) Total - 3,309 Kirksville College of Osteopathic Medicine - 718 School of Osteopathic Medicine in Arizona - 416 Arizona School of Health Sciences - 1, 445 School of Health Management - 441 Arizona School of Dentistry & Oral Health - 289 Inte rnational Enrollment (2011-12) Approximately 207 students from more than 51 countries Livi ng alumni (2011-12) Total 14,115 KCOM - 6,473 KCOM BioSci - 59 ASHS - 6,315 SHM - 883 ASDO H - 339 SOMA - 178 *Please note that some ATSU alumni have more than one ATSU degree Degr ees Granted (2011-12) Doctoral - 815 Master's - 374 Certificates - 66 Full-time employees (2011-12) 658 Student/Faculty ratio (2011-12) 14 1 (Full Time faculty - 222) Male/Female s tudents (2011-12) 1,421/1,866 Points of University Pride - The Health Resources and Servic es Administration (HRSA) granted 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 A merican Heart Association has recognized ATSU for its outstanding efforts to create a fitn ess- and wellness-friendly environment on its campuses in Kirksville, Mo , and Mesa, Ariz This is the fifth time that the University has been recognized as a Fit-Friendly Worksite (June 2012) - ATSU has been touted as the nation's dominant graduate American Indian hea lth professions institution American Indian enrollment across the institution typically r anges between 40 and 50 students KCOM - Founding college of osteopathic medicine - Gradua ted more than 15,000 DOs - Offers Master's in Biomedical Sciences (MS) - First osteopathic medical school to receive two NIH research grants for clinical OMM methodology - Home of the Museum of Osteopathic Medicine SOMA - Only medical school in the country to integrate physical diagnosis with ongoing didactic curriculum - Curriculum blends the case presentat ion model and the Harvard- Cambridge model ASDOH - Arizona's first dental school - One out of four dental school applicants nationwide appli

Identifier	Return Reference	Explanation
Program Service Accomplishments	Form 990, Part III, Line 4a	es 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 a university-affiliated dental clinic run by (ATSU-ASDOH) (August 2010) - The American Association of Orthodontists awarded Jae Hyun Park, DMD, MSD, MS, PhD, director of the Postgraduate Orthodontic program at ATSU-ASDOH, the 2010 AAO Academy of Academic Leadership Sponsorship Program Award (May 2010) - The Commission on Dental Accreditation has awarded a seven-year accreditation - the top accreditation - to ATSU-ASDOH postgraduate orthodontic program (Feb 2010) - ASDOH typically has about half of the nation's American Indian dental students

Identifier	Return Reference	Explanation
ASHS	- Graduated more than 4,000 students	- Audiology externs are placed in prestigious clinical facilities across the country - The Physician Assistant Studies (PA) program is producing practitioners that work to provide primary care and other needed medical services to populations in need with a focus on the nation's rural and inner-city, underserved communities - The most recent PA graduating class (2012) pass rate for the Physician Assistant National Certifying Exam currently stands at 96 percent for first-time takers - 20 percent of all Native American PAs in the United States graduated from ASHS - The OT program received a 10-year accreditation (the longest possible) on its last re-accreditation (ACOTE - our accrediting body awards 5 yr , 7 yr , and 10 yr accreditation The OT program's former accreditation was a 7 yr term The next re-accreditation will be AY 2019-2020) - OT program first-time pass rates for new graduates on the NBCOT certification exam for the past 3 years (2009, 2010, and 2011) were above the national average (2011 ATSU = 88%, National = 84%, 2010 ATSU = 88%, National = 82%, 2009 ATSU = 86%, National = 78%) - Overall pass rate on the NBCOT exam since the beginning of the program through 2011 is 100 percent - The OT program continues to offer a variety of community-based practice experiences as part of coursework enrichment before clinical rotations - OT students and faculty are involved in numerous and wide ranging professional and community service activities including international and interdisciplinary projects as well as with local community partners - OT residential program has faculty-led research - which guides groups of students through the completion of a year-long project which culminates in formal research and poster presentations - AMOT program students develop and implement practice-based capstone projects that provide them with opportunities to serve in their practice settings and/or special populations in unique and creative and innovative ways - Partnerships with National Center for American Indian Health Professions (NCAIHP) - Physical Therapy 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 Still ATSU are addressing fundamental issues facing today's healthcare system ATSU-ASHS launched its first winter institute for its Doctor of Health Sciences (DHSc) program February 7-12 Approximately 70 students from the United States and several international students participated (Feb 2010) - Physician Assistant program has graduated some 20 percent of the nation's American Indian PAs SHM - First dental public health (MPH) curriculum to be offered 100 percent online - First dental public health certificate offered to dental medicine (DMD) students - Online writing center assists students - Ninety-seven percent of ATSU online students said they will recommend ATSU to others - Initial accreditation from Council on Dental Accreditation (CODA) for a Dental Public Health Residency program (2012) MOSDOH - ATSU is opening the Missouri School of Dentistry & Oral Health (MOSDOH) in Kirksville, Mo , pending accreditation from the Commission of Dental Accreditation - Christopher G Halliday, DDS, MPH, is the inaugural dean of MOSDOH - MOSDOH will be housed in the Interprofessional Education & Dentistry School building, a new 61,000-square-foot facility on the Missouri campus - Graduate oral health providers who will be caring, technologically adept dentists and who will become community and educational leaders - Graduates will have a strong foundation of critical inquiry, evidence-based practice, research, cultural competency, and cultural fluency, as well as an orientation to prevention and inter-professional and interdisciplinary healthcare experiences - MOSDOH will strive to promote the delivery of optimal patient care and we will foster the transfer of newly acquired knowledge, skills, abilities, and technology to the profession and to the community - The curriculum and training of students will intertwine the qualities of compassion, altruism, and community-focus, with the traditional educational components of oral health competencies, ethics, integrity, leadership, service, professionalism, and excellence

Identifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Section B, Line 11b	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, 2012, THIS REVIEW AND APPROVAL TOOK PLACE ON FEBRUARY 5, 2013 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

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
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 AUDIT 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 AUDIT Team reviews such data and when necessary, makes recommendations for amendments to the compensation ranges for consideration and adoption by the full board

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS FOR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS \$ 282,634 GAIN(LOSS) ON ANNUITY UNITRUST \$ (168,007) ----- TOTAL \$ 114,627 =====

Additional Data

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

TY 2011 Itemized Other Assets Schedule

Name: A T Still University of Health Sciences

EIN: 43-0356250

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		REDEMPTIONS RECEIVABLES	148,000	739,000

**TY 2011 Itemized Other Current Assets
Schedule****Name:** A T Still University of Health Sciences**EIN:** 43-0356250

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		INTEREST RECEIVABLE	23	0
		PREPAID SHARE TRUSTEE FEES	3,500	0

TY 2011 Other Deductions Schedule**Name:** A T Still University of Health Sciences**EIN:** 43-0356250

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
SPONSOR FEES		96,837
OPERATING EXPENSES		96,820

TY 2011 Itemized Other Investments Schedule

Name: A T Still University of Health Sciences

EIN: 43-0356250

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		PERMAL INVESTMENT HOLDINGS INST LTD	17,721,821	17,704,007

TY 2011 Other Income Statement**Name:** A T Still University of Health Sciences**EIN:** 43-0356250

Description	Foreign Amount	Amount
REALIZED/UNREALIZED LOSS ON INVEST		-1,090,899

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			
Jeffrey A Suzewits INTERIM DEAN	400			X				254,101	0	37,080
Thomas McWilliams Interim Dean	400			X				240,707	0	34,559
RANDY DANIELSEN DEAN	400			X				19,875	0	0
MICHAEL MCMANIS VICE PRESIDENT	400			X				129,147	0	32,170
LORI HAXTON VICE PRESIDENT	400			X				107,356	0	27,983
MARGARET WILSON LEMLEY DEAN	400			X				0	0	0
JOHN HEARD VICE PRESIDENT	400			X				165,860	0	18,768
ROBERT BASHAM VICE PRESIDENT	400			X				152,567	0	17,838
RONALD GABER VICE PRESIDENT	400			X				138,248	0	16,481
TRACEY LANTZ ASSISTANT TO THE PRESIDENT	400			X				78,201		17,400
KIMBERLY O'REILLY DEAN	400			X				137,599	0	29,395
HEINZ WOHLK VICE PRESIDENT	400			X				82,492	0	25,734
BARBARA MAXWELL DEAN	400			X				143,790	0	8,536
Stephen Laird Associate Dean	400					X		208,536	0	33,245
KEVIN MARBERRY ASSOCIATE PROFESSOR	400					X		593,706	0	30,655
Michael D Lockwood Chairperson of OMM	400					X		243,219	0	30,665
ALBERT SIMON ASSOCIATE DEAN	400					X		203,809	0	19,373
ROBERT SCHNEIDER ASSOCIATE PROFESSOR	400					X		207,598	0	22,577
Philip Slocum FORMER Dean	00						X	249,138	0	18,593

Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T Still University of Health Sciences

Form 990, Special Condition Description:

Special Condition Description

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								
CLYDE EVANS TRUSTEE/CHAIRPERSON	1 0	X		X						
Linda Niessen Trustee	1 0	X								
RONALD WINKLER Trustee	1 0	X								
Manuel Bedoya Trustee	1 0	X								
Daniel Biery Trustee	1 0	X								
Cynthia Byler Trustee/Secretary	1 0	X		X						
Carl Bynum Trustee	1 0	X								
REID BUTLER Trustee	1 0	X								
Kenneth Jones Trustee	1 0	X								
Robert King Trustee	1 0	X								
Martin Levine Trustee	1 0	X								
Paul Lines Trustee	1 0	X								
John Robinson Trustee	1 0	X								
Robert Uhl Trustee/Vice CHAIRPERSON	1 0	X		X						
JAMES CANNON Trustee	1 0	X								
STANLEY GROGG TRUSTEE	1 0	X						700		
DOROTHY MUNCH TRUSTEE	1 0	X								
CHESTER DOUGLASS TRUSTEE	1 0	X								
W Jack Magruder President	40 0			X				394,152	0	26,081
Craig M Phelps VICE PRESIDENT	40 0			X				294,053	0	40,596
OT Wendel VICE PRESIDENT	40 0			X				263,913	0	36,380
Jack Dillenberg Dean	40 0			X				294,001	0	38,176
Monica L Harrison VICE PRESIDENT/CFO	40 0			X				158,495	0	26,548
Douglas Wood SR VICE PRESIDENT	40 0			X				373,302	0	36,074