DLN: 93493106017830 Form **990 Return of Organization Exempt From Income Tax** 

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.

2018

OMB No. 1545-0047

reasu	•		► Go to <u>www.irs.gov/Form990</u> for instructions and the la	atest in	formation.		Open to Public Inspection
		nue Service 2019 c	 alendar year, or tax year beginning 06-01-2018 , and ending 05-31	-2019			
		oplicable:	C Name of organization		D Emplo	yer ident	ification number
		change	American Osteopathic Association		36-21	70786	
	me cha tial ret	-	Doing business as		—l ···	., ., .,	
		urn n/terminated	<u>-</u>				
		l return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Teleph	one numbe	er
□ Ар	plicatio	on pending	142 East Ontario Street		(312)	202-811	5
			City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60611				
					<b>G</b> Gross	receipts \$	59,064,028
			<b>F</b> Name and address of principal officer: Kevin M Klauer DO EJD	H(a) I	s this a group	return for	
			142 East Ontario Street		subordinates? Are all subordin	atec	□Yes ☑No
' Tax	. over	npt status:	Chicago, IL 60611		ncluded?	ates	☐ Yes ☐No
. 142	x-exem	ipt status.	✓ 501(c)(3)		f "No," attach	•	•
W	ebsit	e:► ww	w.osteopathic.org	H(C) (	Group exemption	n numbe	r▶
				I Year of	formation: 1897	M State	e of legal domicile: IL
<b>C</b> Forn	n of or	ganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ►		701111440111 2037	- I state	o or regar deriments 12
Pa	art I	Sum	mary				
	<b>1</b> B	Briefly des	cribe the organization's mission or most significant activities:				
			can Osteopathic Association (AOA) is a membership association representin pathic medical students. As the primary certifying body for DOs and the acc				
			s to accentuate the distinctiveness of osteopathic principles and the diversit				
2			l encouraging scientific research, the AOA advocates at the state and federa	l levels	on issues that a	affect DOs	s, osteopathic medical
Governance	<u>s</u>	tudents a	nd patients.				
2	-						
9	-						
đ			s box $\blacktriangleright$ if the organization discontinued its operations or disposed of m				1 21
ACHAINES &			of voting members of the governing body (Part VI, line 1a)			3	+
			of independent voting members of the governing body (Part VI, line 1b)			4	<del></del>
3	l		nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	196
	l		nber of volunteers (estimate if necessary)			6	<u> </u>
			elated business revenue from Part VIII, column (C), line 12		• •	7a	<del></del>
	ь	Net unrel	ated business taxable income from Form 990-T, line 34	<del></del>		7t	<u> </u>
			(D. 1)//// (1.)		Prior Year	. 055	Current Year
<u>چ</u>	l		ions and grants (Part VIII, line 1h)			1,955	786,626
Raven	l		service revenue (Part VIII, line 2g)		43,68		41,615,669
ç			int income (Part VIII, column (A), lines 3, 4, and 7d )		2,20		2,222,653
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,203	3,559	968,363 45,593,311
	_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_			
			nd similar amounts paid (Part IX, column (A), lines 1–3 )		1,566	<del></del>	1,932,633
			paid to or for members (Part IX, column (A), line 4)		21.100	0	20,254,088
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5–10)		21,100	0,126	20,254,088
8	l .		nal fundraising fees (Part IX, column (A), line 11e)			<del>-</del>	0
핓			raising expenses (Part IX, column (D), line 25) ▶0 penses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,83	7 229	22,077,158
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		46,50		44,263,879
	l		less expenses. Subtract line 18 from line 12			9,705	1,329,432
Š	-	Revenue	ress expenses. Substact line 10 from line 12 i. i. i. i. i. i. i.	Begin	nning of Current		End of Year
Net Assets of Fund Balances							
SS B	20	Total ass	ets (Part X, line 16)		72,679	9,540	71,491,438
<u> </u>	21	Total liab	ilities (Part X, line 26)		22,576	5,443	21,029,836
žŒ	22	Net asset	s or fund balances. Subtract line 21 from line 20		50,103	3,097	50,461,602
	rt II		ature Block				
			erjury, I declare that I have examined this return, including accompanying : f, it is true, correct, and complete. Declaration of preparer (other than office			,	•
	nowle		r, it is true, correct, and complete. Declaration of preparer (other than office		sea on an inior	THACIOTI OF	Willen preparer has
		11					
		****** Signati	re of officer		2020-04-15 Date		
Sign Here		ľ.,	AVI DO 510 050				
	-		4 Klauer DO EJD CEO r print name and title				
		17	·	ate		PTIN	
Paid	4				Check L if self-employed	P012476	72
	a pare	r F	irm's name ► RSM US LLP		Firm's EIN ► 4	·2-0714325	5
	On	⊢	irm's address had S Masker Drive Che 200		Diam (2)	1) 624 21-	
<i>-</i> 00	<b>U</b> II	۰٫  ۱	irm's address ► 1 S Wacker Drive Ste 800		Phone no. (312	() 634-340	U
			Chicago, IL 60606				
1-1-1	ha ID	S discuss	this return with the preparer shown above? (see instructions)			<b>√</b>	Yes 🗆 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2018)					Page <b>2</b>						
Pa	rt III Statement	of Program Servi	ce Accomplis	hments								
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹						
1		organization's mission:		•								
The /	AOA's mission is to adv	ance the distinctive p	nilosophy and pr	actice of osteopathic medicin	e.							
2	Did the organization	undertake any signific	ant program ser	vices during the year which v	vere not listed on							
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe the	ese new services on Sc	hedule O.									
3	Did the organization	cease conducting, or r	nake significant	changes in how it conducts, a	any program							
	services?											
	If "Yes," describe the	ese changes on Schedu	ıle O.									
4				nts for each of its three large								
	Section 501(c)(3) an expenses, and reven	ers, the total										
	expenses, and reven	ue, ii aily, for each pro	ografii service re	ported.								
4a	(Code:	) (Expenses \$	15,531,650	including grants of \$	) (Revenue \$	3,627,741 )						
	See Additional Data											
4b	(Code:	) (Expenses \$	5,489,178	including grants of \$	) (Revenue \$	20,482,751 )						
	See Additional Data											
4c	(Code:	) (Expenses \$	5,673,050	including grants of \$	) (Revenue \$	269,571 )						
	See Additional Data											
	See Additional Data	 Table										
4d	Other program service	ces (Describe in Sched	ule O.)									
	(Expenses \$	5,472,218 inc	luding grants of	\$ 1,932,633)	(Revenue \$	17,235,606 )						
4e	Total program serv	/ice expenses ▶	32,166,0	96								
						Form <b>990</b> (2018)						

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 Nο 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, No column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

	990 (2018)  Charlist of Baguired Schodules (continued)			Page
ar	Checklist of Required Schedules (continued)		V	NI -
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	No
•	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	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? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
•	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
:	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		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	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		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	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	Yes	
	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	Yes	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
:1	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	N

**b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

Yes

	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_				<del></del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes " to line 5a or 5b, did the organization file Form 8886-T?			

b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No

	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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No

7d

10a

10b

11a

11b

12b

13b

13c

7b

70

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

No

No

No

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided? .

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

**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 . . . . Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Gross income from members or shareholders . . . . . . .

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

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? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Form	990 (2018)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" re	•	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		NI -
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	No
	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?	10a	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	<u>IL</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
19	Own website Another's website Upon request Other (explain in Schedule O)  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, address, and telephone number of the person who possesses the organization's books and records:  Frank Bedford CPA 142 East Ontario Street Chicago, IL 60611 (312) 202-8115			
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F	orm 99	<b>n</b> (2018)

Form 990 (2	2018)										Page <b>7</b>
Part VII	Compensation of Officers and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees,	, an	d F	lighe	st C	Compensated En	nployees	
<b>1a</b> Completo year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	ition	for th	е са	lendar year ending	with or within the o	rganization's tax
	of the organization's <b>current</b> off ation. Enter -0- in columns (D), (							als	or organizations), re	gardless of amount	
	of the organization's <b>current</b> key										
who receive	organization's five <b>current</b> higher d reportable compensation (Box and any related organizations.										1
of reportable	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rgani	izatio	ons.					
organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	le compensatio	n from t	he or	ʻgani	izati	on and	any	y related organization	ons.	e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	_
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u in off tor/t	t che inles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										

Form	1 990 (2018)														Page <b>8</b>
Pa	(A) Name and Title	(B) Average hours per week (list any hours	Position than o	on (do	(C) lo no loox, u	c) ot che unles	neck mess pers	ore son	Rep comp fro	(D) cortable censation com the ization (V	1	(E) Reportable compensation from related organizations (	,	tinued)  (F) Estima amount of compensions	ated of other sation
		any nours for related organizations below dotted line)	e in	Institutional Trustee	Officer		Highest compensated employee	Former		ization (v		organizations ( 2/1099-MISC		rrom organizat relat organiza	ion and ed
See	Additional Data Table	†		_			<u> </u>								
											$\Box$				
_															
					$\perp$	$\perp$									
			<u> </u>	<u> </u>	$\perp$	$\perp$		<u> </u>							
			ļ		<u> </u>	$\downarrow$			<u> </u>						
			ļ'	<del> </del>	$\downarrow$	$\downarrow$	<del> </del>	<u> </u>	<u> </u>		_				
			-	_	$\vdash$	$\vdash$	_	$\perp$	<del> </del>		$\dashv$				
			-	-	$\vdash$	$\vdash$	┼	+	<del> </del>		-				
1b.	Sub-Total		<u> </u>	<u></u>	Ļ	$\perp$	<u> </u> ▶						$\perp$		
c T	Total from continuation sheets to P	Part VII <b>, Section</b> .					•	_							107.557
d	Total (add lines 1b and 1c)  Total number of individuals (including						ve) who			,410,160 ore than	¢1∩		0		437,557
	of reportable compensation from the										Ψ				
									. ,				_	Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey e •	mple •	oyee,	or hi	ghest co	ompensat	ted e	employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization									ation or i	ndiv •	idual for	5		No
	ection B. Independent Contract			<u> </u>	_	_		_							
1	Complete this table for your five high from the organization. Report compe												mpen	sation 	
 		(A) and business addre	ess					_				(B) ption of services		(C Comper	nsation
	Boston Consulting Group Inc									Consultir	ng			1	,137,000
Chica	ox 75200 ago, IL 60675 ner-Krasselt									Canquitie					574 OF4
	ner-Krasselt ver 975									Consultir	ng				574,954
Milwa	aukee, WI 53259 / Presentation Services							—		Meeting	A/V				454,284
23918	8 Network Place														,
	ago, IL 60673 Pearson Inc									Exam Ac	lmini	stration			376,006
	6 Collection Center Drive ago, IL 60693														
	lin Downs & Young LLC									Consulti	ng				325,000
	New York Avenue Suite 750 nington, DC 20005														
	Total number of independent contractor compensation from the organization ▶		: not lim	ited t	to th	ıose	listed	abo	ve) who	received	mo	re than \$100,00	00 of		
_					_									Form 99	<b>n</b> (2018)

Contribut and Othe	g Noncash contribution in lines 1a - 1f:\$	ons included					
Cor and	h Total. Add lines 1a-	·1f	•	786,626			
			Business				T
Program Service Revenue	2a Membership Fees			900099	2,751 20,482	,751	
eve	<b>b</b> Certifying Boards			900099	4,892 8,334	,892	
Se B	c Post Doctoral Ed Fees			3,62	7,741 3,627	,741	
ervio	d Convention			3,49 900099	4,076 3,494	,076	
S III	e College Accreditation Fe	es		3,00	1,797 3,001	,797	
gral	<b>f</b> All other program se	rvice revenue		2,67	4,412 2,583	,585 90,83	27
Ρ	<b>9Total.</b> Add lines 2a-2		41,6	15,669			
	3 Investment income (in						
	similar amounts) .		▶	1,304,742			1,304,742
	4 Income from investme	·					
	<b>5</b> Royalties	(i) Real	(ii) Personal				
	<b>6a</b> Gross rents	(i) Kedi	(II) Tersonal				
		3,202,299					
	<b>b</b> Less: rental expenses	2,818,448					
	c Rental income or (loss)	383,851					
	<b>d</b> Net rental income or	r (loss)		383,851			383,851
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory	11,570,180					
	<b>b</b> Less: cost or other basis and sales expenses	10,652,269					
	C Gain or (loss) d Net gain or (loss)	917,911		917,911			917,911
enueve	<b>8a</b> Gross income from fu (not including \$ contributions reporte See Part IV, line 18	<b>&gt;</b>				<u> </u>	
r Ŗ	<b>b</b> Less: direct expenses <b>c</b> Net income or (loss)	_	nts				
Other Rev	9a Gross income from g See Part IV, line 19	aming activities.	nts ▶				
	<b>b</b> Less: direct expense:	_					
	<b>c</b> Net income or (loss)	<u> </u>	·s •				
	<b>10a</b> Gross sales of invent returns and allowand						
	<b>b</b> Less: cost of goods s	old b					
	<b>c</b> Net income or (loss)	from sales of invento	ry <u>►</u>				
	Miscellaneous	Revenue	Business Code				
	11a 						
	ь						-
	с						
	d All other revenue .			584,512			584,512
	<b>e Total.</b> Add lines 11a	-11d		584,512			
	12 Total revenue. See	Instructions	· · · •	45,593,311	41,524,842	90,827	3,191,016 Form <b>990</b> (2018)

For	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses				
Sec	tion $501(c)(3)$ and $501(c)(4)$ organizations must complete all $cc$	-	·	lete column (A).	
	Check if Schedule O contains a response or note to any		(B)	(C)	🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,932,633	1,932,633		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,806,321	1,806,321		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,727,178	10,379,015	4,348,163	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,075,154	792,398	282,756	
9	Other employee benefits	2,641,442	1,946,766	694,676	
10	Payroll taxes	3,993	2,943	1,050	
11	Fees for services (non-employees):				
	a Management				
ı	b Legal	331,250		331,250	
•	c Accounting	79,026		79,026	
•	d Lobbying	716,886		716,886	
	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees	182,245		182,245	
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,003,633	3,687,722	1,315,911	
12	Advertising and promotion	341,210	251,475	89,735	
13	Office expenses	1,921,354	1,416,055	505,299	
14	Information technology	1,050,865	774,497	276,368	
15	Royalties				
16	Occupancy	1,290,513	951,120	339,393	
17	Travel	1,777,406	1,309,964	467,442	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	5,641,223	4,157,632	1,483,591	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	903,968	666,232	237,736	
23	Insurance	189,651	139,774	49,877	
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 Printing & Publications	306,798	226,113	80,685	
	<b>b</b> Dues	176,920	130,392	46,528	
	c Contract Services	39,751	29,297	10,454	
	d Subscriptions	36,974	27,250	9,724	
	e All other expenses	2,087,485	1,538,497	548,988	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	44,263,879	32,166,096	12,097,783	0
26	<b>Joint costs.</b> 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).				5 000 (2010)

Cash-non-interest-bearing .

Accounts receivable, net .

Part II of Schedule L . . .

Inventories for sale or use .

Less: accumulated depreciation

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . . .

Other assets. See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

Savings and temporary cash investments . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

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

10a

10b

Pledges and grants receivable, net . . .

Form 990 (2018)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

22

24,418,790

1,484,158

1,165,016

1.753.726

8,974,503

34,830,450

52.897

72,679,540

6,110,174

15.629.159

837.110

22.576.443

48.287.225

1,815,872

50.103.097

72,679,540

29,153,271

20,803,117

1

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10c

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21

22 23

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31

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33

34

Beginning of year

Page **11** 

23,779,292 937,500

1,204,625

1.833.582

8,350,154

35,347,077

39.208

71.491.438

4.959.777

15.285.525

784.534

21.029.836

49.326.212

1,135,390

50,461,602

71,491,438

Form **990** (2018)

End of year

### Liabilities 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 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 26 Total liabilities. Add lines 17 through 25 . Fund Balances Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.} Assets or 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds Net 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3h

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version: **EIN:** 36-2170786

Name: American Osteopathic Association

Form 990 (2018)

Form 990, Part III, Line 4a: Department of Education: The function of the AOA Department of Education is to promote excellence in osteopathic medicine through education. In tax year 2018, the AOA: Division of Educational Resource Services - Monitored and recorded the progress of 7,684 trainees in 965 residency training programs. Division of Postdoctoral Training -Increased size of 22 programs and revised 59 programs for Continuing Approval.-Executed a national education conference for residency program directors and medical educators. -Approved 431 ACC-ME PGY1 46 Federal/Military PGY1 and 162 ACC-ME PGY2/Fellowship Training applications. Division of Training Program Review Services -Continued its charge of reviewing all osteopathic training programs.

Membership Services: The Department of Membership is responsible for developing and executing initiatives that provide significant financial and volunteer resources to support the AOA's mission by retaining and recruiting 42,856 members. Membership projects build awareness of overall AOA programs that ultimately lead to improved quality of patient care, such as the grant partnership between the AOA and the Collaborative for REMS Education (CO\*RE), tracking of physician CME and board certification

requirements, practice management programs for young physicians, leadership development opportunities, clinical practice programs and guides, and information for

Form 990, Part III, Line 4b:

students, interns and residents.

Form 990, Part III, Line 4c: Publications: The AOA publishes 1 peer-reviewed scientific publication: The Journal of the American Osteopathic Association (JAOA). This print and online publication provides continuing medical education (CME) to osteopathic physicians (DO's) and other health care professionals, and it complements the education of osteopathic medical students. Approximately 17,000 primary care DO's receive the print copies and more than 144,000 receive the electronic tables of contents for the JAOA. In addition, the AOA

produces an online news publication. The DO.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code: ) (Expenses \$ 1,932,633 including grants of \$ 1,932,633 ) (Revenue \$ Grants:Grants provided to the organizations and individuals to further studies in the field of osteopathic medicine. 65 entities were provided with grants totaling \$1.671,440 to fund research and advancement for the osteopathic profession.

(Code: ) (Expenses \$ 3,539,585 including grants of \$ ) (Revenue \$ 17,235,606 )

Conventions:Revenues and expenses associated with the annual convention of which main activities include conducting CME and research presentations. Department of Certifying Board Services:In 2018, the AOA was responsible for the development of certification and continuous

process for each of the 18 specialty certifying boards and their subspecialty certifications. The AOA awarded 1,870 new primary certifications, 373

certification processes for over 34,000 osteopathic physician diplomates and for management of the Osteopathic Continuous Certification (OCC)

with gathering and documenting information for AOA on a National and State level and acting as the organization's liaison in Washington, D.C. All

new subspecialty certifications and 60 new certifications of added qualifications (CAQ's).Department of Government Relations:Expenses incurred

expenses of the Washington, D.C. satellite office are included, as well as all expenses required to represent the 151,000 osteopathic physicians

(DO's) and osteopathic medical students in the United States. Elected Officials: Expenses related to the Board of Trustees and the annual, mid-year, and interim meetings to conduct business when the House of Delegates is not in session.

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from related week (list from the compensation

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

	any hours	·						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ernest Gelb DO Trustee	2.00 1.00	Х						6,000	0	0	
Geraldine O'Shea DO Trustee	2.00 1.00	Х						3,300	0	0	
Joseph Giaimo DO Trustee	2.00	Х						4,800	0	0	

0

0

0

0

0

0

0

6,650

4,500

2,550

3,000

3,000

3,400

Geraldine O'Shea DO	2.00	v			3,300	
Trustee	1.00	^			3,300	
Joseph Giaimo DO	2.00					
Trustee	2.00	X			4,800	
William Burke DO	2.00	×			3,250	
Trustee		_ ^			3,230	

2.00

1.00 2.00

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and Independent Contractors

Teresa Hubka DO

Thomas Elv DO

Frank Tursi DO

Craig Magnatta DO

Mark Cantieri DO

Joseph Yasso DO

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

(A) (E) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

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

	any hours	and	a dir	recto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Richard Thacker DO Trustee	2.00	Х						2,850	0	0
Barbara Walker DO Trustee	1.00	Х						3,000	0	0
Ira Monka DO	2.00									

1,050

3,300

1,050

223,471

1,050

0

0

0

0

0

0

Richard Thacker DO		X			2,850	
Trustee		^			2,000	
Barbara Walker DO	2.00					
		X			3,000	
Trustee	1.00					
Ira Monka DO	2.00					
		X			4,350	
Trustee	1.00					
Bruce Wolf DO	2.00					
		X			4,650	

1.00 2.00

1.00 2.00

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2.00

1.00 2.00

. . . . . . . . . . . . . . . . . . .

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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Robert Piccinini DO

Michael Ogle DO

Robert Hostoffer DO

Robert Dolansky DO

Trustee (As of 7/18)

Mark Baker DO

Tuesday		^			3,000	o o	l
Trustee	1.00						
Ira Monka DO	2.00						
ara Fromica Do		Х			4,350	0	
Trustee	1.00				,		
Bruce Wolf DO	2.00						
bruce won bo		Х			4,650	0	
Trustee	1.00				,,		
James Lally DO	2.00						
survice Lawy 5 o		X			750	0	
	l	_ ^	1		/30	U	1

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	any nours	and	a dir	ecto		ustee,	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Sonia Rivera-Martinez DO Trustee (As of 7/18)	2.00	Х						1,050	0	0
Shannon Scott DO Trustee (As of 7/18)	2.00	Х						900	0	0
Sarah Wolff DO Intern/Resident Rep.	2.00	Х						2,800	0	0
Seger Morris DO Physician Prac. Rep.	2.00	Х						2,950	0	0
Alexis Cates Intern/Resident (As of 7/18)	2.00	Х						750	0	0

1,200

1,050

600

1,650

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Seger Morris DO
Physician Prac. Rep.
Alexis Cates
Intern/Resident (As of 7/18)

C Adam Cordian

Natalie Negron

Gregory Harris DO

Robert Juhasz DO

Trustee (Until 7/18)

Michael Murphy DO

Trustee (Until 7/18)

Student Rep. (As of 7/18)

Student Advisor (As of 7/18)

Physician Prac. Rep. (As of 7/18)

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the organizations any hours and a director/trustee) organization from the

(W- 2/1099-

2,150

6,300

4,050

257,647

108,925

187,062

316,413

(W- 2/1099-

0

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0

0

0

0

28,991

59,183

organization and

for related

2.00 ................

37.50

1.00 37.50

1.00 37.50

1.00 37.50

1.00 37.50

39.00

1.00

. . . . . . . . . . . . . . . . . . .

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
John Bodell DO Trustee (Until 7/18)	2.00	Χ						2,550	0	0
Vanessa Halvorsen Student Rep. (Until 7/18)	2.00							2,000	0	0
Caleb Hentges	2.00	Х						1,750	0	0

Vanessa Halvorsen
Student Rep. (Until 7/18)
Caleb Hentges
Student Rep. (Until 7/18)
Jennie Kwon DO

Physician Prac. Rep. (Until 7/18)

Boyd Buser DO

Past President

John BecherDO

William Mayo DO

Ronald Burns DO

President-Elect

Sally Szumlas

Josh Prober

Legal Counsel

COO (Until 7/18)

President

Past President (Until 7/18)

.......

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee)

organization

209,305

183,344

207,563

228,046

220,784

198,461

organizations

0

0

0

0

0

0

692

17,834

8,949

35,423

15,574

16,226

from the

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

and Independent Contractors

VP - Cert. Board Services

VP - Human Resources

VP - Aff. Affairs/Interim COO

Julius Rhodes

Kristin Belleson

David Pugach

Brian Kim

VP - Accredition

Stephen Trent DO

Director, Div. of Training

SVP - Gov. Relations

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Adrienne White-Faines MPA	38.00			х				518,755	0	45,954
	2.00									
Frank W Bedford CPA CFO/Controller	39.00 1.00			x				282,998	0	46,973
James Swartwout Department SVP	37.50				Х			299,889	0	52,655
Charles Simpson	37.50				Х			285,400	0	49,990

Χ

Х

Х

Χ

Х

CFO/Controller	1.00					
James Swartwout	37.50		>		200 000	
Department SVP			X		299,889	
Charles Simpson	37.50		×		285,400	
ССО			^		203,400	
Daniel Williams	37.50					

37.50

37.50

37.50

37.50

37.50

. . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . .

...............

any hours

and Independent Contractors (A) Name and Title

Kenya McRae

Department VP

Charles Templin

Former Department SVP (Until 5/31/18)

Phil Atwood

AVP

for related organizations below dotted line)
37.50
37.50

(B)

Average hours per

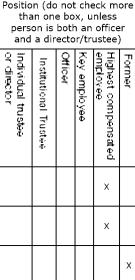
week (list

any hours

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

Institutional

(C)



Former

compensation from the organization (W-2/1099-MISC) 197,333 170,548 219,966

(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

from the organization and related organizations 26,290 20,370

12,453

(F)

Estimated

amount of other

compensation

Individual 7.50 .... 7.50 .... 37.50 . . . . . . . . . . . . . . . . . .

erne c	JKAPI	ire bui	t - DO NO	F PROCESS	As Filed Data -			DLN: 9	3493106017830
CHE	EDUI	LE A		Public (	Charity Statu	s and Pub	olic Supp	ort ⊢	OMB No. 1545-0047
orm 0EZ)	990 oı )	r	Com		rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable	organization or trust.	<b>I</b>	2018
		Treasury		► Go to	www.irs.gov/Form				Open to Public Inspection
me o		ervice organizat athic Associ						Employer identific	<u> </u>
					(41)	<u> </u>		36-2170786	
art orga					<b>us</b> (All organization it is: (For lines 1 thro			see instructions.	
Г			•		sociation of churches	•	. ,	(A)(i).	
_ 	_   A:	school de	scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
Г	_   Al	hospital o	r a cooperativ	ve hospital serv	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
	_		esearch orgar and state:	nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
			tion operated iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
		·	·	-	governmental unit de				
	An se	organiza	tion that norr <b>0(b)(1)(A)</b> (	mally receives : <b>vi).</b> (Complete	a substantial part of it Part II.)	s support from a	governmental u	ınit or from the gener	al public described ir
					170(b)(1)(A)(vi)	(Complete Part I	I.)		
	] An	agricultu n-land gr	iral research of ant college of	organization de agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter	<b>(A)(ix)</b> operated the name, city, a	d in conjunction and state of the	with a land-grant coll college or university:	ege or university or
5	fro inv	m activiti zestment	ies related to income and ι	its exempt fun Inrelated busin	(1) more than 331/39 ctions—subject to ceress taxable income (lemplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	upport from gross
					exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
	_ mo	ore public	ly supported	organizations d	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
	Ty	<b>rpe I.</b> A s ganizatior	upporting org	anization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	_ ma	- anagemer	nt of the supp		ervised or controlled in ation vested in the sare and C.				
					supporting organizatio				ited with, its
	Ty	pe III nonctionally	on-functional integrated. T	ally integrated The organization	ons). You must com d. A supporting organi n generally must satis t IV, Sections A and	ization operated i fy a distribution i	in connection wi	th its supported orgar	
	_ Ch	eck this b	oox if the orga	anization receiv	red a written determing integrated supporting	ation from the II		pe I, Type II, Type II	I functionally
Er		-				-		<u> </u>	
					pported organization(				T
(1		e of supp janization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
						Yes	No		
			T						
tal									1
	erwor	k Reduct	ion Act Noti	ce, see the Ir	nstructions for	Cat. No. 11285	F :	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2017	(B) 2013	(6) 2010	(4) 2017	(0) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grant.") .						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from						
	line 4.						
9	ection B. Total Support						1
	Calendar year						
	(or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	(d)2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
٠	dividends, payments received on	1					
	securities loans, rents, royalties and	1					
	income from similar sources	1					
9	Net income from unrelated business						
-	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through						
	10					<u> </u>	
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax vear as a sec	tion 501(c)(3) or	anization.
	check this box and <b>stop here</b>	_		, ,	,	` ' ' ' '	,
	check this box and stop here	C D					
	ection C. Computation of Public						
	Public support percentage for 2018 (line					14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16a	<b>33 1/3% support test—2018.</b> If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% oı	more, check this	box
	and stop here. The organization qualif						
b	33 1/3% support test—2017. If the						ck this
17a	box and <b>stop here.</b> The organization of <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets t	<b>–2018.</b> If the org	ganization did not -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and <b>stop he</b>	, and line 14 •re. Explain	▶⊔
b	organization	: <b>—2017.</b> If the or	acts-and-circumst	ances" test, check	this box and <b>sto</b>	p here.	▶□

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

Р	Support Schedule (Complete only if yo	u checked the bo	x on line 10 of P	art I or if the or	ganization failed	to qualify unde	r Part II. If
	the organization fails	s to qualify under	the tests listed	below, please co	ompiete Part II.	)	
	ection A. Public Support  Calendar year	T	1		Т	T	
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	885,075	2,824,027	721,482	351,955	786,626	5,569,165
2	the contract of the contract o	43,401,306	44,056,948	44,706,031	43,687,810	41,615,669	217,467,764
	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	44,286,381	46,880,975	45,427,513	44,039,765	42,402,295	223,036,929
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3						0
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	2					0
С	Add lines 7a and 7b						0
8	<b>Public support.</b> (Subtract line 7c from line 6.)						223,036,929
Se	ection B. Total Support	_					
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		44,286,381	46,880,975	45,427,513	44,039,765	42,402,295	223,036,929
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,358,295	3,852,020	4,050,378	4,277,914	4,507,041	20,045,648
b							
c		3,358,295	3,852,020	4,050,378	4,277,914	4,507,041	20,045,648
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12		332,776	980,421	374,977	313,479	584,512	2,586,165
13	Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is	47,977,452	51,713,416	49,852,868	48,631,158	47,493,848	245,668,742
14	•	-			,	. , . ,	_
	check this box and stop here			<u> </u>		<del> </del>	· · · <b>P</b> 🗆
	ection C. Computation of Publ Public support percentage for 2018			column (f))		145	20 700 8/
15	Public support percentage for 2010		-			15	90.790 %
16	** * *					16	91.650 %
	ection D. Computation of Inve Investment income percentage for			line 13 column (f	:))	17	0.100.00
17	Investment income percentage for					<del></del>	8.160 %
18	331/3% support tests—2018. If t					18   33 1/3% and line	7.360 %
	more than 33 1/3%, check this box a 33 1/3% support tests—2017. If	nd <b>stop here.</b> The o	organization qualif	ies as a publicly su	upported organizat	ion	▶ ☑
	not more than 33 1/3%, check this	box and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	▶□
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see	instructions	. ▶□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11</b> c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6** 

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . c Excess from 2016. . . . .

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A. Supplemental Information Return Reference Explanation Schedule A. Part III. Line 12. Other Revenue - 2014 Amount: \$ 201.169, 2015 Amount: \$ 838.595, 2016 Amount: \$ 273.071, 20 Explanation of Other Income: 17 Amount: \$ 313,479. 2018 Amount: \$ 584,512. Vendor Rebates - 2014 Amount: \$ 131,607. 201

5 Amount: \$ 141,826. 2016 Amount: \$ 101,906.

# Political Campaign and Lobbying Activities

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

OMB No. 1545-004

DLN: 93493106017830

Open to Public Inspection

10.01
Internal Revenue Service
Department of the Treasury

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of the organization American Osteopathic Association 36-2170786 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2	Political campaign activity expenditures (see instructions)	\$_		
3	Volunteer hours for political campaign activities (see instructions)			
Par	t 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.			

Par	Complete if the organization is exempt under section 501(c), except section 50:	⊥(c)(3)	•
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	<b>&gt;</b>	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities		\$
			•

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ 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 (e) Amount of political

		filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1			
2			
3			
4			
5			
6			

Schedule C (Form 990 or 990-EZ) 2018

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Δ.	Check  if the filing organization belongs to an expenses, and share of excess lobbying		ted group member's name,	address, EIN,
В	Check ▶ ☐ if the filing organization checked box A	and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)	28,655	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	688,231	
C	Total lobbying expenditures (add lines 1a and 1b)		716,886	
d	Other exempt purpose expenditures		43,546,993	
е	Total exempt purpose expenditures (add lines 1c and	i 1d)	44,263,879	
f	Lobbying nontaxable amount. Enter the amount from columns.	the following table in both	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.		
			i I	

Page 2

	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	ine 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0	0	
i	Subtract line 1f from line 1c. If zero or less, er	ter -0	0	
j		r line 1h or line 1i, did the organization file Form 4720 re		☐ Yes ☐ No

	0101 \$17,000,000	Ψ1,000,000.	L		
_	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0		F	250,000	
i	Subtract line 1f from line 1c. If zero or less, enter -0			0	_
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	, -		_	☐ Yes ☐ No
	(Some organizations that made a	veraging Period Under section 501(h section 501(h) election do not have he separate instructions for lines 2a	to co		five

Lobbying Expenditures During 4-Year Averaging Period

1,000,000

697,701

250,000

50,167

**(b)** 2016

1,000,000

707,185

250,000

47,833

(c) 2017

1,000,000

730,739

250,000

(d) 2018

1,000,000

716,886

250,000

28,655 Schedule C (Form 990 or 990-EZ) 2018

(e) Total

4,000,000

6,000,000

2,852,511

1,000,000

1,500,000

(a) 2015

	ich "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	)	(b)	
ctivi	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amour	nt
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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?				
		7-1			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), 0	r sectio	n	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	r sectio	n	
	501(c)(6).			Yes	N
	<b>501(c)(6).</b> Were substantially all (90% or more) dues received nondeductible by members?			Yes	N
L 2	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Yes	N
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	Yes	No
l <u>e</u>	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	3	Yes 2 2 3 3 501(c)	
l 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	3	Yes 2 2 3 3 501(c)	
ar	Were substantially all (90% or more) dues received nondeductible by members?	(5), o	3	Yes 2 2 3 3 501(c)	
art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A	3	Yes 2 2 3 3 501(c)	
art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization make only in-house lobbying and political expenditures answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A	3	Yes 2 2 3 3 501(c)	
art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A,  1 2a 2b 2c	3	Yes 2 2 3 3 501(c)	
l 2 3 Part l 2 a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A	3	Yes 2 2 3 3 501(c)	
1 2 3 Part 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  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	(5), o III-A, land 2a 2b 2c 3	3	Yes 2 2 3 3 501(c)	
1 2 2 3 2 2 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A,  1 2a 2b 2c	3	Yes 2 2 3 3 501(c)	

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

## 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.

OMB No. 1545-0047

DLN: 93493106017830

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** American Osteopathic Association 36-2170786 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 . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . 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 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 ☐ 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, 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 tax year 🟲 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? . . . . . . . . . . . . . □ <sub>Yes</sub> Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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.

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: 

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Mainta	ining Collecti	ons of Art, His	storical T	reas	ures, or	Other	Similar As	sets (d	ontinued,	)
3		g the organization's acquisitio s (check all that apply):	n, accession, and	l other records, c	heck any of	the f	ollowing th	nat are a	significant u	ise of its	collection	1
а		Public exhibition			q 🗆	Loar	n or excha	nge prog	rams			
b		Scholarly research			e 🗌	Oth	er					
С		Preservation for future gene	erations									
4	Provi Part	ide a description of the organi XIII.	ization's collectio	ns and explain ho	ow they furt	her th	ne organiza	ation's ex	empt purpo	se in		
5		ng the year, did the organizat ts to be sold to raise funds rai								☐ <b>Y</b> e	s 🗆	No
Pa	rt IV	Escrow and Custodial Complete if the organiza X, line 21.			1 990, Part	: IV,	line 9, or	reporte	d an amou	ınt on F	orm 990	), Part
1a		e organization an agent, trust ded on Form 990, Part X?								☐ Ye	s 🗆	No
b	If "Y	es," explain the arrangement			Α	mount		_				
c		nning balance		,	-			1c				_
d	_	tions during the year		1d								
е		ibutions during the year						1e				_
f		ng balance						1f				_
		-					_		1.111.2	П.,		
2a		he organization include an an							•	_	s $\square$	No
b		es," explain the arrangement										
Pa	irt V	Endowment Funds. C	· · · · · · · · · · · · · · · · · · ·								(-)[	
1 2	Regina	ning of year balance	(a	)Current year 8,298,343	<b>(b)</b> Prior yea	0,881	(c)Two ye	7,478,388	(d)Three yea	730,431	(e)Four ye	7,711,001
	_	butions		83,397	-	1,699		147,706		213,145		135,430
		vestment earnings, gains, and	d losses	155,017		1,721		653,636		198,532		311,594
		s or scholarships	liosses	450,000		5,958		358,849		266,656		210,115
				430,000		3,930		330,049		200,030		
е		expenditures for facilities rograms										217,479
f		istrative expenses										
		year balance		8,086,757	8,29	8,343		7,920,881	7,	478,388		7,730,431
2		ide the estimated percentage	of the current va	, ,					<u>'</u>			<del></del>
		de the estimated percentage d designated or quasi-endowr			ine 1g, colu	ımın (e	a)) neid as	• •				
a												
b			0.00									
С		porarily restricted endowment	***************************************									
2-		percentages on lines 2a, 2b, a here endowment funds not in	·		n that are h	ماط عا	nd admini	tored for	- +h-o			
3a		nization by:	tile possession c	or the organization	ii tiiat ale i	ieiu ai	nu aunini	stereu ioi	uie		Yes	No
	(i) u	nrelated organizations								3a	a(i)	No
	(ii)	related organizations								3a	(ii)	No
b	If "Ye	es" on 3a(ii), are the related o	organizations liste	ed as required on	Schedule F	₹? .				3	3b	
4	Desc	ribe in Part XIII the intended	uses of the orga	nization's endown	nent funds.							
Pa	rt VI	Land, Buildings, and						_				
		Complete if the organize	ation answered a) Cost or other bas		1 990, Part other basis (				m 990, Pa		e 10. d) Book va	lue
	Descr	iption of property (4	(investment)	(b) Cost of	outer basis (	other)	(c) Acct	imulated d	ергестаціон	,	u) book va	iue
1a	Land				1,6	25,000						1,625,000
b	Buildir	ngs			19,9	01,556	5		14,962,677			4,938,879
c	Leasel	hold improvements										
d	Equipr	ment										
е	Other				7,6	26,715	5		5,840,440			1,786,275
Tota	al. Add	lines 1a through 1e.(Column	(d) must equal F	orm 990, Part X,	column (B)	), line	10(c).) .	. 1	<b>&gt;</b>			8,350,154
									C . i.		/F	2012

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
) Financial derivatives	· ·		
) Closely-held equity interests	· ·		
)			
cal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>b</b>		
rt VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, line	11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
		·	
)			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Val on Form 000 Part	W line 11d. See Form 000. Part V line	20.15
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		ne 15.
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
cal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
Cal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered "  (a) Description	Yes' on Form 990, Part		
Tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered (a) Description  (a) Description			
Tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered (a) Description	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  art X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  (a) Description of liability			
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  art X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	swered 'Yes' on Form	(E)  990, Part IV, line 11e or 11f.	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  (a) Description  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  (c) Column (b) must equal Form 990, Part X, col.(B) line 15.)  (a) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  (a) Inserting	swered 'Yes' on Form		
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ansoe Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ase Incentive - Tenant Improvements ase Incentive - Deferred Rent mer Liabilities.	swered 'Yes' on Form	(E)  990, Part IV, line 11e or 11f.  (value)	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ansoe Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ase Incentive - Tenant Improvements ase Incentive - Deferred Rent mer Liabilities.	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  asse Incentive - Tenant Improvements asse Incentive - Deferred Rent mer Liabilities	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ansonates See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ase Incentive - Tenant Improvements  ase Incentive - Deferred Rent  ther Liabilities	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (g) Description  (h) Description  (h) Description  (h) Description  (h) Description of liability  (h) Description of liabilities	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Description  (c) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (h) Description  (h) Description  (e) Description  (f) Description  (g) Description  (g) Description  (g) Description  (h) Description	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ansonates See Form 990, Part X, line 25.  (a) Description of liability  (b) Federal income taxes  asse Incentive - Tenant Improvements  asse Incentive - Deferred Rent  ther Liabilities  (c) Must equal Form 990, Part X, col.(B) line 15.)  (a) Description of liability  (b) Federal income taxes  asse Incentive - Deferred Rent  ther Liabilities	swered 'Yes' on Form		
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (g) Description  (h) Description  (g) Description  (h) Description  (g) Description  (h) Description  (g) Description  (h) Description	swered 'Yes' on Form		

Subtract line **2e** from line **1** . . . . . . . . 3 3 45,411,066 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 182,245

4b b Add lines **4a** and **4b** . . . . . . . . 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Total expenses and losses per audited financial statements . . . . . 1 44,081,634 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

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

Donated services and use of facilities . . . 2a 2b Prior year adjustments . . . . .

2c 2d Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

C Subtract line 2e from line 1 . . . . . . . .

d е

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Schedule D (Form 990) 2018

1

2

е

5

Return Reference

See Additional Data Table

3 4

b 

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Add lines **4a** and **4b** . . . . . . . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

Part XIII Supplemental Information

4a

4b

Explanation

182,245

4c 5

Schedule D (Form 990) 2018

2e

3

2e

Page 4

44,440,139

-970,927

182,245

45,593,311

44,081,634

182,245

44.263.879

	Page <b>5</b>
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 36-2170786

Name: American Osteopathic Association

#### **Supplemental Information**

Return Reference

Explanation

Endowments are used to promote the ability to perform research and education in the field of Osteopathic

Part V, Line 4: medicine.

Return Reference	Explanation
Part X, Line 2:	The Association is exempt from income taxes under Section 501(c)(3) of the Internal Revenu e Code and applicable state law. However, the Association files income tax returns which r eport income from certain activities not directly related to the Association's tax-exempt purpose, such as advertising income, which are subject to taxation as unrelated business i ncome. During the years ended May 31, 2019 and 2018, the Association did not pay any taxes resulting from unrelated business income. The accounting standard on accounting for uncer tainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Association may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Association, and various positions related to the potential sources of unrelated business taxable income. As of May 31, 2019 and 2018, there were no unrecognized tax positions identified or recorded as liabilities. The Association files Forms 990 and 990-T and certain other forms in the U.S. federal jurisdiction and the State of Illinois.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Create and Other Assistance to Organizations

(Form 990)

Department of the

Treasury

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

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018
Open to Public

DLN: 93493106017830

Inspection

Internal Revenue Service	
Name of the organization American Osteopathic Association	Employer identification number
	36-2170786
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.	¥ fes ∟ No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	n 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g)	Description of (h) Purpose of grant
	cash assistance or assistance
(1) See Additional Data	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) 2018

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

Specific proposed budgets must be submitted before a grant is issued. Along with the proposed budget, grant requests must be accompanied by mid-term and full-term financial statements. Any changes to agreed upon budgets must be made via formal written request and approved by the Council on Research. All un-used funds are

Page 2

Schedule I (Form 990) 2018

Explanation

returned upon completion of grant projects.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2018

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference Part I, Line 2:

### **Additional Data**

UNT Health Science Center

3500 Camp Bowie Blvd

Forth Worth, TX 76107

1111 W 17th Street

Tulsa, OK 74107

OSU

Software ID: Software Version:

75-6064033

73-6017987

## **EIN:** 36-2170786 Name: American Osteopathic Association

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiz	ations and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IPC section	(d) Amount of each	(a) Amount of non-	(f) Mothod of valuation	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

(a) Name and address of	(D) EIN	(c) INC Section	(u) Amount of cash	(e) Amount of non-	(1) Method of Valuatio
organization		if applicable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

501(c)(3)

501(c)(3)

ethod o	f valuation
k, FMV,	appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

To fund research for the

osteopathic profession.

To fund research for the

osteopathic profession.

advancement of the

advancement of the

or assistance

150,000

150,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Liberty University Inc 1971 University Blvd Lynchburg, VA 24515	54-0946734	501(c)(3)	145,838		To fund research for the advancement of the osteopathic profession.
Educand Via Vinninia Callana of	E4 20E2107	F01(-)(2)	120,000		T- 6 d

Edward Via Virginia College of 54-205210/ 501(c)(3)| 129.9991 l to fund research for the Osteopathic Medicine ladvancement of the 2265 Kraft Drive osteopathic profession.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Blacksburg, VA 24060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47 0004000 B1 / A 435 000 earch for the

osteopathic profession.

3501 Arrowhead Drive Las Cruces, NM 88001	47-0981990	N/A	125,000		advancement of the osteopathic profession.
American Osteopathics	36-6056120	501(c)(3)	25.000		To fund research for the

(-/(-/ Foundation ladvancement of the

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

142 E Ontario St

Chicago, IL 60611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government To fund research for the

To provide scholarships.

Nationwide Childrens Hospital 31-6056230 501(c)(3) 20,000 To fund research for the advancement of the Columbus, OH 53205

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Presidential Memorial

C/O AOF 142 E Ontario St Chicago, IL 60611 36-6056120

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government AACOM 23-7190271 501(c)(3) 10.000 To provide sponsorship 5550 Friendship Blvd Ste 310 for the Educating

Leaders 2019 Annual Conference.

Chevy Chase, MD 20815

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19310	6017	830	
Sch	nedule J	С	ompensat	ion Information	00	1B No.	1545-0	0047	
(Forr	m 990)		Compensa ganization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV	hest , line 23.	2018			
•	tment of the Treasury	► Go to <u>www.irs.g</u>		n to Form 990. instructions and the latest inform	mation.		to Pul		
	al Revenue Service ne of the organiz	 ation			Employer identificat		ectio		
	erican Osteopathic A				36-2170786				
Pa	rt I Questi	ons Regarding Compens	ation		30-2170780				
	(						Yes	No	
<b>1</b> a				f the following to or for a person liste ly relevant information regarding the				_	
		s or charter travel		Housing allowance or residence for	personal use				
		companions	님	Payments for business use of perso					
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all	. 1.2	2	Yes		
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked in line	elar				
3	organization's C	EO/Executive Director. Check a	ill that apply. Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
		ed organización to establish con	ipensation of the	CLO, Executive Director, but explain	mi i dic III.				
		ation committee		Written employment contract					
		ent compensation consultant	<b>✓</b>	Compensation survey or study	Lt				
	<b>▼</b> 1 Form 990	of other organizations	•	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a	Yes		
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b		No	
C				nsation arrangement? Dicable amounts for each item in Par		4c		No	
_		), 501(c)(4), and 501(c)(29		-					
5	compensation c	ontingent on the revenues of:		the organization pay or accrue any					
a		n?				5a		No	
b		anization?				5b		No	
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6a		No	
b	, -					6b		No	
	· ·	6a or 6b, describe in Part III.							
7	For persons liste payments not d	ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye	on A, line 1a, did es," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes		
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		No	
9				presumption procedure described in		9			
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	990)	2018	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

 ]	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(B)(i)-(D)	column (B)
	1	<u></u>				reported as deferred on prior Form 990
_						1
+						
+						
+						
+						
+						
+						
+						
$\perp$						1
$\perp$						
						1

Page 3					
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				
·	1) First-class or charter travel AOA paid or reimbursed the cost of first class airfare for the following positions and their spouses: President, President Elect, Immediate Past President and Executive Director. These amounts are treated as non-taxable for the officers and taxable for spouses. 2) Travel for companions AOA paid or reimbursed spousal travel expenses for the following positions: President, President Elect, Immediate Past President and Executive Director. Additionally,				

treated as taxable.

AOA paid or reimbursed spousal travel for other Trustees only when they traveled to meetings to fulfill an obligation of the AOA President. These amounts are

Return Reference	Explanation
Part I, Line 4a	The following individuals received severance payments during the year: Phil Atwood - \$106,091 Stephen Trent - \$97,628.95

Return Reference	Explanation
Part I, Line 7	Bonuses are made at the Committee on Administrative Personnel's discretion.

I (Form 990) 2018

Software ID: Software Version:

**EIN:** 36-2170786

Name: American Osteopathic Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	е J,	Part II - Officers, D	<u>irectors, Trustees, K</u>	ey Employees, and	Highest Compensate	d Employees	T	
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
Mark Baker DO		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
Mark Baker DO Trustee	(i)	223,471	0	0	0	0	223,471	0
	(ii)	0	0	0	0	0	0	0
William Mayo DO President	(i)	257,647	0	0	0	0	257,647	0
resident	(ii)	0	0	0	0	0	(D) Nontaxable benefits         (E) Total of columns (B)(i)-(D)         (F) Compensation in column (B) reported as deferred on prior Form 990           0         223,471         0           0         0         0           0         257,647         0           0         0         0           21,265         216,053         0           0         0         0           335,969         375,596         0           13,098         564,709         0           26,606         329,971         0           0         0         0           31,529         352,544         0           0         0         0           330,796         335,390         0           0         0         0           12,946         201,178         0           0         0         0           12,946         201,178         0           0         0         0           34,705         263,469         0           0         0         0           0         0         0           0         0         0           0         0         0	
Sally Szumlas COO (Until 7/18)	(i)	180,713	5,000	1,349	7,726	21,265	216,053	0
	(ii)		0	0	0	0	0	0
Josh Prober Legal Counsel	(i)	297,309	18,000	1,104	23,214	35,969	375,596	0
	(ii)	0	0	0	0	0	0	0
Adrienne White-Faines MPA CEO	(i)	483,633	33,058	2,064	32,856	13,098	(B)(i)-(D)   column (B) reported as deferred on prior Form 990    0	
	(ii)		0	0	0	0	0	0
Frank W Bedford CPA CFO/Controller	(i)	268,394	13,500	1,104	20,367	26,606	329,971	0
	(ii)	0	0	0	0	0	0	0
James Swartwout Department SVP	(i)	285,721	11,000	3,168	21,126	31,529	352,544	0
	(ii)	0	0	0	0	0	0	0
Charles Simpson CCO	(i)	273,296	11,000	1,104	19,194	30,796	335,390	0
	(ii)	0	0	0	0	0	0	0
Daniel Williams VP - Cert. Board Services	(i)	202,885	6,000	420	692	0	209,997	0
	(ii)	0	0	0	0	0	0	0
Julius Rhodes VP - Human Resources	(i)	178,688	3,000	1,656	4,888	12,946	201,178	0
	(ii)	0	0	0	0	0	0	0
Kristin Belleson VP - Aff. Affairs/Interim	(i)	200,145	7,000	418	0	8,949	216,512	0
coo	(ii)	0	0	0	0	0	0	0
David Pugach SVP - Gov. Relations	(i)	218,566	9,000	480	718	34,705	263,469	0
	(ii)	0	0	0	0	0	0	0
Brian Kim VP - Accredition	(i)	209,248	10,000	1,536	15,347	227	236,358	0
	(ii)	0	0	0	0	0	0	0
Stephen Trent DO Director, Div. of Training	(i)	99,262	0	99,199	6,534	9,692	214,687	0
birector, biv. or maining	(ii)	0	0	0	0	0	0	0
Kenya McRae Department VP	(i)	188,223	8,500	610	13,981	12,309	223,623	0
o oparament	(ii)	0	0	0	0	0	0	0
Charles Templin AVP	(i)	164,773	5,000	775	10,334	10,036	190,918	0
	(ii)	0	0	0	0	0	0	0
Phil Atwood Former Department SVP	(i)	112,131	0	107,835	7,987	4,466	232,419	0
(Until 5/31/18	(ii)	0	0	0	0	0	0	0

efile GRAPH	IC print - DO NOT PROCESS	D	LN: 93493106017830				
SCHEDUL (Form 990 or EZ)	OMB No. 1545-0047  2018  Open to Public Inspection						
Namel & the of a American Osteopa	36-2170786	lentification number					
Return Reference	Explanation						
Form 990, Part VI, Section B, line 11b	Prior to filing, the Controller and CEO review Form 990 and then provide it to the Finance Committee for review and approval. After approval, the Form 990 is made available to the Board for review prior to filing.						

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Before vendors and capital requests are approved, the requesting officer, director, truste e or key employee must disclose any potential conflict of interest. The current policy enf orcement is based on regular collection of conflict information from key staff, trustees, and officers. Trustees, officers, key staff are all educated as to what AOA's policy is re garding a conflict of interest and are expected to disclose conflict of interest and not p articipate in decisions regarding any entity with which they have a conflict, including de cisions on doing business with an organization or individual where there is a conflict. There is a whistle-blower policy that protects employees who disclose a violation of conflict of interest policy from good-faith reporting of a suspected breach of conflict policy. F ailure to comply with policy is enforced by disciplinary measures, including removal from office and/or termination of employment.

l	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The compensation (salaries, bonuses, benefits) for the Chief Executive Officer (including key employees) are set based upon information provided by an external compensation service , who furnishes information drawn from surveys (including Forms 990) from comparable healt hcare associations and other employers in the relevant geographic markets. A committee of the Board of Trustees - the Committee on Administrative Personnel (COAP) - is provided wit h the information for the Chief Executive Officer's compensation and makes recommendations for final approval by the entire Board of Trustees. Compensation is reviewed each year by vote of the disinterested members of the Committee on Administrative Personnel. Compensation for the President was initially set by the Committee on Administrative Personnel after evaluating data received from the compensation for Board President (and President-elect) of similar national professional organizations where the President fulfills similar respon sibilities in representing the organization. It has been adjusted each year by a cost of I iving adjustment set based on the consumer price index.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The AOA's governing documents (constitution and bylaws and code of ethics) are published o n-line and available at the AOA's website - http://www.osteopathic.org/Pages/default.aspx.  The Association's conflict of interest policy and financial statements are available to t he public upon request for the same period of disclosure as set forth in IRC Section 6104(d).

Return Explanation

Form 990,
Part IX, line
11g

Professional Consulting Fees: Program service expenses 3,687,722. Management and general e xpenses 1,315,911. Fundraising expenses 0. Total expenses 5,003,633.

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Change in cumulative unrealized gain -970,927.

Part XI, line

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047
2018

DLN: 93493106017830

Open to Public Inspection

**Employer identification number** 

Internal Revenue Service

Name of the organization

American Osteopathic Association

Department of the Treasury

(Form 990)

P do to <u>www.ns.gov/10/ms50</u> for instructions and the latest inform

							36-2	170786						
Part I Identification of Disregarded Entities Complete if	the organiz	zation answer	ed "Yes	on Form	990, Part	IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		tivity Legal domici or foreign c		(d) Total ind	come	(e) End-of-year asse		ssets (f) Direct contents entit				
Part II Identification of Related Tax-Exempt Organization	ne Complet	to if the organ	nization :	answorod 1	'Vos" on E	orm 990	Dart IV	/ line 34 h	2631160	it had one or	moro			
related tax-exempt organizations during the tax year.	n <b>s</b> Complet	le ii the organ	IIZation i	answered	res on r	omi 990,	, Part IV	7, IIIIe 34 De	ecause	it flad offe of	more			
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity		activity Legal dor		(c) Legal domicile (state or foreign country)		) de section	(if section 501(c)(3))		(f) Direct controlling entity		(g) Section 51 (13) contro entity?	
											Yes	No		
(1)American Osteopathic Information Association 142 East Ontario Street  Chicago, IL 60611 36-4340931	To improve the effectiveness through tech	s of DO's		IL 501(c)		501(c)(6)		N/A				No		
(2)AT Still Osteopathic Foundation and Research Institute 142 East Ontario Street	advancement	To support research for the advancement of the osteopathic profession		t of the		IL	501(c)(3)		Line 12a, I		American Osteopathic Association		Yes	
Chicago, IL 60611 36-6056030											+			
											+			
											+			
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t. No. 50135					Sch	edule R (Form	990) 20	018		

Part III Identification of Related Organization one or more related organizations treat	ons Taxable as a P ed as a partnership o	artnership during the ta	Complet x year.	e if the or	ganization	answ	ered "Yes	" on Form	990,	Part I\	/, line 34 b	ecau	se it ha	d
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelate excluded f tax unde sections 5	ated, ted, from er		(g) Share of end-of-year assets	(h) Disproprtionat allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or Pe aging o	<b>(k)</b> ercentage wnership
					514)				Yes	No		Yes No		
						+								
Part IV Identification of Related Organization because it had one or more related org		a corporatio				ır.	tion answ	ered "Yes	on Fo	orm 99 (g)	90, Part IV,		34	(i)
Name, address, and EIN of related organization	Primary activity	Le don	egal nicile or foreign	Dire	ct controlling	Type o		Share of total income		of end- year assets		ntage	(13)	ion 512(b) controlled entity?
			ntry)				,				1		Ye	
											Sahadula D	<b>/</b> -	200)	

Schedule R (Form 990) 2018					Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered	d "Yes" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations listed i	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No
f c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				<b>1</b> i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered	relationships and tra	ansaction thresholds.	ļ. l	'	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount in	volved	
1)American Osteopathic Information Association	R R	1,477,028	FMV			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		<u>_</u>	<del></del>										
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	<b>(k)</b> Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (For	m 990) 2018	Page \$	5						
Part VII	Supplemental Info	pplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).							
Return Reference		Explanation							