Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17 D Employer identification number C Name of organization B Check if applicable AMERICAN OPTOMETRIC STUDENT ASSOCIATION 23-7309941 Address Doing business as E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 243 NORTH LINDBERGH (314) 983-4231 Initial ceturn City or town, state or province, country, and ZIP or foreign postal code 447,315. Amended return ST. LOUIS, MO 63141 G Gross receipts \$ H(a) is this a group return for ROBERT FOSTER Yes X No Name and address of principal officer 243 NORTH LINDBERGH ST. LOUIS, MO 63141 H(b) Are all subordinates included: If "No," attach a fist (see instructions) X 501(c) (6 ) **◄** (insert no) 4947(a)(1) or 501(c)(3) Website: WWW.THEAOSA.ORG H(c) Group exemption number L Year of formation M State of legal domicile Form of organization Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities EXCHANGE OF PROFESSIONAL INFORMATION ON CURRENT MATTERS AND PROCEDURES Activities & Governance 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 24. Number of voting members of the governing body (Part VI, line 1a) 3 24. 4 Number of independent voting members of the governing body (Part VI, line 1b) 1. Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 42.578. 7a Total unrelated business revenue from Part VIII, column (C), line 12 -14,199.b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 301,089 275,506. Contributions and grants (Part VIII, line 1h) Revenue 116,300. 164,494. Program service revenue (Part VIII, line 2g) STOSC STOSC 7,315. 7,926. 10 Investment income (Part VIII, column (A), lines 3, 4, and (1) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 18, and 11e). 2 0. 0. 425,315. 447,315. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 100,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) OGDEM. LIF 13 62,102. 51,652. Benefits paid to or for members (Part IX, column (A), line 4) 14 137,038. 128,426. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . **b** Total fundraising expenses (Part IX, column (D), line 25) 276,338 326,280. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 466,866. 614,970. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -167,655. -41,551. Revenue less expenses Subtract line 18 from line 12 . . . . . 500 Beginning of Current Year End of Year Assets I Balanc 596,419. 757,403. 20 Total assets (Part X, line 16) 4,950 11,621. Total liabilities (Part X, line 26) 21 752,453. 584,798. 22 Net assets or fund balances Subtract line 21 from line 20. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign<sub>:</sub> Signature of office Here, ROBERT FOSTER EXECUTIVE DIRECTOR Type or print name and title 0 PTIN 83 Print/Type preparer's name Preparer's signature Check Paid Preparer! Firm's name MILHOUSE & WEAL, 8/25/1 P00145520 self-employed Firm's EIN > 43-1385775 314-995-6900 Phone no Firm's address ▶40 WELDON PARKWAY MARYLAND HEIGHTS, MO 63043-3201 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

For Paperwork Reduction Act Notice, see the separate instructions.

# AMERICAN OPTOMETRIC STUDENT ASSOCIATION

_	n 990 (2016)	Page 2
Pa	art III. Statement of Program Service Accomplishments	<b></b>
	Check if Schedule O contains a response or note to any line in this Part III	لمسلند
	Briefly describe the organization's mission	
	EXCHANGE OF PROFESSIONAL INFORMATION ON CURRENT MATTERS AND	
	PROCEDURES	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
	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	X No
	services?Yes	A NO
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as me	acured hy
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported	10 0111010,
	the total expenses, and revenue, if any, for each program convice repences	
	/Code \/Frances C \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/	
	(Code ) (Expenses \$ 422,098. Including grants of \$ ) (Revenue \$ 404,737. MEETINGS AND CONVENTIONS PROMOTING THE EXCHANGE OF CURRENT	_'
	PROFESSIONAL INFORMATION AND THE DISTRIBUTION OF PRINTED	
	PROFESSIONAL PERIODICALS TO PROVIDE TIMELY INFORMATION ON	
	CURRENT PROFESSIONAL MATTERS AND PROCEDURES	
	CORRENT PROFESSIONAL MATTERS AND PROCEDURES	
41.	(O-d- ) (F	
4D	(Code) (Expenses \$ including grants of \$) (Revenue \$	_)
		<del></del>
-	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
4C	(Code) (Expenses \$Including grants of \$) (Revenue \$)	_'
<del>,</del> .	Other research (Paraches of Other Life C)	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 422,098.	

Form 990 (2016)

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Par	t IV Checklist of Required Schedules			
		Y	es	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	ľ	X
2		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	and defend for each to off Outside the control of t	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		十	
	alastra in affect if the property of the prope	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		$\top$	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Doub III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		$\top$	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	ID/an II an analate Calculate Co.	6	-	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		寸	
		7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	and the Orleant to D. D. 199	8		Х
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			
	alaba a santat di	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
		0		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	x 44 - \$
	annual de Calculul D. D. 118	1a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
		1b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		1	
		1c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<del>`</del>	$\top$	
	4 1 B 4 14 1 4 B 4 16 B 4 B 4 B 4 B 4 B 4 B 4 B 4 B 4 B 4 B	1d		Х
е	- 1.0	1e	$\top$	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		$\top$	
		1f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		$\top$	
	0-6-4 (-0.00 (-0.00))	2a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 11	2b		Х
13	to the annual control of the state of the st	3		X
14a	The state of the s	4a	T	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		7	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	famous secretariates to the factor and	4b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		5		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
		6		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		$\top$	
		7		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		$\top$	
	D-4 VIII been 4- 10 0 VIII 11 11 11 11 11 11 11 11 11 11 11 11	8		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$\top$	
	If "Yes," complete Schedule G, Part III	9		х

Part	V Checklist of Required Schedules (continued)	—		
			Yes	No
	bla the enganization operate one of more hospital actities in 700, complete concease 77.	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			17
	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	_		v
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	
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?	256		
	If "Yes," complete Schedule L, Part I	25b		
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	26		х
	disqualified persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			•
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule L. Part IV.	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			١
	or IV, and Part V, line 1	34_		X
35 a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI		-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2016)

_	990 (2016)		F	Page 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	<del></del>	1
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	, · ·	·
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	***************************************		J
_	reportable gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1/1/2	~	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	<u> </u>	]d
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	Х	<del>                                      </del>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.0		$\vdash$
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
h	If "Yes," enter the name of the foreign country	Mar.	<b>₹</b> ″4	Same
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-88	
7	Organizations that may receive deductible contributions under section 170(c).		: 33	l' i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		**************************************	ائد ا X
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?	10	53	
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	2	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	(.)	2	183
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		. a manifes	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter	. 3		
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		, .	
11	Section 501(c)(12) organizations. Enter		ľ	
	Gross income from members or shareholders		1 3	
b	Gross income from other sources (Do not net amounts due or paid to other sources		5. Y	
	against amounts due or received from them )	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124	. 200	4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	· ·		İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1888/	+
а	Is the organization licensed to issue qualified health plans in more than one state?	1.50		7.00
Ь	Note. See the instructions for additional information the organization must report on Schedule O			
D	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			
c	Enter the amount of reserves on hand	<b>1</b>	i.	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA			. 000	12016

Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?. . . . X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body?..... Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Х 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 14 X 14 Did the organization have a written document retention and destruction policy?....... 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 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\triangleright$  MO, 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website | X | 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 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ROBERT FOSTER 243 N. LINDBERGH BOULEVARD ST. LOUIS, MO 63141 314.983.4231 20

JSA 6E1042 1 000

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor	any related	orga	nıza	tion	COI	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unles er and	Pos neck ss pe	rson	than of the state	an	(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
(1)ROBERT FOSTER	40.00					<u> </u>				·, ·
EXECUTIVE DIRECTOR	0.	Х						94,593.	0.	0
(2)ANDY MACKNER	20.00	-								
PRESIDENT	0.			Х				0.	0.	0
(3)MELISSA ZALESKI	10.00									
VICE-PRESIDENT	0.			Х				0.	0.	0
(4)JODI BAKER	10.00									
SECRETARY	0.			Х				0.	0.	0
(5)JON BEESON	10.00									_
TREASURER	0.			Х			<u> </u>	0.	0.	0
(6)										
(7)										
(8)										
(9)									_	
(10)										
(11)		-								
(12)	_						-			
(13)		-			<u> </u>		+			
(14)				_						

Page 8 Form 990 (2016) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (B) (C) (A) Reportable Reportable Estimated Name and title Position Average amount of (do not check more than one compensation from compensation hours per other box, unless person is both an from related week (list any officer and a director/trustee) compensation hours for the organizations Officer from the Key employee Highest compensated employee related Individual trustee organization (W-2/1099-MISC) Institutional trustee organization organizations (W-2/1099-MISC) and related below dotted organizations line) 94,593 0. 0. 1b Sub-total 0. Ö. 0. c Total from continuation sheets to Part VII, Section A . . . . . . . . 94,593. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 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 (C) (A) (B) Compensation Description of services Name and business address

JSA 6E1055 2 000 om **990** (2016)

more than \$100,000 in compensation from the organization ▶

Total number of independent contractors (including but not limited to those listed above) who received

			any line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
1a	Federated campaigns 1a		St.	1 1/2 /	1	
b		233,115				· . ·
C				*, , , , , , , , , , , , , , , , , , ,	of Burney	_
d	Related organizations 1d				<i>'</i>	
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants,					
İ	and similar amounts not included above . 1f	42,391	<u>.</u> ]			
1a b c d e f						
h	Total. Add lines 1a-1f		275,506			
		Business Code				
2a	ADVERTISING INCOME	541800	34,750.	,	34,750.	
b	AGREEMENT/CONFERENCE INCOME	541900	121,916.	121,916		
C	MISCELLANEOUS SERVICES INCOME	541900	3,200.		3,200.	
d	MISCELLANEOUS INCOME	541900	4,628.		4,628.	
e	All all and an area		<del> </del>			
g	All other program service revenue Total. Add lines 2a-2f			N 80 Mr 6	***	
3			164,494.		<u> </u>	<u> </u>
	Investment income (including divider and other similar amounts). ATTACHMENT		7 215	1		
4	Income from investment of tax-exempt bond		7,315.	7,315.		
5	Royalties	proceeds .	0.	- <u></u>		
	(ı) Real	(II) Personal			** '** ** {	V-1. W
6a	Gross rents	1				
b	Less rental expenses					
С	Rental income or (loss)					
ď	Net rental income or (loss)	<u></u> <b>&gt;</b>	0.	the southern whatever when		alle. Mil
7a	Gross amount from sales of (i) Secunties	(II) Other			W W W	3 1
	assets other than inventory					
b	Less cost or other basis					1
	and sales expenses					Ž. V.
С	Gain or (loss)					
d	Net gain or (loss)	<b>.</b>	0.		· · · · · · · · · · · · · · · · · · ·	
8a	Gross income from fundraising					₹ ¥
	events (not including \$					
	of contributions reported on line 1c)					
	See Part IV, line 18 a	0.		ř 🤻 2. `%		
b	Less direct expenses	0.			<u> </u>	
C	Net income or (loss) from fundraising events.	<u></u>	0.			
9a	Gross income from gaming activities					
L	See Part IV, line 19	0.				
b c	Less direct expenses	0.		N. A. P.		<i>l</i>
	Net income or (loss) from gaming activities.	<u></u> ▶	0.	Q 3, 2, 2, 59	799	386 300.750
	Gross sales of inventory, less	_				4
	returns and allowances	0.				
b C	Less cost of goods sold	0.	**************************************			لأحيشيك
	Miscellaneous Revenue	Business Code	0.		- 186 As *412	(Д)((1))
1a			<u> </u>	<u> </u>		
b			-			
c						
ď	All other revenue					
	Total. Add lines 11a-11d		0.			1 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

#### 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 (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 100,000 100,000 and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic 0. individuals See Part IV, line 22 . . . . . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . . 51,652. 51,652. 4 Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, 94,593 94,593 trustees, and key employees . . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 35,181 35,181 Other employee benefits . . . . . . . . . . . . . 7,264. 7,264. 11 Fees for services (non-employees) 0 3,948 3,948 b Legal . . . . 7,525 7,525 c Accounting 0. d Lobbying ..... 0 e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees . . . . . . . . 9 Other (If line 11g amount exceeds 10% of line 25, column 21,857 21,857 (A) amount, list line 11g expenses on Schedule () . . . . . . 4,548 4,548 12 Advertising and promotion . . . . . . 18,501. 18,501 Office expenses . . . . . . . . . . . . . . . . . . 0. Information technology..... 0. 2,988 2,988 16 102,908 102,908 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 121,446 121,446 Conferences, conventions, and meetings . . . . 19 0 20 0. Payments to affiliates....... 771. 771 Depreciation, depletion, and amortization 4,090 4,090 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**AWARDS 4,251 4,251 4,277. 4,277. **b**POSTAGE cPRINTING & PUBLICATIONS 22,141 22,141 3,773 3,773 dTELEPHONE 3,256 2,909 347 e All other expenses 192,871 614,970 422,099 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0 JSA

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Part X	Balance Sheet	<del></del>		Page <b>1</b> 1
r art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
<del></del>	Street in Contraction of Contraction of The Contrac	(A)	<u> </u>	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	154,798.	1	87,271
2	Savings and temporary cash investments	289,005.	2	189,084
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			,
	trustees, key employees, and highest compensated employees			
		0.	5	0
6	Complete Part II of Schedule L 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		6	0
t	organizations (see instructions) Complete Part II of Schedule L	0.		0
Assets 8 2	Notes and loans receivable, net	0.	<del></del>	0
-	Inventories for sale or use		•	0
9	Prepaid expenses and deferred charges	0.	9	0
10a	Land, buildings, and equipment cost or			
١.	other basis Complete Part VI of Schedule D 10a 14,977.	1 010		1,040
l b	Less accumulated depreciation	1,812.		
11	Investments - publicly traded securities ATCH 2	311,788.		319,024
12	Investments - other securities See Part IV, line 11		12	0
13	Investments - program-related See Part IV, line 11	•	13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11	7.7 400	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	757,403.		596,419
17	Accounts payable and accrued expenses	4,950.		11,621
18	Grants payable		18	0
19	Deferred revenue		19	0
20	Tax-exempt bond liabilities		20 21	0
21	Escrow or custodial account liability Complete Part IV of Schedule D	V.	21	
<u>ဗ</u> 22	Loans and other payables to current and former officers, directors,			
<u></u>	trustees, key employees, highest compensated employees, and	0		
Liabilities	disqualified persons Complete Part II of Schedule L	0.	22	0
_   23	Secured mortgages and notes payable to unrelated third parties	0.	23 24	0
24	Unsecured notes and loans payable to unrelated third parties.	<u> </u>	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	0.	25	0
26	of Schedule D	4,950.	<del></del> +	11,621
26		4,950.	26	11,021
ဖ္တ	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
27			27	
or Fund Balances	Temporarily restricted net assets		28	
면 29	Permanently restricted net assets		29	
5 -~	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
ב	complete lines 30 through 34.			
<u>چ</u> 30	Capital stock or trust principal, or current funds	752,4̃53.	30	584,798
Net Assets 30 31 32 33	Paid-in or capital surplus, or land, building, or equipment fund	732,433.	31	0
Ø 31 <b>4</b> 32	Retained earnings, endowment, accumulated income, or other funds	0.	31	0
₹ 33		752,453.		584,798
34	Total net assets or fund balances  Total liabilities and net assets/fund balances	757,403.		596,419
	Total liabilities and het assets/fully baidfloss	131,403.	J4	Form <b>990</b> (2016

orm 99	90 (2016)				Pa	ge 12		
Part								
	Check if Schedule O contains a response or note to any line in this Part XI					للل		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				315. 970.		
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	752,4					
5	Net unrealized gains (losses) on investments	5				0.		
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		5	84,	798.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					11		
					Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın					
	Schedule O				-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or					
	reviewed on a separate basis, consolidated basis, or both					}		
	Separate basis Consolidated basis Both consolidated and separate basis			~				
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a	:				
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis					-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		_	_				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c		<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ın					
	Schedule O					^~~ ~~		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			,		
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	<b> </b>				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	l	1		

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047
20**16** 

Open to Public Inspection

Name of the organization Employer identification number AMERICAN OPTOMETRIC STUDENT ASSOCIATION 23-7309941 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a 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 Tax Year 2a b Number of conservation easements on a certified historic structure included in (a) . . . . . C 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" on Form 990, Part IV, line 8 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 1a 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 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 Assets included in Form 990, Part X...

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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) Public exhibition Loan or exchange programs а b Scholarly research Other C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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 b If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c 1d 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Nο b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year 1a Beginning of year balance . . . . Contributions . . . . . . . . . . . . Net investment earnings, gains, and losses....... d Grants or scholarships . . . . . . Other expenditures for facilities and programs . . . . . . . . . . . . . . . . . . Administrative expenses . . . . . g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment Permanent endowment > Temporarily restricted endowment > The percentages on 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 Yes No organization by 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?........ Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (c) Accumulated (d) Book value (a) Cost or other basis (b) Cost or other basis depreciation (other) (investment) 1a Land Buildings ....... 14,977. 13,937 1,040. d Equipment ....... 14,977. Other

Schedule D (Form 990) 2016

1,040.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

Schedule	n	/Form	aanı	2016	
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Schedule D (Form 990) 2016			Page
Part VII Investments - Other Securities.  Complete if the organization answer	red "Yes" on Form 990	<del></del>	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
I) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)		<u>                                     </u>	
(B)		<del>                                     </del>	
(C)		<del> </del>	
(D)	<del>-  </del>	<del> </del>	
(E) (F)	<del></del>	<u> </u>	
(G)	<del></del>	<del> </del>	
(H)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answer	red "Yes" on Form 990	0, Part IV, line 11c. See Form 990	, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)		<u></u>	
(2)			
(3)		<b>_</b>	
(4)	<del></del>	<del> </del>	
(5) (6)	<del>-  </del>	<del> </del>	
(7)		<del> </del>	
(8)		<del> </del>	
(9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Complete if the organization answe (a)	red "Yes" on Form 99 Description	0, Part IV, line 11d. See Form 990	, Part X, line 15.  (b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Column (b) must equal Form 990, Part X, col (	(B) (mo. 15.)		<del> </del>
Other Liabilities. Complete if the organization answe line 25		•	m 990, Part X,
(a) Description of liability	(b) Book val	ue	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(7) (8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2	25) ▶		
Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements to	hat reports the
rganization's liability for uncertain tax positions under FIN		e if the text of the footnote has been pro	
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AMERICAN OPTOMETRIC STUDENT ASSOCIATION

JSA

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part I

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

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

► Attach to Form 990.

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OMB No 1545-0047	2016	
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Open to Public

Employer identification number 23-7309941 General Information on Grants and Assistance AMERICAN OPTOMETRIC STUDENT ASSOCIATION Name of the organization

_	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and
₽	the selection criteria used to award the grants or assistance?
2 L	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
art	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN OPTOMETRIC ASSOCIATION INC 243 N. LINDBERGH BLVD ST. LOUIS. MO 63141	43-0684708		100.000			•	TRAVEL GRANTS FOR ST
(2)							
(3)							
(4)							
(5)							
(9)						] ]   	
(2)							
(8)							1
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	rganizations lis	ted in the line 1 tab	)			1.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table				<b>A</b>	

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

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Schedule I (Form 990) (2016)

AMERICAN OPTOMETRIC STUDENT ASSOCIATION

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV က 4 5 9

Schedule I (Form 990) (2016)

PAGE 23

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection Employer identification number

Name of the organization

23-7309941

AMERICAN OPTOMETRIC STUDENT ASSOCIATION

PART VI, SECTION A, #6

THE ORGANIZATION HAS MEMBERS.

PART VI, SECTION A, #7A

THE ORGANIZATION'S MEMBERS AT EACH SCHOOL ELECT A TRUSTEE AND AN ELECT FOR THAT SCHOOL AND THEY THEN ELECT THE OFFICERS.

PART VI, SECTION A, #7B

ALL RELEVANT DECISIONS MUST BE APPROVED BY THE EXECUTIVE BOARD.

PART VI, SECTION B, #15A

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED ANNUALLY BY THE PRESIDENT UPON MEETING WITH THE EXECUTIVE DIRECTOR AND REVIEWING THE PRIOR YEARS ACCOMPLISHMENTS AND THE ORGANIZATIONS FINANCIAL STATUS.

PART VI, SECTION C, #19

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VI, SECTION B, #11B

THE FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF ITS GOVERNING BODY VIA EMAIL.

PART VI, SECTION B, #12C

THE ORGANIZATION REQUIRES THE TRUSTEES TO SIGN A DOCUMENT AGREEING TO

:				
Schedule O (Form 990 or 990-EZ) 2016				Page 2
Name of the organization	Employer identification number 23-7309941			
AMERICAN OPTOMETRIC STUDENT ASSOCIATION				
DIGGLOGE ANY GOVERNMEN OF THEFTE	THE BUR DOCTORY	ic on their poan	n	
DISCLOSE ANY CONFLICTS OF INTEREST	AT THE BEGINNI	NG OF EACH BOAR	D	
MEETING.				
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT IN	NCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
DIVIDEND INCOME	7,236	. 7,236.		
INTEREST INCOME	79	. 79.		
TOTALS	7,315	7,315.		
		A	TACHMENT 2	
FORM 990, PART X - INVESTMENTS - PU	JBLICLY TRADED	SECURITIES		
			ENDING	COST

DESCRIPTION

INVESTMENTS

TOTALS

BOOK VALUE

319,024.

319,024.

OR FMV

COST