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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
A T Still University of Health Sciences

Doing Business As

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

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

D Employer identification number
43-0356250

E Telephone number
(660) 626-2325

G Gross receipts $ 153,086,012

F Name and address of principal officer
CRAIG M PHELPS
800 W Jefferson
Kirksville, MO 63501

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www atsu edu

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

L Year of formation 1926

M State of legal domicile MO

Part I Summary

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	1,825
6	Total number of volunteers (estimate if necessary)	**6**	2,864
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	6,801,077	6,835,376
9	Program service revenue (Part VIII, line 2g)	97,708,145	101,869,220
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,823	3,631,429
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,491,544	2,610,355
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,449,589	114,946,380
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,247,633	1,373,724
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)	64,370,281	69,987,248
16a	Professional fundraising fees (Part IX, column (A), line 11e)	43,470	142,955
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,320,292		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,216,077	37,765,330
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	103,877,461	109,269,257
19	Revenue less expenses Subtract line 18 from line 12	3,572,128	5,677,123

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	226,033,106	241,716,222
21	Total liabilities (Part X, line 26)	72,700,819	77,548,802
22	Net assets or fund balances Subtract line 21 from line 20	153,332,287	164,167,420

Part II Signature Block

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

Sign Here

****** | 2014-02-15
Signature of officer | Date

MONICA L HARRISON VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael J Engle				
Firm's name ▶ BKD LLP			Firm's EIN ▶	
Firm's address ▶ 1201 Walnut Suite 1700 Kansas City, MO 641062246			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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ 75,063,851 including grants of $ 1,373,761) (Revenue $ 93,955,945)

See Schedule O

4b (Code) (Expenses $ 10,559,937 including grants of $ 0) (Revenue $ 7,655,245)

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

4c (Code) (Expenses $ 567,591 including grants of $ 0) (Revenue $ 258,032)

As a service to employees and students, ATSU operates a campus recreational facility and 44 student apartments The recreational facility is in the process of being expanded to accommodate the new dental students on the Kirksville campus

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 86,191,379

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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		No
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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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	4,035		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,825		
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, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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 as charitable contributions? . . .		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.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the 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 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 **1a** 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		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?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 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?	**16a**		No
b	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?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AR , KY , MD , MA , MI , MS , NH , NY , OK , OR , SC , WI

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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (660) 626-2325

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,408,391	0	556,803

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶116

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RIVER CITY CONSTRUCTION LLC ,	CONSTRUCTION	5,880,907
CANNON CORPORATION SUBSIDIARIES ,	ARCHITECT	958,116
UNITED HEALTHCARE INSURANCE ,	ADMIN INSURANCE	954,077
AHWATUKEE DENTAL LAB ,	LABORATORY SERVICES	525,229
HEALTH SOURCE OF OHIO ,	LEARNING FACILITATIO	450,573

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

Part VIII Statement of Revenue

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

				(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	48,650			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,530,663			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,256,063			
	g	Noncash contributions included in lines 1a-1f $		298,483			
	h	**Total.** Add lines 1a-1f			6,835,376		
Program Service Revenue			Business Code				
	2a	Educational Programs	611600	93,789,228	93,789,228		
	b	Patient Care	621400	7,655,244	7,655,244		
	c	Student Loan Interest	611710	166,717	166,717		
	d	Student Housing/recreational	611710	258,031	258,031		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			101,869,220		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,696,733			2,696,733
	4	Income from investment of tax-exempt bond proceeds		2,517			2,517
	5	Royalties		0			

		(i) Real	(ii) Personal				
6a	Gross rents	1,775,655					
b	Less rental expenses						
c	Rental income or (loss)	1,775,655	0				
d	Net rental income or (loss)			1,775,655			1,775,655

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	39,000,241	8,760				
b	Less cost or other basis and sales expenses	38,068,772	8,050				
c	Gain or (loss)	931,469	710				
d	Net gain or (loss)			932,179			932,179

8a	Gross income from fundraising events (not including $ 48,650 of contributions reported on line 1c) See Part IV, line 18	a 21,900				
b	Less direct expenses	b 62,810				
c	Net income or (loss) from fundraising events		-40,910			-40,910
9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0			

	Miscellaneous Revenue	Business Code				
11a	Miscellaneous Income	900099	875,610			875,610
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d		875,610			
12	**Total revenue.** See Instructions		114,946,380	101,869,220		6,241,784

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)

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	297,414	297,414		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,072,060	1,072,060		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	4,250	4,250		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,939,516	2,506,333	433,183	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	53,739,550	45,752,758	6,768,019	1,218,773
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,048,373	2,205,254	729,415	113,704
9 Other employee benefits	6,544,399	4,441,973	1,815,080	287,346
10 Payroll taxes	3,715,410	3,146,905	482,916	85,589
11 Fees for services (non-employees)				
a Management	0			
b Legal	56,216		56,216	
c Accounting	94,944		94,944	
d Lobbying	15,000	15,000		
e Professional fundraising services See Part IV, line 17	142,955			142,955
f Investment management fees	528,200		528,200	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,413,810	10,822,189	513,725	77,896
12 Advertising and promotion	396,148	193,296	187,417	15,435
13 Office expenses	8,483,342	6,987,864	1,260,731	234,747
14 Information technology	1,383,997	218,894	1,165,103	
15 Royalties . .	0			
16 Occupancy	4,205,566	1,821,239	2,378,210	6,117
17 Travel	2,644,364	2,076,680	441,531	126,153
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	912,566	912,566		
20 Interest	673,362	25,708	647,654	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,204,595	2,452,667	2,745,009	6,919
23 Insurance	596,974	340,394	256,580	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Membership & Dues	915,753	665,473	245,622	4,658
b Miscellaneous Expense	240,493	232,462	8,031	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	109,269,257	86,191,379	20,757,586	2,320,292
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,431	1	5,631
	2	Savings and temporary cash investments		42,063,938	2	35,339,998
	3	Pledges and grants receivable, net		1,257,401	3	1,039,182
	4	Accounts receivable, net		2,312,765	4	2,761,242
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		114,122	7	100,000
	8	Inventories for sale or use		239,315	8	230,694
	9	Prepaid expenses and deferred charges		3,172,116	9	3,536,786
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 108,268,799			
	b	Less accumulated depreciation	10b 29,063,081	59,546,001	10c	79,205,718
	11	Investments—publicly traded securities		74,956,392	11	92,713,131
	12	Investments—other securities See Part IV, line 11		4,742,026	12	5,324,950
	13	Investments—program-related See Part IV, line 11		5,992,082	13	5,710,715
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		31,631,517	15	15,748,175
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		226,033,106	16	241,716,222
Liabilities	17	Accounts payable and accrued expenses		9,222,451	17	13,665,601
	18	Grants payable		1,369,960	18	1,971,518
	19	Deferred revenue		15,839,289	19	16,462,120
	20	Tax-exempt bond liabilities		39,249,991	20	38,717,038
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		6,894,128	23	6,632,525
	24	Unsecured notes and loans payable to unrelated third parties		125,000	24	100,000
	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		72,700,819	26	77,548,802
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		100,189,486	27	108,482,482
	28	Temporarily restricted net assets		15,290,455	28	16,484,390
	29	Permanently restricted net assets		37,852,346	29	39,200,548
		Organizations that do not follow SFAS 117 (ASC 958), 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		153,332,287	33	164,167,420
	34	Total liabilities and net assets/fund balances		226,033,106	34	241,716,222

Part XI Reconcilliation 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	114,946,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,269,257
3	Revenue less expenses Subtract line 2 from line 1	3	5,677,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,332,287
5	Net unrealized gains (losses) on investments	5	5,001,162
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	156,848
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	164,167,420

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

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 described in **section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

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, Part V, line 35c (Proxy Tax), then

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		15,000
j	Total Add lines 1c through 1i			15,000
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Lobbying Activities	Schedule C, Part II-B, Line 1i	The University paid $15,000 during the year to a lobbyist firm for various legislative activities relating to the University's tax-exempt purpose

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ▶ $ 17,255

(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 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	72,754,706	73,456,948	62,118,519	57,905,677	61,298,451
b	Contributions	1,497,301	755,304	701,541	159,655	6,561,433
c	Net investment earnings, gains, and losses	6,644,531	53,672	11,808,365	5,257,938	-8,425,284
d	Grants or scholarships	389,500	255,986	204,278	111,400	239,244
e	Other expenditures for facilities and programs	891,745	777,490	731,097	1,008,701	1,172,894
f	Administrative expenses	508,888	477,742	236,102	84,650	116,785
g	End of year balance	79,106,405	72,754,706	73,456,948	62,118,519	57,905,677

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 32 500 %
- b Permanent endowment ▶ 48 300 %
- c Temporarily restricted endowment ▶ 19 200 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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	8,164,230		10,438,936
b Buildings		45,913,033	16,868,923	29,044,110
c Leasehold improvements		2,700,515	655,879	2,044,636
d Equipment		25,337,050	9,730,349	15,606,701
e Other		23,879,265	1,807,930	22,071,335
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				79,205,718

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

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

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

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

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

(a) Description	(b) Book value
(1) Deposits With Trustees	7,812,870
(2) Insurance & Annuities	1,098,604
(3) Perpetual Trust Held by Others	6,812,044
(4) Silverware	24,657
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	15,748,175

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	123,965,074
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,001,162		
b	Donated services and use of facilities	2b	3,797,874		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	219,658		
e	Add lines **2a** through **2d**			2e	9,018,694
3	Subtract line **2e** from line **1**			3	114,946,380
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	114,946,380

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

1	Total expenses and losses per audited financial statements			1	113,129,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,797,874		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	62,810		
e	Add lines **2a** through **2d**			2e	3,860,684
3	Subtract line **2e** from line **1**			3	109,269,257
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	109,269,257

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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 - REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	SCHEDULE D, PART XI, LINE 2D	GAIN ON ANNUITY/UNITRUST $156,848 SPECIAL EVENT EXPENSES $ 62,810 --------- TOTAL $219,658 =========
OTHER - EXPENSE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES $62,810

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2012

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	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II 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	ATSU MAINTAINS NONDISCRIMINATORY POLICIES FOR ALL STUDENTS REGARDLESS OF RACE, COLOR, GENDER, SEXUAL ORIENTATION, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, STATUS AS A VETERAN, MARITAL STATUS, OR AGE THE NONDISCRIMINATORY POLICIES ARE POSTED IN ALL CAMPUS BUILDINGS AND ARE PUBLISHED IN THE FOLLOWING 1 STUDENT HANDBOOK 2 COURSE CATALOG 3 WEB PAGE 4 UNIVERSITY GENERAL ORDERS 5 ADMISSIONS BROCHURES 6 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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	Central America and the Caribbean			Investments		5,304,756
3a	Sub-total					5,304,756
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					5,304,756

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
RuffaloCody LLC	Consulting		No		22,640	
DAVID H WEBSTER	Consulting		No		31,258	
Gonser Gerber Tinker Stuher	Consulting		No		55,565	
Phillip Osborne Bethea Jr	Consulting		No		33,492	
Total . . . . . ▶					142,955	

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FOUNDER'S BALL (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	70,550			70,550
	2 Less Contributions	48,650			48,650
	3 Gross income (line 1 minus line 2)	21,900			21,900
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	1,073			1,073
	6 Rent/facility costs	0			0
	7 Food and beverages	46,332			46,332
	8 Entertainment	7,158			7,158
	9 Other direct expenses	8,247			8,247
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(62,810)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-40,910

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

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

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 _____

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated 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
(1) ARIZONA ASSOCIATION OF COMM HEALTH CENTERS INC 700 EAST JEFFERSON ST STE 100 PHOENIX,AZ 85034	86-0494702	501(c)(3)	10,000				PROGRAM SUPPORT
(2) ADELANTE HEALTHCARE 9520 W PALM LANE STE 200 PHOENIX,AZ 85037	86-0377821	501(c)(3)		23,817	PURCHASE COST	AUD SOUND BOOTH	CHC PARTNERSHIP
(3) CENTRO DE SALUD LA COMMUNIDAD DE SAN YSIDRO INC 1275 30TH STREET SAN DIEGO,CA 92154	95-2801772	501(C)(3)	200,000				EDUCATIONAL PARTNER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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. Part III can be duplicated 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	350	1,060,829			
(2) Assistance to Individuals	20	11,231			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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	ORGANIZATIONS THAT RECEIVE GRANTS ARE PARTNER ORGANIZATIONS THAT THE UNIVERSITY'S STUDENTS GAIN PRACTICAL EXPERIENCE WHILE ASSISTING AT THESE ORGANIZATIONS, BECAUSE OF THIS CLOSE RELATIONSHIP THE UNIVERSITY IS ABLE TO MONITOR THE USE OF THE FUNDS The University applies scholarships directly to students' tuition accounts

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 1, LINE 4A	DOUGLAS WOOD $190,869
INCENTIVES CONTINGENT ON REVENUES OF A RELATED ORGANIZATION	SCHEDULE J, PART 1, LINE 5B	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 BONUSES WERE PAID AS FOLLOWS MICHAEL LOCKWOOD $40,507 ROBERT SCHNEIDER $49,162 RALPH BOLING $103,976

Additional Data

Return to Form

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				
CRAIG M PHELPS	(I)	385,625	0	4,321	13,690	31,045	434,681	0
	(II)	0	0	0	0	0	0	0
JACK DILLENBERG	(I)	307,343	0	955	13,690	32,433	354,421	0
	(II)	0	0	0	0	0	0	0
MONICA L HARRISON	(I)	167,322	0	362	9,977	20,342	198,003	0
	(II)	0	0	0	0	0	0	0
DOUGLAS WOOD	(I)	215,845	0	191,231	6,845	14,927	428,848	0
	(II)	0	0	0	0	0	0	0
JEFFREY A SUZEWITS	(I)	244,872	0	268	13,654	29,902	288,696	0
	(II)	0	0	0	0	0	0	0
THOMAS MCWILLIAMS	(I)	226,706	0	554	13,002	26,902	267,164	0
	(II)	0	0	0	0	0	0	0
RANDY DANIELSEN	(I)	142,769	0	953	7,493	931	152,146	0
	(II)	0	0	0	0	0	0	0
MICHAEL MCMANIS	(I)	190,574	0	614	11,315	24,556	227,059	0
	(II)	0	0	0	0	0	0	0
MARGARET WILSON LEMLEY	(I)	197,920	0	264	9,127	13,445	220,756	0
	(II)	0	0	0	0	0	0	0
JOHN HEARD	(I)	167,060	0	102	9,877	9,432	186,471	0
	(II)	0	0	0	0	0	0	0
ROBERT BASHAM	(I)	153,243	0	639	9,162	9,925	172,970	0
	(II)	0	0	0	0	0	0	0
KIMBERLY O'REILLY	(I)	113,813	0	244	6,420	20,907	141,384	0
	(II)	0	0	0	0	0	0	0
KEVIN MARBERRY	(I)	534,094	0	326	13,690	28,462	576,572	0
	(II)	0	0	0	0	0	0	0
MICHAEL D LOCKWOOD	(I)	203,118	40,507	491	12,038	29,565	285,719	0
	(II)	0	0	0	0	0	0	0
OT WENDEL	(I)	264,288	0	614	13,690	30,262	308,854	0
	(II)	0	0	0	0	0	0	0
ROBERT SCHNEIDER	(I)	179,464	49,162	470	10,636	19,950	259,682	0
	(II)	0	0	0	0	0	0	0
RALPH BOLING	(I)	143,546	103,976	361	8,622	19,950	276,455	0
	(II)	0	0	0	0	0	0	0
ANITA KALOUSEK	(I)	166,735	0	251	6,845	4,094	177,925	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040505BH1	01-27-2010	14,377,933	REFUND 2000 BONDS (8-4-2000)		X		X		X
B	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	1,375,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	14,377,933	25,869,452		
4	Gross proceeds in reserve funds	1,117,623	1,680,047		
5	Capitalized interest from proceeds	0	1,670,229		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	2,933	339,685		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	17,473,342		
11	Other spent proceeds	14,375,000	0		
12	Other unspent proceeds	0	4,706,149		
13	Year of substantial completion	2001			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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 of bond-financed property?		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 00000%		0 00000%		%		%	
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 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X					

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, COLUMN B	AMOUNT IS NOT EQUAL TO ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD
PRIVATE BUSINESS USE	SCHEDULE K, PART III, COLUMN A	PROJECTS WERE ORIGINALLY FINANCED PRIOR TO JANUARY 1, 2003

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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) RONALD WINKLER (B) RONALD WINKLER IS A TRUSTEE OF ATSU & 100% OWNER OF KIRKSVILLE MINI STORAGE, INC DBA WINKLER COMMUNICATION (C) $128,405 (D) KIRKSVILLE MINI STORAGE, INC PROVIDED, INSTALLED, AND SERVICED THE COMMUNICATION EQUIPMENT AT THE KIRKSVILLE CAMPUS (E) NO

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures	X	32	17,255	SELLING PRICE
3	Art—Fractional interests				
4	Books and publications	X		4,957	SELLING PRICE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	6	54,033	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				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	13	84,077	COST
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EDUCATIONAL MATERIALS)	X	21	137,981	COST
26	Other ▶ (VARIOUS GIFTS)	X	3	180	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** 6

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

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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

2012

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	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, MD, DO, the founde r of osteopathic medicine, A T Still University (ATSU) began as the nation's first colleg e of osteopathic medicine and has evolved into a leading university of health sciences com prised of six schools on two campuses The University's schools include the Kirksville Col lege of Osteopathic Medicine (KCOM), School of Health Management (SHM), and Missouri Schoo l of Dentistry& Oral Health (MOSDOH), located in Kirksville, Mo The Arizona School of Hea lth Sciences (ASHS), Arizona School of Dentistry & Oral Health (ASDOH), and School of Oste opathic Medicine in Arizona (SOMA) are located in Mesa, Az Student learning is at the hea rt of A T Still University Our students and faculty are part of a distinguished heritage of humanistic healthcare based on an integrated approach that includes the body, mind, an d spirit of the patient This w hole person approach to healthcare is the foundation of the educational experience and is integrated into each school's curricula, from audiology to dentistry, family practice to public health, and online to residential programs ATSU rece ived honors for exemplary service to America's communities by the Corporation for National and Community Service w ith a place on the President's Higher Education Community Service Honor Roll At all levels of ATSU, beginning w ith the mission statement itself, the Univer sity practices tw o-w ay involvement in its communities, thus providing not only service but also true engagement This is evidenced by listening and responding to community and prof ession needs through the development of programs, involvement in off-site clinics, emergen cy response teams, active membership and collaboration w ith various community organization s by both faculty and students, and communicating w ith University constituents to advance the mission of ATSU and respond to the needs of our greater community Our programs Osteop athic Medicine (DO) Biomedical Sciences (MS) Athletic Training (MS) Audiology (AuD) Transi tional Audiology (tAuD) Occupational Therapy (MS) Transitional Occupational Therapy (tOTD) Physician Assistant Studies (MS) Physical Therapy (DPT) Transitional Physical Therapy (tD PT) Advanced Occupational Therapy (MS) Advanced Physician Assistant Studies (MS) Health Sc iences (DHSc) Human Movement (MS) Public Health (MPH) Health Administration (MHA) Health A dministration (DHA) Health Education (DHEd) Dental Medicine (DMD) Certificates Orthodontic s Public Health - Dental Emphasis Sports Conditioning Geriatric Exercise Science Exercise & Sports Psychology Quick facts about ATSU Campus Locations Kirksville, MO Mesa, AZ Kirksv ille population 17,522 Mesa population 452,084 Campus size Kirksville, Mo - 150 acres Mes a, Az - 59 acres Enrollment (2012-13) Total - 3,141 Kirksville College of Osteopathic Med icine - 718 School of Osteopathic Medicine in Arizona - 425 Arizona School of Health Scien ces - 1,311 School of Health Management - 390 Arizona School of Dentistry & Oral Health - 297 Number of Programs (Fall 2012) Total - 24 Doctoral - 10 Master's - 9 Certificates - 5 International Enrollment (2012-13) Approximately 186 students from more than 44 countries Degrees Granted (2012-13) Doctoral - 729 Master's - 324 Certificates - 76 Living alumni (2 012-13) Total 14,594 - ASHS 6,772 - ASDOH 353 - KCOM 6,498 - SHM 1,122 - SOMA 185 *P lease note that some ATSU alumni have more than one ATSU degree Full-Time Employees (2012 -13) 725 Student/Faculty Ratio (2012-13) 14 1 (Full Time Faculty-224) Male/Female Students (2012-13) 1,429/1,712 Points of University Pride - The Health Resources and Services Admi nistration (HRSA) granted (ATSU) eight aw ards totaling more than $5 86 million These gift s w ill greatly benefit the Kirksville, Mo , and Mesa, AZ , communities, and beyond In all , ATSU w as aw arded more than 60 percent of HRSA's Federal Health Professions grant funding in Missouri and more than 75 percent of all grants in Arizona (Oct 2010) - The American Heart Association has recognized ATSU for its outstanding efforts to create a fitness- an d w ellness-friendly environment on its campuses in Kirksville, Mo , and Mesa, Az This is the sixth time that the University has been recognized as a Fit-Friendly Worksite (June 2 013) - ATSU has been touted as the nation's dominant graduate American Indian health profe ssions institution American Indian enrollment across the institution typically ranges bet w een 40 and 50 students KCOM - Founding college of osteopathic medicine - Graduated more than 15,000 DOs - Offers Master's in Biomedical Sciences (MS) - First osteopathic medical school to receive tw o NIH research grants for clinical OMM methodology - Home of the Museu m of Osteopathic Medicine SOMA - Only medical school in the country to integrate physical diagnosis w ith ongoing didactic curriculum - Curriculum blends the case presentation model and the Harvard-Cambridge model ASDOH - Arizona's

Identifier	Return Reference	Explanation
Program Service Accomplishments	Form 990, Part III, Line 4a	first dental school - One out of four dental school applicants nationwide applies to ASDOH - Nation's highest percentage of American Indian students at 6 percent - Operates Thunderbirds Charities Special care Unit at Dental Care West in Glendale, the only one of its kind in Arizona - More than 75 full-time faculty members and nationally recognized experts teach one-week modules in their areas of expertise - In a significant community investment to increase access to oral care for the uninsured and underinsured in the West Valley, Thunderbirds Charities has awarded $75,000 to expand Dental Care West 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 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 Physician Assistants 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 health care 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

Identifier	Return Reference	Explanation
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 opened the Missouri School of Dentistry & Oral Health (MOSDOH) in Kirksville, Mo in Oct 2013 - MOSDOH is housed in the Interprofessional Education 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
BUSINESS RELATIONSHIPS	Form 990, Part VI, Section A, Line 2	REID BUTLER & PAUL LINES HAVE A BUSINESS RELATIONSHIP

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, 2013, THIS REVIEW AND APPROVAL TOOK PLACE ON JANUARY 24, 2014 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, Lines 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	THE UNIVERSITY OPERATES UNDER A "KEY PERSONNEL COMPENSATION PROGRAM" The AUDIT Team of the Board administers the 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 9	GAIN/(LOSS) ON ANNUITY UNITRUST $156,848

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION CHC AGREEMENTS & PARTNERSHIPS TOTAL FEES 4111739

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION AFFILIATED HOSPITAL SERVICES TOTAL FEES 1217597

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONTRACTED SERVICES TOTAL FEES 6084474

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH A BURDICK TRUSTEE	1.0	X						0	0	0
CLYDE EVANS TRUSTEE/CHAIRPERSON	1.0	X		X				4,188		0
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								
ROBERT KING TRUSTEE	1.0	X								
PAUL LINES TRUSTEE	1.0	X								
JOHN ROBINSON TRUSTEE	1.0	X						2,500		0
ROBERT UHL TRUSTEE/VICE CHAIRPERSON	1.0	X		X						
JAMES CANNON TRUSTEE	1.0	X								
STANLEY GROGG TRUSTEE	1.0	X						700		0
DOROTHY MUNCH TRUSTEE	1.0	X								
CHESTER DOUGLASS TRUSTEE	1.0	X								
ISAAC R NAVARRO TRUSTEE	1.0	X						0		
G SCOTT DREW TRUSTEE	1.0	X						0	0	
CRAIG M PHELPS PRESIDENT	40.0			X				389,946	0	44,735
MONICA L HARRISON VICE PRESIDENT/CFO	40.0			X				167,684	0	30,319
JACK DILLENBERG DEAN	40.0				X			308,298	0	46,123
DOUGLAS WOOD SR VICE PRESIDENT	40.0				X			407,076	0	21,772
JEFFREY A SUZEWITS INTERIM DEAN	40.0				X			245,140	0	43,556
THOMAS MCWILLIAMS INTERIM DEAN	40.0				X			227,260	0	39,904
MICHAEL MCMANIS VICE PRESIDENT	40.0				X			191,188	0	35,871

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARGARET WILSON LEMLEY DEAN	40 0				X			198,184	0	22,572
ANITA KALOUSEK DEAN	40 0				X			166,986	0	10,939
KEVIN MARBERRY ASSOCIATE PROFESSOR	40 0					X		534,420	0	42,152
MICHAEL D LOCKWOOD CHAIRPERSON OF OMM	40 0					X		244,116	0	41,603
OT WENDEL VICE PRESIDENT	40 0					X		264,902	0	43,952
ROBERT SCHNEIDER ASSOCIATE PROFESSOR	40 0					X		229,096	0	30,586
RALPH BOLING ASSOCIATE PROFESSOR	40 0					X		247,883	0	28,572
RANDY DANIELSEN DEAN	40 0						X	143,722	0	8,424
JOHN HEARD VICE PRESIDENT	40 0						X	167,162	0	19,309
ROBERT BASHAM VICE PRESIDENT	40 0						X	153,883	0	19,087
KIMBERLY O'REILLY DEAN	40 0						X	114,057	0	27,327