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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 80,792,589 including grants of \$ 1,024,049) (Revenue \$ 98,144,739)

See Schedule O

4b

(Code) (Expenses \$ 11,453,695 including grants of \$ 0) (Revenue \$ 7,595,465)

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 \$ 649,403 including grants of \$ 0) (Revenue \$ 221,326)

As a service to employees and students, ATSU operates a campus recreational facility and 44 student apartments The recreational facility was recently 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

92,895,687

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	No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	4,112	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	1,910	
2b 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).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		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)?			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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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.			
9a Did the organization make any taxable distributions under section 4966?		9a	
9b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.		11a	
11b 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.			
13a 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 or note to any line 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	18	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	17	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK , IL , KY , MD , MA , MI , MS , NH , NY , OH , 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	RICHARD K RIEDER 800 W JEFFERSON Kirksville, MO 63501 (660) 626-2325

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,405,735	0	437,252

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 122

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
RIVER CITY CONSTRUCTION LLC,	CONSTRUCTION	10,822,244
EDUCATION MANAGEMENT SOLUTIONS,	SIMULATION EDUCATION	989,212
UNITED HEALTHCARE INSURANCE,	ADMIN INSURANCE	848,024
FABIANO COMMUNICATIONS INC,	MARKETING/ADV	796,271
EBSCO INDUSTRIES INC,	SUBSCRIPTIONS	580,883

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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	37,711			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,232,245			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,687,257			
	g	Noncash contributions included in lines 1a-1f \$		741,381			
	h	Total. Add lines 1a-1f		8,957,213			
Program Service Revenue	2a	Educational Programs	Business Code 611600	97,984,984	97,984,984		
	b	Patient Care	621400	7,595,463	7,595,463		
	c	Student Loan Interest	611710	159,755	159,755		
	d	STUDENT HOUSING/RECREATIONAL	611710	221,326	221,326		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		105,961,528			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,845,434		2,845,434
4		Income from investment of tax-exempt bond proceeds		1,743		1,743	
5		Royalties		0			
6a		Gross rents	(i) Real 1,695,355	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	1,695,355	0		
		d	Net rental income or (loss)		1,695,355		1,695,355
7a		Gross amount from sales of assets other than inventory	(i) Securities 40,687,374	(ii) Other 71,201			
		b	Less cost or other basis and sales expenses	35,892,591	180,520		
		c	Gain or (loss)	4,794,783	-109,319		
		d	Net gain or (loss)		4,685,464		4,685,464
8a		Gross income from fundraising events (not including \$ 37,111 of contributions reported on line 1c) See Part IV, line 18					
		a	37,489				
		b	Less direct expenses	b	78,453		
c		Net income or (loss) from fundraising events		-40,964		-40,964	
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	845,483			845,483	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		845,483				
12	Total revenue. See Instructions		124,951,256	105,961,528		10,032,515	

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 or note to any line 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.	27,934	27,934		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	990,515	990,515		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	5,600	5,600		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,385,062	2,012,218	372,844	
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.	56,784,645	48,640,341	7,091,026	1,053,278
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,331,102	2,409,786	797,066	124,250
9	Other employee benefits.	6,081,646	4,108,963	1,708,013	264,670
10	Payroll taxes.	3,994,390	3,418,841	498,913	76,636
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	113,653	59,293	54,360	
c	Accounting.	103,719		103,719	
d	Lobbying.	27,292	27,292		
e	Professional fundraising services. See Part IV, line 17.	118,108			118,108
f	Investment management fees.	638,663		638,663	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,737,161	11,421,155	1,244,528	71,478
12	Advertising and promotion.	548,862	262,914	267,555	18,393
13	Office expenses.	10,517,666	8,934,564	1,358,583	224,519
14	Information technology.	1,441,857	193,601	1,248,256	
15	Royalties.	0			
16	Occupancy.	4,701,647	2,153,837	2,542,726	5,084
17	Travel.	2,628,106	2,068,258	459,484	100,364
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,036,510	1,036,510		
20	Interest.	1,533,577	902,772	630,805	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	6,024,597	2,880,604	3,137,726	6,267
23	Insurance.	815,442	538,966	276,476	
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.	951,861	668,936	279,583	3,342
b	Miscellaneous Expense.	139,681	132,787	6,894	
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	117,679,296	92,895,687	22,717,220	2,066,389
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 or note to any line in this Part X

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		5,631	1	5,851
	2	Savings and temporary cash investments		35,339,998	2	32,302,884
	3	Pledges and grants receivable, net		1,039,182	3	1,101,024
	4	Accounts receivable, net		2,761,242	4	2,235,127
	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		100,000	7	140,000
	8	Inventories for sale or use		230,694	8	238,903
	9	Prepaid expenses and deferred charges		3,536,786	9	4,382,177
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,081,298			
	b	Less: accumulated depreciation	10b 31,623,718	79,205,718	10c	81,457,580
	11	Investments—publicly traded securities		92,713,131	11	104,154,588
	12	Investments—other securities. See Part IV, line 11		5,324,950	12	8,819,444
	13	Investments—program-related. See Part IV, line 11		5,710,715	13	6,016,818
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		15,748,175	15	34,044,035
	16	Total assets. Add lines 1 through 15 (must equal line 34)		241,716,222	16	274,898,431
Liabilities	17	Accounts payable and accrued expenses		13,665,601	17	13,482,124
	18	Grants payable		1,971,518	18	1,460,351
	19	Deferred revenue		16,462,120	19	11,033,915
	20	Tax-exempt bond liabilities		38,717,038	20	63,844,531
	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		6,632,525	23	6,701,975
	24	Unsecured notes and loans payable to unrelated third parties		100,000	24	80,000
	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		77,548,802	26	96,602,896
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		108,482,482	27	115,657,159
	28	Temporarily restricted net assets		16,484,390	28	22,219,686
	29	Permanently restricted net assets		39,200,548	29	40,418,690
	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		164,167,420	33	178,295,535
	34	Total liabilities and net assets/fund balances		241,716,222	34	274,898,431

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	124,951,256
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,679,296
3	Revenue less expenses Subtract line 2 from line 1	3	7,271,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	164,167,420
5	Net unrealized gains (losses) on investments	5	7,008,998
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	-152,843
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	178,295,535

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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			
C LISETTE DOTTAVIO TRUSTEE	1 0	X						0	0	0
CLYDE EVANS TRUSTEE/CHAIRPERSON	1 0	X		X				0	0	0
RONALD WINKLER TRUSTEE	1 0	X						0	0	0
MANUEL BEDOYA TRUSTEE	1 0	X						0	0	0
DANIEL BIERY TRUSTEE	1 0	X						0	0	0
TISHA KICE-BRIGGS TRUSTEE	1 0	X						0	0	0
PAULINA VAZQUEZ MORRIS TRUSTEE	1 0 0 0	X						0	0	0
REID BUTLER TRUSTEE	1 0	X						0	0	0
ROBERT KING TRUSTEE	1 0	X						0	0	0
PAUL LINES TRUSTEE	1 0	X						0	0	0
ANN THIELKE TRUSTEE	1 0	X						0	0	0
ROBERT UHL TRUSTEE/VICE CHAIRPERSON	1 0 0 0	X		X				0	0	0
JAMES CANNON TRUSTEE/VICE CHAIRPERSON	1 0	X		X				0	0	0
STANLEY GROGG TRUSTEE	1 0	X						700	0	0
DOROTHY MUNCH TRUSTEE/SECRETARY	1 0 0 0	X		X				0	0	0
CHESTER DOUGLASS TRUSTEE	1 0	X						0	0	0
ISSAC R NAVARRO TRUSTEE	1 0	X						0	0	0
G SCOTT DREW TRUSTEE/CHAIRPERSON	1 0	X		X				0	0	0
GARY WILTZ TRUSTEE	1 0 0 0	X						0	0	0
CRAIG M PHELPS PRESIDENT	40 0	X						492,429	0	44,941
MONICA L HARRISON VICE PRESIDENT/CFO	40 0			X				170,543	0	32,032
JACK DILLENBERG DEAN	40 0				X			323,312	0	46,129
RANDY DANIELSEN DEAN	40 0				X			174,356	0	11,510
MICHAEL MCMANIS VICE PRESIDENT	40 0				X			202,407	0	41,548
MARGARET WILSON LEMLEY DEAN	40 0				X			302,448	0	33,250

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			
ANITA KALOUSEK DEAN	40 0				X			336,646	0	23,724
NORMAN GEVITZ SR VICE PRESIDENT	40 0				X			175,703	0	11,147
MARK FISCHIONE PROFESSOR	40 0					X		318,032	0	37,012
KEVIN MARBERRY ASSOC PROF/CHAIR	40 0					X		598,018	0	42,658
CHRISTOPHER HALLIDAY DEAN	40 0					X		274,081	0	7,053
OT WENDEL SR VICE PRESIDENT	40 0					X		271,227	0	44,158
GREGORY MCQUEEN SR EXEC ASSOC DEAN	40 0					X		294,339	0	23,815
JOHN HEARD VICE PRESIDENT	40 0						X	168,144	0	20,910
ROBERT BASHAM VICE PRESIDENT	40 0						X	112,481	0	17,365
DOUGLAS WOOD SR VICE PRESIDENT	40 0						X	190,869	0	0

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
------------------	-------------	--

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

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

1	Provide a description of the organization's direct and indirect political campaign activities 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		27,292
j	Total. Add lines 1c through 1i.			27,292
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

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.

Return Reference	Explanation
Schedule C, Part II-B, Line 1i	The University paid \$27,292 during the year to lobbyist firms for various legislative activities relating to the University's tax-exempt purpose.

[illegible]

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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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

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

▶ \$ 1,680

(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

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2013

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

d

☐

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
| 1c | |
| 1d | |
| 1e | |
| 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	79,106,405	72,754,706	73,456,948	62,118,519	57,905,677
b Contributions	1,154,738	1,497,301	755,304	701,541	159,655
c Net investment earnings, gains, and losses	11,514,183	6,644,531	53,672	11,808,365	5,257,938
d Grants or scholarships	203,936	389,500	255,986	204,278	111,400
e Other expenditures for facilities and programs	1,029,554	891,745	777,490	731,097	1,008,701
f Administrative expenses	546,570	508,888	477,742	236,102	84,650
g End of year balance	89,995,266	79,106,405	72,754,706	73,456,948	62,118,519

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

Board designated or quasi-endowment

32 800 %

b

Permanent endowment

43 900 %

c

Temporarily restricted endowment

23 300 %
- 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
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

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

☐ Yes

☐ No

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	1,924,406	8,313,044		10,237,450
b Buildings		64,899,684	18,676,270	46,223,414
c Leasehold improvements		2,656,542	733,382	1,923,160
d Equipment		27,367,066	9,995,597	17,371,469
e Other		7,920,556	2,218,469	5,702,087
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				81,457,580

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	135,747,195
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,008,998
b	Donated services and use of facilities	2b	3,861,323
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-74,382
e	Add lines 2a through 2d	2e	10,795,939
3	Subtract line 2e from line 1	3	124,951,256
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	124,951,256

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	121,619,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,861,323
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	78,453
e	Add lines 2a through 2d	2e	3,939,776
3	Subtract line 2e from line 1	3	117,679,296
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	117,679,296

Part XIII

Supplemental Information

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.

Return Reference	Explanation
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, DOCTORS OF OSTEOPATHIC MEDICINE 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 THE PUBLIC ARE PROVIDED FREE AS AN EDUCATIONAL SERVICE.
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.
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.
SCHEDULE D, PART XI, LINE 2D	LOSS ON ANNUITY/UNITRUST (\$152,835) SPECIAL EVENT EXPENSES \$ 78,453 ----- TOTAL (\$ 74,382) =====
SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES \$78,453

[illegible]

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.
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number

43-0356250

Part I		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
	4b	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?	4c	Yes	
	4d	Yes	
	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	6a	Yes	
	6b		No
	7	Yes	

Part III Supplemental Information. 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)

Return Reference	Explanation
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 CATALOGS 3. WEB PAGE 4. UNIVERSITY GENERAL ORDERS 5. ADMISSIONS BROCHURES 6. ADVERTISEMENTS
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 HPSTL, AND GRANT SUPPORT FOR TEACHING AND RESEARCH PROJECTS. INFORMATION WITH REGARD TO THESE PROGRAMS IS REPORTED TO THE FUNDING AGENCY AS REQUESTED AND IS COVERED UNDER THE SCOPE OF THE SINGLE AUDIT.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activities 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
(1) Central America and the Caribbean			Investments		2,858,196
(2)					
(3)					
(4)					
(5)					
3a Sub-total					2,858,196
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,858,196

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 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)
(1) SCHOLARSHIP	South Asia	1	3,000	TUITION			
(2) SCHOLARSHIP	East Asia and the Pacific	1	1,600	TUITION			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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

Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T Still University of Health Sciences

Part V Supplemental Information

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).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
A T Still University of Health Sciences

Employer identification number
43-0356250

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

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

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RuffaloCody LLC	Tele- fundraising		No	112,666	50,203	
2 Gonser Gerber Tinker Stuher	Consulting		No		11,675	
3 DAVID H WEBSTER	Consulting		No		8,055	
4 Phillip Osborne Bethea Jr	Consulting		No		8,175	
5 PELOPIDAS LLC	CONSULTING		No		40,000	
6						
7						
8						
9						
10						
Total ▶				112,666	118,108	

3

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, 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	(b) Event #2	(c) Other events	(d) Total events
		FOUNDER'S BALL (event type)	(event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	75,200		75,200
	2	Less Contributions . . .	37,711		37,711
	3	Gross income (line 1 minus line 2)	37,489		37,489
Direct Expenses	4	Cash prizes	0		0
	5	Noncash prizes . . .	1,173		1,173
	6	Rent/facility costs . . .	0		0
	7	Food and beverages .	55,301		55,301
	8	Entertainment	10,235		10,235
	9	Other direct expenses .	11,744		11,744
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(78,453)
					-40,964

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, 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. 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).

Return Reference	Explanation
------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
A T Still University of Health Sciences

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
43-0356250

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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) THE WILLIAM J GIES FOUNDATION 1400 K STREET NW NO 1100 WASHINGTON,DC 20005	13-6143845	501(c)(3)	12,000				PROGRAM SUPPORT

2

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

2

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	255	980,799			
(2) Assistance to Individuals	36	15,316			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	ORGANIZATIONS THAT RECEIVE GRANTS ARE PARTNER ORGANIZATIONS 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

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4aYes	
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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?	5aYes	
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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

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

Return Reference	Explanation
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
SCHEDULE J, PART 1, LINE 4A	SEVERENCE PAYMENT MADE TO DOUGLAS WOOD \$190,869
SCHEDULE J, PART 1, LINE 5A	INCENTIVES ARE CALCULATED USING A FORMULA BASED ON RELATIVE VALUE UNITS IN THE MEDICAL CLINICS THE CLINICIANS' SALARIES ARE PAID USING A FORMULA THAT IS CUSTOMARY IN THE CLINICAL SETTINGS AND THEREFORE THE CLINICIANS RECEIVED FAIR MARKET COMPENSATION BONUSES AND INCENTIVES WERE PAID AS FOLLOWS CRAIG M PHELPS \$50,000 KEVIN MARBERRY \$ 8,209 O T WENDEL \$ 5,494

Additional Data

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				
JACK DILLENBERG DEAN	(i) (ii)	322,367 0	0 0	945 0	13,898 0	32,231 0	369,441 0	0 0
MONICA L HARRISON VICE PRESIDENT/CFO	(i) (ii)	169,949 0	0 0	595 0	10,180 0	21,852 0	202,575 0	0 0
DOUGLAS WOOD SR VICE PRESIDENT	(i) (ii)	0 0	0 0	190,869 0	0 0	0 0	190,869 0	0 0
CRAIG M PHELPS PRESIDENT	(i) (ii)	438,767 0	50,000 0	3,662 0	13,898 0	31,043 0	537,370 0	0 0
MARK FISCHIONE PROFESSOR	(i) (ii)	317,742 0	0 0	290 0	10,945 0	26,067 0	355,044 0	0 0
RANDY DANIELSEN DEAN	(i) (ii)	173,283 0	0 0	1,072 0	10,114 0	1,396 0	185,866 0	0 0
MICHAEL MCMANIS VICE PRESIDENT	(i) (ii)	201,891 0	0 0	516 0	11,860 0	29,688 0	243,955 0	0 0
MARGARET WILSON LEMLEY DEAN	(i) (ii)	302,146 0	0 0	302 0	13,898 0	19,352 0	335,698 0	0 0
JOHN HEARD VICE PRESIDENT	(i) (ii)	168,102 0	0 0	42 0	9,999 0	10,911 0	189,054 0	0 0
ROBERT BASHAM VICE PRESIDENT	(i) (ii)	111,965 0	0 0	516 0	7,105 0	10,260 0	129,846 0	0 0
ANITA KALOUSEK DEAN	(i) (ii)	336,235 0	0 0	411 0	13,898 0	9,826 0	360,370 0	0 0
NORMAN GEVITZ SR VICE PRESIDENT	(i) (ii)	175,490 0	0 0	213 0	7,053 0	4,094 0	186,850 0	0 0
KEVIN MARBERRY ASSOC PROF/CHAIR	(i) (ii)	589,454 0	8,209 0	355 0	13,898 0	28,760 0	640,676 0	0 0
CHRISTOPHER HALLIDAY DEAN	(i) (ii)	273,800 0	0 0	281 0	7,053 0	0 0	281,134 0	0 0
OT WENDEL SR VICE PRESIDENT	(i) (ii)	265,242 0	5,494 0	491 0	13,898 0	30,260 0	315,385 0	0 0
GREGORY MCQUEEN SR EXEC ASSOC DEAN	(i) (ii)	293,406 0	0 0	933 0	13,989 0	9,826 0	318,154 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
A T Still University of Health Sciences

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60636ACP6	11-15-2011	25,770,587	CONSTR EQUIP/FURNISH UNIV FACILI		X		X		X
C	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60636AJB0	03-20-2014	26,111,684	AQUIRE, CONSTRUCT, FURNISH, EQUIP		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,850,000		465,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	14,377,933		25,898,062		26,111,847			
4	Gross proceeds in reserve funds	1,117,858		1,674,026		1,699,814			
5	Capitalized interest from proceeds	0		2,317,947		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	2,933		339,685		229,578			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		21,566,403		3,417,726			
11	Other spent proceeds	14,375,000		0		0			
12	Other unspent proceeds	0		0		20,764,729			
13	Year of substantial completion	2001		2014					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X			X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	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 %		0 %		0 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
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		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?								
c	No rebate due?								
	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		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the 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		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II, COLUMN A, LINE 11	THIS AMOUNT WAS USED TO REFUND THE SERIES 2000 BONDS ON THE ISSUE DATE
PART II, COLUMN B, LINE 3	AMOUNT IS NOT EQUAL TO THE ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD
PART II, COLUMN B, LINE 16	THE PROJECT FINANCED BY THE SERIES 2011 BONDS WAS COMPLETED IN 2014 AND THE UNIVERSITY WILL COMPLETE THE FINAL ALLOCATION BY THE END OF THE NEXT FISCAL YEAR
PART II, COLUMN C, LINE 3	AMOUNT IS NOT EQUAL TO ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD
PART II, COLUMN C, LINE 12	THE PROJECT HAS NOT BEEN COMPLETED THIS IS THE AMOUNT OF SERIES 2014 BOND PROCEEDS REMAINING IN THE DEBT SERVICE FUND AND THE PROJECT FUND AS OF THE FISCAL YEAR END
PART II, COLUMN C, LINE 13	THE PROJECT HAS NOT BEEN COMPLETED
PART II, COLUMN C, LINE 16	THE PROJECT HAS NOT BEEN COMPLETED
PART III, COLUMN A	THE SERIES 2010 BONDS REFINANCED PROJECTS ORIGINALLY FINANCED PRIOR TO JANUARY 1, 2003 AS A RESULT, NO INFORMATION HAS BEEN PROVIDED FOR THE SERIES 2010 BONDS
PART III, COLUMN C	THE SERIES 2014 BONDS WERE ISSUED APPROXIMATELY 3 MONTHS PRIOR TO THE FISCAL YEAR END TO CONSTRUCT A NEW BUILDING THE PROJECT HAS NOT BEEN PLACED-IN-SERVICE, AND AS A RESULT, NO INFORMATION HAS BEEN REPORTED FOR PRIVATE BUSINESS USE

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

► 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		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

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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) \$133,331 (D) KIRKSVILLE MINI STORAGE, INC PROVIDED, INSTALLED, AND SERVICED THE COMMUNICATION EQUIPMENT AT THE KIRKSVILLE CAMPUS (E) NO

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.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	1,680	SELLING PRICE
3 Art—Fractional interests				
4 Books and publications	X		2,200	SELLING PRICE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	25,352	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	483,361	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EDUCATIONAL MATERIALS)	X	6	180,553	COST
26 Other ▶ (VARIOUS GIFTS)	X	15	48,235	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	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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	Yes	No	No
b If "Yes," describe the arrangement in Part II		Yes		
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	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. 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.

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization A T Still University of Health Sciences	Employer identification number 43-0356250
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Return Reference	Explanation
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 w hole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations

Return Reference	Explanation	
	Form 990, Part III, Line 4a	ABOUT A T STILL UNIVERSITY Established in 1892 by Andrew Taylor Still, DO, the founder of osteopathy, A T Still University (ATSU) began as the nation's first college of osteopath ic medicine and has evolved into a leading university of health sciences comprised of six colleges/schools located on two campuses. The University's Missouri campus colleges/schools include the Kirksville College of Osteopathic Medicine (ATSU-KCOM), College of Graduate Health Studies (ATSU-CGHS - formerly known as the School of Health Management), and Missouri School of Dentistry & Oral Health (ATSU-MOSDOH). All are located in Kirksville, Mo. The University's Arizona campus schools include the Arizona School of Health Sciences (ATSU-A SHS), Arizona School of Dentistry & Oral Health (ATSU-ASDOH), and School of Osteopathic Medicine in Arizona (ATSU-SOMA), which are located in Mesa, Ariz. Student learning is at the heart of ATSU. Our students and faculty are part of a distinguished heritage of humanistic healthcare based on an integrated approach that includes the body, mind, and spirit of the patient. This whole person approach to healthcare is the foundation of the educational experience and is integrated into the curriculum for each school's programs, from audiology to dentistry, family practice to public health, and online to residential programs. ATSU received honors for exemplary service to America's communities by the corporation for national and community service with a place on the president's higher education community service honor roll. At all levels of ATSU, beginning with the mission statement itself, the University practices two-way involvement in its communities, thus providing not only service, but also true engagement. This is evidenced by listening and responding to community and profession needs through the development of programs, involvement in off-site clinics, emergency response teams, active membership and collaboration with various community organizations by both faculty and students, and communicating with University constituents to advance ATSU's mission and respond to the needs of our greater community. OUR PROGRAMS Advanced Occupational Therapy (MS) Advanced Physician Assistant Studies (MS) Athletic Training (MS) Physician Assistant Studies (MS) Doctor of Athletic Training (DAT) Doctor of Audiology (AuD) Doctor of Dental Medicine - AZ (DMD) Doctor of Dental Medicine - MO (DMD) Doctor of Health Administration - (DHA) Doctor of Health Education (DHEd) Doctor of Health Sciences (DHSc) Transitional Doctor of Occupational Therapy (OTD) Doctor of Osteopathic Medicine - AZ (DO) Doctor of Osteopathic Medicine - MO (DO) Doctor of Physical Therapy (DPT) Master of Science in Biomedical Sciences (MS) Master of Health Administration (MHA) Master of Public Health (MPH) Master of Public Health - Dental Emphasis (MPH) Master of Public Health - Dental Emphasis with a Dental Public Health Residency Certificate (MPH) Master of Science in Kinesiology (MS) Occupational Therapy (MS) Transitional Doctor of Audiology (AuD) Transitional Doctor of Physical Therapy (DPT) Certificates Clinical Decision-Making in Athletic Training Leadership and Organizational Behavior, Doctor of Health Sciences Global Health, Doctor of Health Sciences Fundamentals of Education, Doctor of Health Sciences Geriatric Exercise Sciences Sports Conditioning Exercise and Sport Psychology Orthodontics Public Health, Dental Emphasis. QUICK FACTS ABOUT ATSU Campus locations Kirksville, Mo. Mesa, Ariz. Kirksville population 17,577 (2013 Estimate according to census) Mesa population 457,587 (2013 Estimate according to census) Campus size Kirksville, Mo. - 150 acres Mesa, Ariz. - 59 acres Enrollment (2013-14) TOTAL - 3,305 Kirksville College of Osteopathic Medicine - 712 School of Osteopathic Medicine in Arizona - 431 Arizona School of Health Sciences - 1,392 School of Health Management - 420 Arizona School of Dentistry & Oral Health - 308 Missouri School of Dentistry & Oral Health - 42 Number of programs (Fall 2014) Total - 32 Doctoral - 13 Master's - 10 Certificates - 9 International enrollment (2013-14) Approximately 55 non-resident students from more than nine countries Degrees granted (2013-14) Doctoral - 671 Master's - 305 Certificates - 75 Living alumni (2013-14) Total - 15,444 ATSU-KCOM - 6,614 ATSU-A SHS - 7,260 ATSU-SHM - 1,261 ATSU-ASDOH - 419 ATSU-SOMA - 283 *Please note that some ATSU alumni have more than one ATSU degree. Full-time employees (2013-14) 743 Student/faculty ratio (2013-14) 15:1 (Full-time faculty - 219) Male/female students (2013-14) 1,484/1,821 Points of University pride - Victory Media, the premier media entity for military personnel transitioning into civilian life, named ATSU to the coveted Military Friendly Schools list. The Military Friendly Schools designation is awarded to the top 15 percent of colleges, universities and trade schools in the country that are doing the most to embrace military students, and to dedicate resources to

Return Reference	Explanation	
Form 990, Part III, Line 4a		o ensure their success in the classroom and after graduation - The American Heart Association recognized ATSU for its outstanding efforts to create a fitness and wellness friendly environment on its campuses in Kirksville, Mo , and Mesa, Ariz This is the seventh time the University has been recognized as a fit-friendly worksite (June 2014) - ATSU has been touted as the nation's dominant graduate American Indian health professions institution American Indian enrollment across the institution typically ranges between 40 and 50 students - ATSU announced a joint research partnership with the National Association of Community Health Centers (NACHC) The innovative partnership between ATSU and NACHC will help create and advance interprofessional scholarly activity within Bureau of Primary Health Care supported community health centers, and it will help improve the health status of patients and communities across the nation (November 2014) - Andrew Taylor Still, DO, the founder of osteopathic medicine, was inducted into the Hall of Famous Missourians at the Missouri State Capitol in Jefferson City on April 16, 2014 ATSU-KCOM - Founding college of osteopathic medicine - Graduated more than 15,000 Doctors of Osteopathic Medicine - Offers a master's in biomedical sciences (MS) - First osteopathic school to receive two NIH research grants for clinical OMM methodology - Home of the Museum of Osteopathic Medicine ATSU-SOMA - Only medical school in the country to integrate physical diagnosis with ongoing didactic curriculum- Curriculum blends the case presentation model and the Harvard-Cambridge model ATSU-ASDOH - Arizona's first dental school - One out of four dental school applicants nationwide applies to ATSU- ASDOH - Nation's highest percentage of American Indian students at six 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 - ATSU-ASDOH enrolls about half of the nation's American Indian dental students - Received the 2014 Gies Award for Outstanding Innovation by the American Dental Education Association ATSU-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 WORKING 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 (2013) pass rate for the Physician Assistant National Certifying Exam currently stands at 96 percent for first-time takers - Twenty percent of all American Indian Physician assistants in the United States graduated from ATSU- ASHS - The Occupational Therapy (OT) program received a 10-year accreditation (the longest possible) on its last re-accreditation (ACOTE - the accrediting body awards 5-year, 7-year, and 10-year accreditation The OT program's former accreditation was a seven-year term The next re-accreditation will be 2019-20) - The overall pass rate on the NBCOT exam since the beginning of the program through 2013 is 100 percent - The OT program continues to offer a variety of community-based practice experiences as part of course work enrichment before clinical rotations - OT students and faculty are involved in numerous, wide ranging professional and community service activities including international and interdisciplinary projects, as well as with local community partners - The OT residential program has faculty-led research that guides groups of students through the completion of a year-long project culminating in formal research and poster presentations - Advanced Master of Science in Occupational Therapy program students develop and implement practice-based capstone projects that provide them with opportunity

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	REID BUTLER & PAUL LINES HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11B	THE UNIVERSITY POLICY, REVISED IN MAY 2012, 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, 2014, THIS REVIEW AND APPROVAL TOOK PLACE ON JANUARY 24, 2015 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

Return Reference	Explanation
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.

Return Reference	Explanation
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 review s such data and w hen necessary, makes recommendations for amendments to the compensation ranges for consideration and adoption by the full board

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	The organization's governing documents, conflict of interest policy and financial statements are available upon request

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN(LOSS) ON ANNUITY UNITRUST (\$152,835)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AFFILIATED HOSPITAL PAYMENTS TOTAL FEES 1194743

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONTRACTED SERVICES TOTAL FEES 11542418