

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
A T STILL UNIVERSITY OF HEALTH SCIENCES
% RICHARD K RIEDER
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
800 W JEFFERSON
City or town, state or province, country, and ZIP or foreign postal code
KIRKSVILLE, MO 63501

D Employer identification number
43-0356250
E Telephone number
(660) 626-2076
G Gross receipts \$ 169,296,701

F Name and address of principal officer
CRAIG M PHELPS
800 W JEFFERSON
KIRKSVILLE, MO 63501

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW.ATSU.EDU

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1926

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EDUCATE STUDENTS TO BE HIGHLY COMPETENT HEALTHCARE PROFESSIONALS WITH OSTEOPATHIC PRINCIPLES AND PHILOSOPHY

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (16), 4 Number of independent voting members (15), 5 Total number of individuals employed (2,043), 6 Total number of volunteers (2,814), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows include: 8 Contributions and grants (7,287,930 / 9,062,199), 9 Program service revenue (143,542,402 / 148,585,551), 10 Investment income (6,744,457 / 7,303,184), 11 Other revenue (2,477,657 / 2,456,542), 12 Total revenue (160,052,446 / 167,407,476), 13 Grants and similar amounts paid (1,668,420 / 1,728,778), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (88,502,555 / 93,752,298), 16a Professional fundraising fees (136,812 / 138,122), 16b Total fundraising expenses (2,770,664), 17 Other expenses (50,931,895 / 50,150,425), 18 Total expenses (141,239,682 / 145,769,623), 19 Revenue less expenses (18,812,764 / 21,637,853), 20 Total assets (342,502,007 / 364,820,814), 21 Total liabilities (118,019,152 / 114,720,324), 22 Net assets or fund balances (224,482,855 / 250,100,490).

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-05-15
Preparer: RICHARD K RIEDER VP FINANCE & ADMIN/C
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-05-15
Check if self-employed: PTIN: P00482834
Firm's name: BKD LLP
Firm's EIN:
Firm's address: 1201 Walnut Suite 1700, Kansas City, MO 641062246
Phone no: (816) 221-6300

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 57,539,747	including grants of \$ 1,728,778)	(Revenue \$ 139,825,085)
	See Additional Data				

4b	(Code)	(Expenses \$ 68,275,664	including grants of \$))	(Revenue \$ 8,504,284)
	See Additional Data				

4c	(Code)	(Expenses \$ 684,797	including grants of \$))	(Revenue \$ 269,643)
	See Additional Data				

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$)	(Revenue \$)
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4e	Total program service expenses ▶	126,500,208			
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Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	<input type="checkbox"/>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> <input checked="" type="checkbox"/>	24a	Yes	<input type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	<input type="checkbox"/>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	<input type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30	Yes	<input type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	<input type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		<input type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4,805	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	<input type="checkbox"/>

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	2,043		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>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)?</p>			4a	No
<p>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)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>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?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	Yes
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d	1		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 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</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, FL, IL, KY, MD, MA, MI, MS, NH, NY, OK, OR, PA, SC, WI); 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: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (RICHARD K RIEDER 800 W JEFFERSON KIRKSVILLE, MO 63501 (660) 626-2009).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	4,000			
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,679,305			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,378,894			
	g Noncash contributions included in lines 1a - 1f \$ _____		480,696			
	h Total. Add lines 1a-1f		9,062,199			
Program Service Revenue		Business Code				
	2a Educational Programs	611600	139,732,903	139,732,903		
	b Patient Care	621400	8,504,284	8,504,284		
	c Student Loan Interest	611710	78,721	78,721		
	d Student Housing/Recreational	611710	269,643	269,643		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		148,585,551				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,641,319		5,641,319	
	4 Income from investment of tax-exempt bond proceeds		68,699		68,699	
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
			1,795,568			
		b Less rental expenses				
	c Rental income or (loss)		1,795,568	0		
	d Net rental income or (loss)		1,795,568		1,795,568	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			3,477,116			
		b Less cost or other basis and sales expenses		1,833,108	50,842	
	c Gain or (loss)		1,644,008	-50,842		
	d Net gain or (loss)		1,593,166		1,593,166	
8a Gross income from fundraising events (not including \$ 4,000 of contributions reported on line 1c) See Part IV, line 18	a		1,100			
	b Less direct expenses		5,275			
	c Net income or (loss) from fundraising events		-4,175		-4,175	
9a Gross income from gaming activities See Part IV, line 19	a		0			
	b Less direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		0			
	b Less cost of goods sold		0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a Miscellaneous Income	900099	665,149		665,149		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		665,149				
12 Total revenue. See Instructions		167,407,476	148,585,551	9,759,726		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	23,993	23,993		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,704,785	1,704,785		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,653,421	2,139,604	1,513,817	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	196,315	196,315		
7 Other salaries and wages.	70,736,998	62,963,938	6,447,614	1,325,446
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,002,752	3,395,103	538,278	69,372
9 Other employee benefits.	10,049,348	8,424,206	1,393,178	231,963
10 Payroll taxes.	5,113,464	4,510,850	511,218	91,396
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	177,594	34,991	142,603	
c Accounting.	112,776		112,776	
d Lobbying.	34,500	34,500		
e Professional fundraising services. See Part IV, line 17.	138,122			138,122
f Investment management fees.	859,075		859,075	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,958,359	14,284,289	600,051	74,019
12 Advertising and promotion.	1,300,327	1,020,560	205,403	74,364
13 Office expenses.	7,892,819	6,929,748	727,072	235,998
14 Information technology.	3,194,420	2,212,633	919,428	62,359
15 Royalties.	0			
16 Occupancy.	2,925,485	2,583,160	268,343	73,982
17 Travel.	3,568,500	2,873,953	540,365	154,183
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	4,085,403	3,306,725	680,220	98,458
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	7,409,158	6,455,468	844,519	109,171
23 Insurance.	263,519	201,207	57,815	4,497
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Membership & Dues.	1,205,835	1,091,778	104,228	9,829
b Medical Supplies.	164,565	164,565		
c SUBSCRIPTIONS.	1,669,749	1,630,513	21,731	17,505
d Miscellaneous Expense.	328,341	317,324	11,017	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	145,769,623	126,500,208	16,498,751	2,770,664
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,134	1	3,640
	2 Savings and temporary cash investments	40,852,634	2	56,300,869
	3 Pledges and grants receivable, net	2,245,087	3	1,866,004
	4 Accounts receivable, net	3,237,142	4	3,805,290
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	236,242	8	258,960
	9 Prepaid expenses and deferred charges	3,999,793	9	5,518,239
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 192,977,149		
	b Less accumulated depreciation	10b 79,383,377	115,595,894	10c 113,593,772
	11 Investments—publicly traded securities	154,860,810	11	159,056,020
	12 Investments—other securities See Part IV, line 11	3,223,204	12	7,889,323
	13 Investments—program-related See Part IV, line 11	3,708,971	13	3,267,142
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	14,539,096	15	13,261,555
16 Total assets. Add lines 1 through 15 (must equal line 34)	342,502,007	16	364,820,814	
Liabilities	17 Accounts payable and accrued expenses	13,707,654	17	14,225,499
	18 Grants payable	1,099,805	18	259,586
	19 Deferred revenue	8,819,556	19	7,605,802
	20 Tax-exempt bond liabilities	85,023,969	20	83,168,674
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	9,368,168	23	9,460,763
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	118,019,152	26	114,720,324
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	148,820,108	27	168,114,002
	28 Temporarily restricted net assets	27,121,807	28	30,697,443
	29 Permanently restricted net assets	48,540,940	29	51,289,045
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	224,482,855	33	250,100,490	
34 Total liabilities and net assets/fund balances	342,502,007	34	364,820,814	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	167,407,476
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,769,623
3	Revenue less expenses Subtract line 2 from line 1	3	21,637,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224,482,855
5	Net unrealized gains (losses) on investments	5	3,979,782
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	250,100,490

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T STILL UNIVERSITY OF HEALTH SCIENCES

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

CLINICS - AS PART OF KCOM'S EDUCATION PROGRAM, THE UNIVERSITY OPERATES THE GUTENSOHN OSTEOPATHIC HEALTH AND WELLNESS CLINIC IN KIRKSVILLE, MO
AS A PART OF ASDOH'S EDUCATION PROGRAM, THE UNIVERSITY OPERATES DENTAL CLINICS IN MESA, AZ AS PART OF ASHS'S EDUCATION PROGRAM, THE UNIVERSITY
OPERATES A HEARING AND BALANCE CLINIC IN MESA, AZ AS PART OF MOSDOH'S EDUCATION PROGRAM, THE UNIVERSITY PARTNERS WITH AFFINIA HEALTHCARE IN ST
LOUIS, MO , SHARING IN EXPENSES AS PART OF SOMA'S EDUCATION PROGRAM THE UNIVERSITY OPERATES THE A T STILL UNIVERSITY OSTEOPATHIC MEDICINE
CENTER ARIZONA CLINIC IN MESA, AZ

Form 990, Part III, Line 4c:

AUXILIARY - AS A SERVICE TO EMPLOYEES AND STUDENTS, ATSU OPERATES A CAMPUS RECREATIONAL FACILITY AND 44 STUDENT APARTMENTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN THIELKE TRUSTEE	1 0 0 0	X						0	0	0
BERTHA A THOMAS TRUSTEE/SECRETARY	1 0 0 0	X		X				0	0	0
C LISETTE DOTTAVIO TRUSTEE	1 0 0 0	X						0	0	0
CHESTER W DOUGLASS TRUSTEE	1 0 0 0	X						0	0	0
G SCOTT DREW TRUSTEE	1 0 0 0	X						0	0	0
GARY M WILTZ TRUSTEE/CHAIRPERSON	1 0 0 0	X		X				0	0	0
JAMES CANNON TRUSTEE	1 0 0 0	X						0	0	0
LINETTE SELLS TRUSTEE/VICE CHAIRPERSON	1 0 0 0	X		X				0	0	0
MICHELLE MAYO TRUSTEE	1 0 0 0	X						0	0	0
PAULINA VAZQUEZ MORRIS TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REID W BUTLER TRUSTEE	1 0 0 0	X						0	0	0
ROSIE ALLEN-HERRING TRUSTEE	1 0 0 0	X						0	0	0
STANLEY E GROGG TRUSTEE	1 0 0 0	X						700	0	0
TISHA R KICE-BRIGGS TRUSTEE	1 0 0 0	X						0	0	0
GERALD R DOWNEY TRUSTEE	1 0 0 0	X						0	0	0
HERB KUHN TRUSTEE	1 0 0 0	X						0	0	0
CRAIG PHELPS PRESIDENT	40 0 0 0			X				689,622	0	144,582
RICHARD RIEDER VICE PRESIDENT	40 0 0 0			X				231,715	0	42,725
ANN LEE BURCH DEAN	40 0 0 0				X			166,161	0	37,110
NORMAN GEVITZ SENIOR VICE PRESIDENT	40 0 0 0				X			395,332	0	36,082

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY DANIELSEN FORMER DEAN	40 0 0 0				X			208,840	0	13,799
DONALD ALTMAN DEAN	40 0 0 0				X			237,446	0	22,688
JEFFREY MORGAN DEAN	40 0 0 0				X			323,223	0	26,392
MARGARET WILSON LEMLEY DEAN	40 0 0 0				X			349,349	0	31,006
DWIGHT MCLEOD DEAN	40 0 0 0				X			309,232	0	41,804
ROBERT TROMBLY DEAN	40 0 0 0				X			299,195	0	45,418
KENT CAMPBELL ASSOCIATE DEAN	40 0 0 0					X		261,903	0	44,084
RICHARD LABAERE II ASSOCIATE DEAN	40 0 0 0					X		272,720	0	44,454
OT WENDEL SENIOR VICE PRESIDENT	40 0 0 0					X		279,686	0	48,880
GARY BRUNING DIRECTOR, FAMILY MEDICINE	40 0 0 0					X		266,751	0	43,355

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE BOYLE ASSOC VICE PRESIDENT	40 0 0 0					X		260,506	0	41,391

SCHEDULE A
(Form 990 or
990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number

43-0356250

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) 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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	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		
c	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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	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 supervised by or in connection with its supported organizations.		
	4b		
c	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		
5a	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 amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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 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).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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		
b	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		
c	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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	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		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
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>		
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 the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater 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.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T STILL UNIVERSITY OF HEALTH SCIENCES

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
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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

Name of the organization A T STILL UNIVERSITY OF HEALTH SCIENCES	Employer identification number 43-0356250
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		868
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,106
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		34,500
j Total. Add lines 1c through 1i			38,474
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1D	LETTERS TO LEGISLATORS
SCHEDULE C, PART II-B, LINE 1G	ONE MEETING PER YEAR WITH EACH ELECTED OFFICIAL REPRESENTING ATSU OTHER MEETINGS AS NEEDED
SCHEDULE C, PART II-B, LINE 1I	The University paid \$34,500 during the year to lobbyist firms for various legislative activities relating to the University's tax-exempt purpose

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number
43-0356250

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

Held at the End of the Year	
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 50,891

(ii) Assets included in Form 990, Part X ▶ \$ 246,700

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,316,809	98,383,267	88,685,032	92,252,673	89,995,266
b Contributions	2,783,874	570,627	3,163,587	1,097,291	2,378,244
c Net investment earnings, gains, and losses	5,940,212	6,180,171	9,067,884	-1,750,330	1,605,377
d Grants or scholarships	530,032	1,469,152	639,146	714,600	130,494
e Other expenditures for facilities and programs	1,532,534	803,973	1,420,687	1,758,409	1,069,297
f Administrative expenses	546,762	544,131	473,403	441,593	526,423
g End of year balance	108,431,567	102,316,809	98,383,267	88,685,032	92,252,673

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 30 060 %
 - b** Permanent endowment ▶ 45 450 %
 - c** Temporarily restricted endowment ▶ 24 490 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| | Yes | No |
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,924,406	8,399,311		10,323,717
b Buildings		122,093,069	42,338,799	79,754,270
c Leasehold improvements		49,173	49,173	0
d Equipment		53,279,321	33,335,213	19,944,108
e Other		7,231,869	3,660,192	3,571,677
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				113,593,772

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	175,052,423
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	3,979,784
b	Donated services and use of facilities	2b	4,518,963
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	5,275
e	Add lines 2a through 2d	2e	8,504,022
3	Subtract line 2e from line 1	3	166,548,401
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	859,075
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	859,075
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	167,407,476

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.

1	Total expenses and losses per audited financial statements	1	149,434,786
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,518,963
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	5,275
e	Add lines 2a through 2d	2e	4,524,238
3	Subtract line 2e from line 1	3	144,910,548
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	859,075
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	859,075
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	145,769,623

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T STILL UNIVERSITY OF HEALTH SCIENCES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE COLLECTIONS OF THE MUSEUM OF OSTEOPATHIC MEDICINE INCLUDE MORE THAN 100,000 OBJECTS, PHOTOGRAPHS, DOCUMENTS, AND BOOKS DATING FROM THE EARLY 1800S TO THE PRESENT (BULK 1870-1940) THE CORE OF THE COLLECTION CONSISTS OF ARTIFACTS FROM A T STILL'S PROFESSIONAL AND PRIVATE LIFE, MOST OF THEM DONATED BY DR STILL'S DAUGHTER, BLANCHE LAUGHLIN, AND MEMBERS OF HER FAMILY SINCE THE FOUNDING OF THE MUSEUM, OTHER FAMILY MEMBERS, DOCTORS OF OSTEOPATHIC MEDICINE AND MUSEUM SUPPORTERS HAVE DONATED MANY ADDITIONAL ARTIFACTS THAT REFLECT THE ONGOING HISTORY OF THE OSTEOPATHIC PROFESSION THE RESEARCH COLLECTIONS OF THE INTERNATIONAL CENTER FOR OSTEOPATHIC HISTORY ALSO INCLUDE MANY FORMER HOLDINGS OF THE ATSU-KCOM LIBRARY'S SPECIAL COLLECTIONS, FOR WHICH THE MUSEUM ASSUMED RESPONSIBILITY IN 1997 AS A PUBLIC TRUST THE MATERIAL IS AVAILABLE FREE OF CHARGE FOR VIEWING AND RESEARCH BY THE LOCAL, NATIONAL AND INTERNATIONAL POPULATION ITS PROGRAMS AND TOURS USED BY THE LOCAL SCHOOLS AND THE PUBLIC ARE PROVIDED FREE AS AN EDUCATIONAL SERVICE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE UNIVERSITY'S ENDOWMENTS ARE INTENDED TO PROVIDE SUSTAINABLE AND RELIABLE FUNDING FOR STUDENT SCHOLARSHIPS AND SUPPORT OF THE UNIVERSITY'S OPERATING BUDGET QUASI-ENDOWMENTS HAVE BEEN ESTABLISHED BY BOTH THE UNIVERSITY'S BOARD OF TRUSTEES AND ADMINISTRATION EARNINGS FROM THE QUASI-ENDOWMENTS ARE USED FOR SUPPORT OF THE OPERATING BUDGET AND RESEARCH PURPOSES THE CORPUS OF THE BOARD QUASI-ENDOWMENTS MAY BE EXPENDED AS APPROVED BY THE BOARD OF TRUSTEES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI & PART XII, LINE 2D	SPECIAL EVENT EXPENSES \$ 5,275

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990EZ for the latest instructions.**

Department of the Treasury

Name of the organization

A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number

43-0356250

Part I

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

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	<p>ATSU MAINTAINS NONDISCRIMINATORY POLICIES FOR ALL STUDENTS REGARDLESS OF RACE COLOR, GENDER, SEXUAL ORIENTATION, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, STATUS AS A VETERAN, MARITAL STATUS, OR AGE. THE NONDISCRIMINATORY POLICIES ARE POSTED IN ALL CAMPUS BUILDINGS AND ARE PUBLISHED IN THE FOLLOWING:</p> <ol style="list-style-type: none"> 1 STUDENT HANDBOOK 2 COURSE CATALOGS 3 WEB PAGE 4 UNIVERSITY GENERAL ORDERS 5 ADMISSIONS BROCHURES 6 ADVERTISEMENTS
SCHEDULE E, PART I, LINE 6A	<p>ATSU RECEIVES FINANCIAL SUPPORT FROM THE FEDERAL GOVERNMENT IN A VARIETY OF WAYS, INCLUDING FINANCIAL AID TO STUDENTS IN REVOLVING LOAN FUNDS, SUCH AS PERKINS AND HPSL, AND GRANT SUPPORT FOR TEACHING AND RESEARCH PROJECTS. INFORMATION WITH REGARD TO THESE PROGRAMS IS REPORTED TO THE FUNDING AGENCY AS REQUESTED AND IS COVERED UNDER THE SCOPE OF THE SINGLE AUDIT.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number
43-0356250

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					203,787
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					203,787

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING FOR THE EXPENDITURES

Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T STILL UNIVERSITY OF HEALTH SCIENCES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	EDUCATION	19,292
Europe (Including Iceland and Greenland)			Program Services	EDUCATION	65,942

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	EDUCATION	98,427
South America			Program Services	EDUCATION	4,201

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	EDUCATION	8,487
Middle East and North Africa			Program Services	EDUCATION	3,237

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	EDUCATION	4,201

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number
43-0356250

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO NOEL LEVITZ	TELE-FUNDRA		No	99,117	63,122	37,305
WILKENSON GROUP LLC	CONSULTING		No	15,000	75,000	
Total				114,117	138,122	37,305

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the
Treasury
Internal Revenue Service

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number

43-0356250

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN STUDENT DENTAL ASSOCIATION 5835 EAST STILL CIRCLE MESA, AZ 85206	35-2307720	501(C)(6)	6,250				SUPPORT
(2) MISSOURI COALITION FOR PRIMARY HEALTH CARE INC 3325 EMERALD LANE JEFFERSON CITY, MO 65109	43-1419937	501(C)(3)	10,000				SUPPORT

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS & FELLOWSHIPS	340		1,681,251		
(2) ASSISTANCE TO INDIVIDUALS	18		23,534		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	ORGANIZATIONS THAT RECEIVE GRANTS ARE PARTNER ORGANIZATIONS THE UNIVERSITY'S STUDENTS GAIN PRACTICAL EXPERIENCE WHILE ASSISTING AT THESE ORGANIZATIONS BECAUSE OF THIS CLOSE RELATIONSHIP, THE UNIVERSITY IS ABLE TO MONITOR THE USE OF THE FUNDS THE UNIVERSITY APPLIES SCHOLARSHIPS DIRECTLY TO STUDENTS' TUITION ACCOUNTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number
43-0356250

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	THE UNIVERSITY PROVIDES A HOUSING ALLOWANCE FOR THE UNIVERSITY PRESIDENT FOR A HOUSE IN ARIZONA AND ALSO MAINTAINS A HOUSE FOR THE PRESIDENT IN KIRKSVILLE. THESE ARE BOTH REPORTED AS TAXABLE INCOME IN HIS W-2. THE UNIVERSITY PROVIDED TRAVEL EXPENSES FOR THE PRESIDENT'S SPOUSE TO MANY EVENTS THROUGHOUT THE YEAR. THESE ITEMS WERE TREATED AS TAXABLE INCOME IN HIS W-2. THE UNIVERSITY PAID FOR AQUATIC CENTER AND HEALTH CENTER DUES FOR SEVERAL EMPLOYEES, WHICH WERE REPORTED AS TAXABLE INCOME ON THEIR W-2S. THIS BENEFIT IS AVAILABLE TO ALL EMPLOYEES.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	2018 2018 2018 ACCRUAL DISTRIBUTION TOTAL CRAIG M PHELPS \$ 100,000 -0- \$100,000

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	DURING THE TERM OF THE PRESIDENT'S EMPLOYMENT WITH THE INSTITUTION AS PROVIDED IN THE PRESIDENT'S EMPLOYMENT AGREEMENT WITH ATSU DATED JULY 1, 2015, ON OR AROUND AUGUST 1 INSTITUTION WILL REMIT TO CREDIT TO THE DEFERRED COMPENSATION ACCOUNT AN AMOUNT EQUAL TO UP TO 20% OF THE PRESIDENT'S BASE SALARY PER YEAR FOR EACH FULL YEAR OF THE PRESIDENT'S EMPLOYMENT IN AN AMOUNT EQUAL TO THE AMOUNT OF THE PRESIDENT'S BONUS, IF ANY, AS DETERMINED BY INSTITUTION'S BOARD OF TRUSTEES THE PRESIDENT SHALL VEST IN THE DEFERRED COMPENSATION ACCOUNT ON JUNE 30, 2020, PROVIDED HE REMAINS IN CONTINUOUS EMPLOYMENT THROUGH SUCH DATE, OR UPON HIS EARLIER TERMINATION OF EMPLOYMENT DUE TO HIS DEATH OR DISABILITY OR UPON TERMINATION OF THE PRESIDENT'S EMPLOYMENT BY ATSU WITHOUT CAUSE, AS DEFINED IN THE EMPLOYMENT AGREEMENT



Additional Data

Software ID:

Software Version:

EIN: 43-0356250

Name: A T STILL UNIVERSITY OF HEALTH SCIENCES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG PHELPS PRESIDENT	(i)	542,501	100,000	47,121	115,190	29,392	834,204	0
	(ii)	0	0	0	0	0	0	0
RICHARD RIEDER VICE PRESIDENT	(i)	231,136	0	579	13,337	29,388	274,440	0
	(ii)	0	0	0	0	0	0	0
KENT CAMPBELL ASSOCIATE DEAN	(i)	261,420	0	483	14,842	29,242	305,987	0
	(ii)	0	0	0	0	0	0	0
RICHARD LABAERE II ASSOCIATE DEAN	(i)	272,284	0	436	15,190	29,264	317,174	0
	(ii)	0	0	0	0	0	0	0
OT WENDEL SENIOR VICE PRESIDENT	(i)	266,408	13,000	278	15,174	33,706	328,566	0
	(ii)	0	0	0	0	0	0	0
GARY BRUNING DIRECTOR, FAMILY MEDICINE	(i)	266,235	0	516	15,095	28,260	310,106	0
	(ii)	0	0	0	0	0	0	0
ANNE BOYLE ASSOC VICE PRESIDENT	(i)	259,659	0	847	14,577	26,814	301,897	0
	(ii)	0	0	0	0	0	0	0
ANN LEE BURCH DEAN	(i)	165,355	0	806	9,006	28,104	203,271	0
	(ii)	0	0	0	0	0	0	0
NORMAN GEVITZ SENIOR VICE PRESIDENT	(i)	395,114	0	218	15,190	20,892	431,414	0
	(ii)	0	0	0	0	0	0	0
RANDY DANIELSEN FORMER DEAN	(i)	208,388	0	452	11,893	1,906	222,639	0
	(ii)	0	0	0	0	0	0	0
DONALD ALTMAN DEAN	(i)	236,543	0	903	12,784	9,904	260,134	0
	(ii)	0	0	0	0	0	0	0
JEFFREY MORGAN DEAN	(i)	322,417	0	806	15,190	11,202	349,615	0
	(ii)	0	0	0	0	0	0	0
MARGARET WILSON LEMLEY DEAN	(i)	348,866	0	483	15,190	15,816	380,355	0
	(ii)	0	0	0	0	0	0	0
DWIGHT MCLEOD DEAN	(i)	309,039	0	193	15,190	26,614	351,036	0
	(ii)	0	0	0	0	0	0	0
ROBERT TROMBLY DEAN	(i)	298,712	0	483	15,190	30,228	344,613	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number
43-0356250

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040505BH1	01-27-2010	14,377,933	SEE NOTE IN PART VI		X		X		X
B SEE NOTE IN PART VI	43-1178966	60636ACP6	11-15-2011	25,770,587	SEE NOTE IN PART VI		X		X		X
C SEE NOTE IN PART VI	43-1178966	60636ACP6	03-20-2014	26,111,684	SEE NOTE IN PART VI		X		X		X
D SEE NOTE IN PART VI	43-1178966	60636AMV2	12-06-2016	27,564,854	SEE NOTE IN PART VI		X		X		X

Part II Proceeds

		A	B	C	D		
1	Amount of bonds retired	4,775,000	2,955,000	2,570,000	0		
2	Amount of bonds legally defeased	0	0	0	0		
3	Total proceeds of issue	14,377,933	25,898,062	26,205,329	27,576,782		
4	Gross proceeds in reserve funds	1,157,610	1,697,915	1,724,461	0		
5	Capitalized interest from proceeds	0	2,317,947	658,468	0		
6	Proceeds in refunding escrows	0	0	0	0		
7	Issuance costs from proceeds	2,933	339,685	229,578	426,075		
8	Credit enhancement from proceeds	0	0	0	0		
9	Working capital expenditures from proceeds	0	0	0	0		
10	Capital expenditures from proceeds	0	21,566,403	23,617,496	26,681,985		
11	Other spent proceeds	14,375,000	0	0	0		
12	Other unspent proceeds	0	0	0	468,722		
13	Year of substantial completion	2001	2014	2018			
		Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X	
16	Has the final allocation of proceeds been made?	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?				X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?				X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?				X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
PART I, LINE A, COLUMN (F)	REFUND 2000 BONDS (ORIGINALLY ISSUED ON 8/4/2000)

Return Reference	Explanation
PART I, LINE B, C, D, COLUMN (F)	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI

Return Reference	Explanation
PART I, LINE C, COLUMN (F)	ACQUIRE, CONSTRUCT, FURNISH AND EQUIP UNIVERSITY FACILITIES

Return Reference	Explanation
PART I, LINE D, COLUMN (F)	Acquire, improve, renovate, equip and furnish University facilities

Return Reference	Explanation
PART II, COLUMN A, LINE 11	This amount was used to refund the Series 2000 Bonds on the issue date

Return Reference	Explanation
PART II, COLUMN B, LINE 3	Amount is not equal to issue price due to investment earnings earned during the project period

Return Reference	Explanation
PART II, COLUMN C, LINE 3	Amount is not equal to issue price due to investment earnings earned during the project period

Return Reference	Explanation
PART II, COLUMN C, LINE 16	THE PROJECT FINANCED BY THE SERIES 2014 BONDS WAS COMPLETED AND THE FINAL ALLOCATION WILL BE COMPLETED BY THE END OF THE NEXT FISCAL YEAR END

Return Reference	Explanation
PART II, COLUMN D, LINE 3	Amount is not equal to issue price due to investment earnings earned during the project period

Return Reference	Explanation
PART II, COLUMN D, LINE 12	This is the amount of Series 2016A Bond proceeds remaining in the project fund as of the fiscal year end. All of the projects to be financed by the Series 2016 Bonds are not completed.

Return Reference	Explanation
PART II, COLUMN D, LINE 13	All of the projects to be financed by the Series 2016A Bonds are not completed

Return Reference	Explanation
PART II, COLUMN D, LINE 16	All of the projects to be financed by the Series 2016A Bonds are not completed

Return Reference	Explanation
PART III, COLUMN A	The Series 2010 Bonds refinanced projects originally financed prior to January 1, 2003. As a result, no information has been provided for the Series 2010 Bonds.

Return Reference	Explanation
PART III, COLUMN D	Part III has been completed for only the portion of the project that was placed-in-service as of the fiscal year end

Return Reference	Explanation
PART IV, COLUMN A, LINE 2C	Last installment computation completed as of 01/01/2015

Return Reference	Explanation
PART IV, COLUMN B, LINE 2C	Last installment computation completed as of 10/01/2016

Return Reference	Explanation
PART IV, COLUMN C, LINE 6	Bond proceeds were on deposit in the project fund beyond the 3-year temporary period. However, these amounts are not invested above the permitted yield.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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43-0356250

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE SCHEDULE L PART V					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	TRANSACTION 1 (A) CHRISTINE MORGAN (B) CHRISTINE MORGAN IS A SPOUSE OF JEFFREY MORGAN, A KEY EMPLOYEE OF ATSU (C) \$99,490 (D) CHRISTINE MORGAN IS AN EMPLOYEE OF ATSU (E) NO TRANSACTION 2 (A) COLLEEN TROMBLY (B) COLLEEN TROMBLY IS A SPOUSE OF ROBERT TROMBLY, A KEY EMPLOYEE OF ATSU (C) \$60,825 (D) COLLEEN TROMBLY IS AN EMPLOYEE OF ATSU (E) NO TRANSACTION 3 (A) PATRICK LOBERT (B) PATRICK LOBERT IS A SPOUSE OF BERTHA THOMAS, A TRUSTEE OF ATSU (C) \$36,000 (D) PATRICK LOBERT IS A CONSULTANT FOR ATSU (E) NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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Internal Revenue Service

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A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number
43-0356250

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	848	SELLING PRICE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		500	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	53,344	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	50,000	APPRAISAL
19 Food inventory				
20 Drugs and medical supplies	X	3	48,016	COST
21 Taxidermy				
22 Historical artifacts	X	20	43	SELLING PRICE
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS ITEMS)	X	2	5,468	COST
26 Other ▶ (MEDICAL EQUIPMENT)	X	9	322,477	COST
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

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

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS LISTED IN THIS COLUMN ARE A COMBINATION OF NUMBER OF CONTRIBUTIONS AND NUMBER OF ITEMS CONTRIBUTED
SCHEDULE M, PART I, LINE 32B	ATSU USED A FIRM IN SCOTTSDALE, AZ TO BROKER THE SALE OF A COLLECTIBLE COIN

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number

43-0356250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	A T STILL UNIVERSITY OF HEALTH SCIENCES SERVES AS A LEARNING-CENTERED UNIVERSITY DEDICATED TO PREPARING HIGHLY COMPETENT PROFESSIONALS THROUGH INNOVATIVE ACADEMIC PROGRAMS WITH A COMMITMENT TO CONTINUE ITS OSTEOPATHIC HERITAGE AND ITS FOCUS ON WHOLE PERSON HEALTHCARE, SCHOLARSHIP, COMMUNITY HEALTH, INTERPROFESSIONAL EDUCATION, DIVERSITY, AND UNDERSERVED POPULATIONS

990 Schedule O, Optional Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ABOUT A T STILL UNIVERSITY ESTABLISHED IN 1892 BY ANDREW TAYLOR STILL, DO, THE FOUNDER OF OSTEOPATHIC MEDICINE, A T STILL UNIVERSITY (ATSU) BEGAN AS THE NATION'S FIRST COLLEGE OF OSTEOPATHIC MEDICINE AND HAS GROWN INTO A COMPREHENSIVE HEALTH SCIENCES UNIVERSITY WITH S IX SCHOOLS OFFERING 35+ HEALTH PROFESSIONS PROGRAMS ON CAMPUSES IN KIRKSVILLE, MISSOURI, M ESA, ARIZONA, AND ONLINE THE UNIVERSITY'S MISSOURI CAMPUS COLLEGES/SCHOOLS INCLUDE KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE (ATSU-KCOM), COLLEGE OF GRADUATE HEALTH STUDIES (ATSU -CGHS), AND MISSOURI SCHOOL OF DENTISTRY & ORAL HEALTH (ATSU-MOSDOH) THE UNIVERSITY'S ARI ZONA CAMPUS SCHOOLS INCLUDE ARIZONA SCHOOL OF HEALTH SCIENCES (ATSU-ASHS), ARIZONA SCHOOL OF DENTISTRY & ORAL HEALTH (ATSU-ASDOH), AND SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (AT SU-SOMA) STUDENT LEARNING IS AT THE HEART OF ATSU, AND STUDENTS AND FACULTY ARE PART OF A DISTINGUISHED HERITAGE EMPHASIZING WHOLE PERSON HEALTHCARE THIS APPROACH BEGINS WITH A B ELIEF IN THE INTERACTIONS OF THE BODY, MIND, AND SPIRIT AND CONTINUES WITH AN UNDERSTANDIN G OF HOW THESE DIMENSIONS MAY BE TREATED AS ONE EACH PROGRAM INTEGRATES WHOLE PERSON HEAL THCARE INTO ITS CURRICULUM AND EMPHASIZES DEVELOPMENT OF COMPETENCIES IN INTERPROFESSIONAL COLLABORATION, CULTURAL PROFICIENCY, CRITICAL THINKING, SOCIAL RESPONSIBILITY, AND INTERP ERSONAL SKILLS INSPIRED TO INFLUENCE WHOLE PERSON HEALTHCARE, ATSU GRADUATES IMPROVE INDIVIDUAL AND COMMUNITY HEALTH WHILE LEADING WITH A SELFLESS PASSION BEGINNING WITH THE MISSION STATEMENT ITSELF, THE UNIVERSITY PRACTICES TWO-WAY INVOLVEMENT WITHIN ITS COMMUNITIES AT ALL LEVELS OF ATSU, THUS PROVIDING NOT ONLY SERVICE, BUT ALSO TRUE ENGAGEMENT THIS IS EVIDENCED BY LISTENING AND RESPONDING TO COMMUNITY AND PROFESSION NEEDS THROUGH DEVELOPME NT OF PROGRAMS, INVOLVEMENT IN OFF-SITE CLINICS, EMERGENCY RESPONSE TEAMS, ACTIVE MEMBERSHI P AND COLLABORATION WITH VARIOUS COMMUNITY ORGANIZATIONS, AND COMMUNICATING WITH UNIVERSIT Y CONSTITUENTS TO ADVANCE ATSU'S MISSION WHILE RESPONDING TO THE GREATER COMMUNITY NEEDS ATSU PROGRAMS (FALL 2018) ASDOH RESIDENTIAL PROGRAMS DOCTOR OF DENTAL MEDICINE (DMD) MASTE R OF SCIENCE - ORTHODONTICS (MS RESIDENCY) ORTHODONTICS (RESIDENCY CERTIFICATE) ASHS RESID ENTIAL PROGRAMS DOCTOR OF AUDIOLOGY (AUD) DOCTOR OF OCCUPATIONAL THERAPY (OTD) DOCTOR OF P HYSICAL THERAPY (DPT) MASTER OF SCIENCE - ATHLETIC TRAINING (MS) MASTER OF SCIENCE - OCCUP ATIONAL THERAPY (MS) MASTER OF SCIENCE - PHYSICIAN ASSISTANT STUDIES (MS) ONLINE PROGRAMS DOCTOR OF ATHLETIC TRAINING (DAT) DOCTOR OF AUDIOLOGY (AUD POST-PROFESSIONAL) DOCTOR OF PH YSICAL THERAPY (DPT POST-PROFESSIONAL) DOCTOR OF MEDICAL SCIENCE (DMS) (PHYSICIAN ASSISTAN T STUDIES) MASTER OF SCIENCE ADVANCED PHYSICIAN ASSISTANT STUDIES (MS) CERTIFICATE CLINICA L DECISION MAKING IN ATHLETIC TRAINING (POST-GRADUATE) CERTIFICATE REHABILITATION IN ATHLE TIC TRAINING (POST-GRADUATE) CERTIFICATE SPORT NEUROLOGY AND CONCUSSION IN ATHLETIC TRAINI NG (POST-GRADUATE) CERTIFICATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>LEADERSHIP AND EDUCATION IN ATHLETIC TRAINING (POST-GRADUATE) CERTIFICATE ORTHOPAEDICS IN ATHLETIC TRAINING (POST-GRADUATE) NEUROLOGIC (PT RESIDENCY CERTIFICATE NON-DEGREE) ORTHOP EDIC (PT RESIDENCY CERTIFICATE NON-DEGREE) CGHS ONLINE PROGRAMS DOCTOR OF EDUCATION IN HEA LTH PROFESSIONS (EDD) DOCTOR OF HEALTH ADMINISTRATION (DHA) DOCTOR OF HEALTH SCIENCES (DHS C) MASTER OF HEALTH ADMINISTRATION (MHA) MASTER OF PUBLIC HEALTH (MPH) MASTER OF PUBLIC HE ALTHDENTAL EMPHASIS (MPH) MASTER OF SCIENCE KINESIOLOGY (MS) CERTIFICATE GERIATRIC EXERCIS E SCIENCES (KINESIOLOGY) CERTIFICATE SPORTS CONDITIONING (KINESIOLOGY) CERTIFICATE EXERCIS E AND SPORT PSYCHOLOGY (KINESIOLOGY) CERTIFICATE ADAPTIVE SPORTS (KINESIOLOGY) CERTIFICATE CORRECTIVE EXERCISE & ORTHOPEDIC REHABILITATION (KINESIOLOGY) CERTIFICATE GLOBAL HEALTH (DHSC) CERTIFICATE LEADERSHIP AND ORGANIZATIONAL BEHAVIOR (DHSC) CERTIFICATE FUNDAMENTALS O F EDUCATION (DHSC) CERTIFICATE PUBLIC HEALTH DENTAL EMPHASIS (ASDOH) CERTIFICATE PUBLIC HE ALTH DENTAL EMPHASIS (MOSDOH) DENTAL PUBLIC HEALTH (RESIDENCY CERTIFICATE) KCOM RESIDENTIA L PROGRAMS DOCTOR OF OSTEOPATHIC MEDICINE (DO) MASTER OF BIOMEDICAL SCIENCES (MS) SOMA RES IDENTIAL PROGRAM DOCTOR OF OSTEOPATHIC MEDICINE (DO) MOSDOH RESIDENTIAL PROGRAM DOCTOR OF DENTAL MEDICINE (DMD) ATSU QUICK FACTS CAMPUS LOCATIONS KIRKSVILLE, MISSOURI MESA, ARIZONA KIRKSVILLE POPULATION ESTIMATE 17,566 (2018) MESA POPULATION ESTIMATE 508,958 (2018) EN ROLLMENT (FALL 2018) TOTAL - 3,717 KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE (KCOM) - 722 SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA) - 428 ARIZONA SCHOOL OF HEALTH SCIENCES (ASHS) - 976 COLLEGE OF GRADUATE HEALTH STUDIES (CGHS) - 1,112 ARIZONA SCHOOL OF DENTISTRY & ORAL HEALTH (ASDOH) - 312 MISSOURI SCHOOL OF DENTISTRY & ORAL HEALTH (MOSDOH) - 167 DEG REES GRANTED (2018-19) DOCTORAL - 837 MASTER - 340 CERTIFICATE - 121 LIVING ALUMNI (2018-1 9) TOTAL 19,850 ATSU-KCOM - 7,139 ATSU-ASHS - 9,439 ATSU-CGHS- 2,139 ATSU-ASDOH - 798 ATSU -SOMA 793 ATSU-MOSDOH - 83 ATSU-POST-GRADUATE SCHOOL OF OSTEOPATHIC CLINICAL RESEARCH - 8 *PLEASE NOTE SOME ATSU ALUMNI HAVE MORE THAN ONE ATSU DEGREE, THEREFORE THE SCHOOL COUNTS MAY NOT ADD UP TO THE TOTAL EMPLOYEES (SEPTEMBER 2018) FULL-TIME EMPLOYEES - 784 PART-TIM E EMPLOYEES - 1,129</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>2018-19 ATSU & COLLEGES/SCHOOLS POINTS OF PRIDE & ACCOMPLISHMENTS</p>	<p>A T STILL UNIVERSITY (ATSU) - THE HIGHER LEARNING COMMISSION (HLC) CONDUCTED AN ACCREDITATION SITE VISIT ON ATSU KIRKSVILLE, MISSOURI, AND MESA, ARIZONA, CAMPUSES IN NOVEMBER 2018, AND IN JANUARY 2019, HLC NOTIFIED AND AWARDED ATSU FULL ACCREDITATION FOR 10 YEARS, SIGNIFYING THE HIGHEST LEVEL OF ACCREDITATION ACHIEVABLE - ATSU WAS NAMED AN INSIGHT INTO DIVERSITY'S 2018 HEALTH PROFESSIONS HIGHER EDUCATION EXCELLENCE IN DIVERSITY AWARD RECIPIENT (SECOND CONSECUTIVE YEAR) IN RECOGNITION OF ATSU COMMITMENT TO DIVERSITY, INCLUSION, AND CULTURAL PROFICIENCY - ATSU RECEIVED TRUMAN STATE UNIVERSITY'S DISTINGUISHED CORPORATION/FOUNDATION AWARD IN RECOGNITION OF ITS EXEMPLARY SUPPORT AND COLLABORATION WITH TRUMAN AND ITS STUDENTS - RANKING ARIZONA MAGAZINE, THE LARGEST BUSINESS OPINION POLL IN THE STATE, RANKED ATSU NUMBER ONE IN HEALTHCARE EDUCATION IN THE STATE FOR 2019 - ATSU ANNOUNCED PLANS TO ESTABLISH ATSU'S NEW CENTRAL COAST PHYSICIAN ASSISTANT STUDIES PROGRAM IN SANTA MARIA, CALIFORNIA. THE PROGRAM IS BEING DEVELOPED IN PARTNERSHIP WITH COMMUNITY HEALTH CENTERS (CHCS) TO MEET SIGNIFICANT SHORTAGES OF PROVIDERS IN AMERICAS UNDERSERVED RURAL AND URBAN COMMUNITIES - MORE THAN 100 ATSU ADMINISTRATORS, BOARD OF TRUSTEE MEMBERS, FACULTY, STAFF, AND STUDENTS VOLUNTEERED THEIR TIME STAFFING AND WORKING THE 2018 MISSOURI MISSION OF MERCY EVENT IN KIRKSVILLE, MISSOURI, TO PROVIDE MORE THAN \$815,000 IN FREE DENTAL CARE TO 1,200 PATIENTS OVER A TWO-DAY PERIOD - ATSU'S STRATEGIC FOCUS AREAS FOR 2018-19 INCLUDED STUDENT CLINICAL EXPERIENCES, CULTURAL PROFICIENCY, ATSU BRANDING AND MARKETING, AND COMPLETION OF A TWO-YEAR COMPREHENSIVE REVIEW OF ATSU'S PATIENT CARE CENTERS - ATSU FACULTY AND STAFF PUBLISHED 185 PEER REVIEWED ARTICLES IN 2018 - IN FY 2018-19, ATSU SECURED ALMOST \$4.3 million in external grant AWARDS FOR 32 PROJECTS. A T STILL UNIVERSITY-ARIZONA SCHOOL OF DENTISTRY & ORAL HEALTH (ATSU-ASDOH) - ATSU-ASDOH FACULTY AND STUDENTS COMPLETED OVER 95 SERVICE LEARNING EVENTS THAT SERVED 13,359 COMMUNITY MEMBERS, INCLUDING 74 PARTNERING ORGANIZATIONS, AND OCCUPIED 4,167 STUDENT HOURS - GRADUATE PLACEMENT DATA ATSU-ASDOH MAINTAINED A SIGNIFICANTLY HIGHER RATIO OF GRADUATES WHO CHOSE TO WORK IN CHCS AND IHS/MILITARY BASED ON EXIT SURVEYS (ATSU-ASDOH 21% VS NATIONAL 7%), AND CONTINUED TO MAINTAIN A HIGH SUCCESS RATE IN POSTGRADUATE RESIDENCY PROGRAM PLACEMENT - ATSU-ASDOH ANNOUNCED A 100% PASS RATE FOR ALL STUDENTS IN BOTH PART 1 AND PART 2 OF THE WRITTEN NATIONAL BOARDS - CLINICAL LICENSURE EXAMINATIONS ATSU-ASDOH ANNOUNCED A 100% FIRST-TIME PASS RATES FOR STUDENTS WHO TOOK THE WREB EXAMINATION AND 100% FIRST-TIME PASS RATE FOR STUDENTS WHO TOOK THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS EXAMINATION - ATSU-ASDOH'S POSTGRADUATE ORTHODONTIC PROGRAM CELEBRATED THE GRADUATION OF ITS 10TH CLASS OF RESIDENTS IN DECEMBER 2018 - TWENTY-FOUR ATSU-ASDOH ALUMNI SERVED AS FACULTY PRECEPTORS IN CHCS ACROSS THE COUNTRY - ATSU-ASDOH AND ATSU-MOSDOH REPRESENT</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>2018-19 ATSU & COLLEGES/SCHOOLS POINTS OF PRIDE & ACCOMPLISHMENTS</p>	<p>ENTATIVES PARTICIPATED IN DENTSPLY SIRONA STUDENT CLINICIAN RESEARCH COMPETITION IN SUMMER 2019 - ATSU-ASDOH PROVIDED FREE DENTAL SERVICES DURING GRAND CANYON UNIVERSITYS BACK-TO-SCHOOL CLOTHING DRIVE FOR UNDERSERVED YOUTH IN SUMMER 2019 - ATSU-ASDOH AND THE ARIZONA DENTAL FOUNDATION HOSTED THE ANNUAL GIVE KIDS A SMILE EVENT IN FEBRUARY 2019 WHERE APPROXIMATELY 500 UNINSURED AND UNDERINSURED CHILDREN RECEIVED FREE DENTAL CARE VALUED AT APPROXIMATELY \$200,000, A NEW RECORD FOR ATSU-ASDOH - ATSU-ASDOHS DILLENBERG CENTER-PDS INNOVATION CLINIC, A STATE-OF-THE-ART DIGITAL DENTISTRY CENTER, OPENED IN NOVEMBER 2018, CREATING UNIQUE EDUCATIONAL OPPORTUNITIES FOR STUDENTS, WHILE IMPROVING ACCESS TO LOW-COST, HIGH-QUALITY DENTAL CARE FOR COMMUNITY MEMBERS - ATSU-ASDOH, IN PARTNERSHIP WITH MARICOPA COUNTY, PARTICIPATED IN THE RYAN WHITE PROGRAM TO PROVIDE AFFORDABLE DENTAL CARE TO UNDERSERVED PATIENTS WITH HIV OR AIDS AND DOUBLED THE NUMBER OF PATIENTS SERVED THROUGH THE PROGRAM (MORE THAN 120 PATIENTS IN THE LAST YEAR) - ATSU-ASDOH AND MARICOPA COUNTY PROVIDED BASIC ORAL HEALTHCARE SERVICE FOR APPROXIMATELY 200 YOUTH IN DETENTION CENTERS AT TWO SITES, INCLUDING EXAMS, CLEANINGS, AND FLUORIDE VARNISH APPLICATIONS - ATSU-ASDOH STUDENTS WON FIRST PLACE IN THE WESTERN REGIONAL DENTAL EXPERIENCE STUDENT POSTER COMPETITION HELD APRIL 6, 2019 AT STILL UNIVERSITY-ARIZONA SCHOOL OF HEALTH SCIENCES (ATSU-ASHS) - ALL ATSU-ASHS RESIDENTIAL PROGRAMS ARE ACCREDITED TO THE MAXIMUM NUMBER OF YEARS BY THEIR RESPECTIVE PROFESSIONAL ASSOCIATIONS - ATSU-ASHS DEVELOPED AND IMPLEMENTED A NEW FIVE-YEAR STRATEGIC PLAN - IN MAY 2019, ANN LEE BURCH, PT, EDD, MPH, WAS NAMED DEAN - ATSU-ASHS OCCUPATIONAL THERAPY AND PHYSICAL THERAPY CENTER OPENED TO PROVIDE PRO BONO OCCUPATIONAL AND PHYSICAL THERAPY SERVICES WITHIN THE COMMUNITY AND SERVE AS AN ON-CAMPUS INTERPROFESSIONAL CLINICAL TRAINING EXPERIENCE FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY STUDENTS - ATSU-ASHS PHYSICIAN ASSISTANT STUDIES PROGRAM SPONSORED A MED-START EVENT FOR HIGH SCHOOL JUNIOR AND SENIOR STUDENTS LOCALLY WITH INTEREST IN PURSUING CAREERS IN HEALTH SCIENCES, WHICH INCLUDED 50 HIGH SCHOOL STUDENTS ON AED USE, AIRWAY PLACEMENT, AND HEART SOUNDS - ATSU-ASHS AND ATSU-SOMA FACULTY AND STUDENTS JOINED A PEDIATRIC SCREENING PROGRAM TO PROVIDE REGULAR HEALTH, VISION, AND HEARING SCREENINGS AT EMERSON ELEMENTARY SCHOOL IN PARTNERSHIP WITH A LOCAL NONPROFIT, CORBINS LEGACY - ATSU-ASHS PHYSICIAN ASSISTANT STUDIES PROGRAM INCREASED THE NUMBER OF HOMETOWN SCHOLARS WHO SIGNED AND WORKED IN ONE OF ATSU'S CHC PARTNER SITES FROM EIGHT TO 15 STUDENTS - ATSU-ASHS FACULTY RECEIVED SEVERAL GRANTS AND HONORS, INCLUDING ERIC SAUERS, PHD, ATC, FNATA, BEING NAMED PRESIDENT ELECT OF COMMISSION ON ACCREDITATION OF ATHLETIC TRAINING EDUCATION, THE ACCREDITING BODY FOR ALL ACADEMIC PROGRAMS IN ATHLETIC TRAINING, KELLIE HUXEL BLIVEN, PHD, ATC, BEING NAMED EDITOR-IN-CHIEF OF THE JOURNAL OF SPORT REHABILITATION, AND TAMARA V</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
2018-19 ATSU & COLLEGES/SCHOOLS POINTS OF PRIDE & ACCOMPLISHMENTS	ALOVICH MCLEOD, PHD, ATC, FNATA, RECEIVING THE PEDIATRIC RESEARCH IN SPORTS MEDICINE SOCIETY NATIONAL ACHIEVEMENT AWARD FOR ATHLETIC TRAINING - ATSU'S ATHLETIC TRAINING STUDENT ASSOCIATION WON THE NATIONAL ATHLETIC TRAINERS ASSOCIATION RESEARCH AND EDUCATION FOUNDATIONS NATIONAL ATHLETIC TRAINING STUDENT CHALLENGE FOR THE SECOND CONSECUTIVE YEAR - AUDIOLOGY LAUNCHED A REDESIGNED POST-PROFESSIONAL DOCTOR OF AUDIOLOGY PROGRAM TO PROVIDE A FULLY ON LINE CURRICULUM WITH EXPANDED MARKETING TO INCLUDE LICENSED AUDIOLOGISTS LIVING IN CANADA, THE U K , AND SOUTH AFRICA, ALONG WITH OTHER GEOGRAPHIC LOCATIONS AROUND THE WORLD - THE AFA BALANCE & HEARING INSTITUTE SAW APPROXIMATELY 1,500 PATIENTS FOR HEARING AND VESTIBULAR DISORDERS IN 2018-19 AT STILL UNIVERSITY-COLLEGE OF GRADUATE HEALTH STUDIES (ATSU-CGHS) - FOR THE FIFTH YEAR IN A ROW, ATSU-CGHS INCREASED ITS NUMBER OF STUDENTS, AND THE COLLEGE HAS IMPLEMENTED A NEW MARKETING INITIATIVE USING DATA ANALYTICS AND SOCIAL MEDIA PLATFORMS TO REACH TARGET AUDIENCES - ATSU-CGHS DEVELOPED AND IMPLEMENTED NEW CARNEGIE UNIT CALCULATIONS FOR ALL COURSES, WHICH RESULTED IN CONSISTENCY BETWEEN PROGRAMS IN TERMS OF STUDENT ENGAGEMENT - ATSU-CGHS FACULTY PUBLISHED 27 MANUSCRIPTS AND PRESENTED AT 17 CONFERENCES DURING THE 2018-19 ACADEMIC YEAR CONFERENCES DURING THE 2018-19 ACADEMIC YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>A T STILL UNIVERSITY- KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE</p>	<p>(ATSU-KCOM) - ATSUKCOM AND UNIVERSITY ADMISSIONS STAFF HOSTED THE FIRST HEARTLAND PREMED CONFERENCE FOR 160 UNDERGRADUATE STUDENTS REPRESENTING 72 UNDERGRADUATE SCHOOLS ACROSS THE MIDWEST FIFTEEN MEDICAL SCHOOLS OFFERED SESSIONS AND HANDS-ON ACTIVITIES FOR PARTICIPATING STUDENTS - ATSUKCOM WAS AWARDED A GRANT THROUGH NORTHEAST MISSOURI OSTEOPATHIC CHARITABLE TRUST TO DEVELOP A SURGICAL AND CRITICAL CARE TRAINING CENTER FOR OSTEOPATHIC TRAINEES AT THE DRABING HUMAN PATIENT SIMULATION CENTER - ATSUKCOM RECEIVED A THREE-YEAR NIH GRANT FOR \$382,343 PRINCIPAL INVESTIGATOR IS YOHEI NORIMATSU, PHD - ATSUKCOMS STATE-OF-THE-ART DRABING HUMAN PATIENT SIMULATION CENTER LAB HOSTED OVER 10,000 ENCOUNTERS, MANY OF WHICH INCLUDED INTERPROFESSIONAL EDUCATION EXPERIENCES - ATSUKCOM CONTINUED TO MEET OR EXCEED FIRST-TIME PASS RATES ON NATIONAL BOARD EXAMS AND CONTINUES TO EXPERIENCE EXCEPTIONAL GRADUATE MEDICAL EDUCATION (GME) MATCH SUCCESS - ALL RESIDENCY PROGRAMS ASSOCIATED WITH ATSUKCOM AND ATSU GUTENSOHN CLINIC ASSOCIATES OBTAINED STATUS WITHIN THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATIONS (ACGME) ACCREDITATION PROCESS - ATSUKCOM CONTINUED TO ADVANCE ITS INTERNATIONALLY RECOGNIZED INTEGRATED CLINICAL ULTRASOUND PROGRAM AS PART OF ITS CURRICULUM - ATSUKCOM IMPLEMENTED AN UPDATED CONTINUAL IMPROVEMENT PROCESS TO CLOSE THE LOOP ON COURSE EVALUATION AND DATA, MAKING IMPROVEMENT ACTIONS MORE PUBLIC AND INCLUDING ANNUAL FOLLOW-UP - ATSUKCOM CONTINUED TO ATTRACT HIGHLY QUALIFIED APPLICANTS AND MAINTAINED EXCELLENT STUDENT OUTCOMES, AS EVIDENCED BY LOW ATTRITION, HIGH BOARD PASS RATES, AND GME PLACEMENT - ATSUKCOMS LONG, SOLID HISTORY OF SIGNIFICANT SCIENTIFIC RESEARCH IS EVIDENCED BY THE AMOUNT OF SCHOLARLY ACTIVITY GENERATED BY ITS FACULTY AND STUDENTS - ATSUKCOM HAD SIGNIFICANT INVOLVEMENT WITH THE COMMUNITY EVIDENCED BY MANY OUTREACH ACTIVITIES - ATSUKCOM MADE AN IMPACT ON THE PROFESSION NATIONALLY WITH SERVICE AND RECOGNITION OF FACULTY AND ADMINISTRATORS ON NATIONAL BODIES SUCH AS AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE, SOCIETY OF OSTEOPATHIC MEDICAL EDUCATORS, ACGME, NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS/COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION, ASSOCIATION OF OSTEOPATHIC GRADUATE MEDICAL EDUCATORS, ARNOLD P GOLD FOUNDATION, ACADEMY FOR PROFESSIONALISM IN HEALTHCARE, AND STATE ORGANIZATIONS, SUCH AS THE MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS - ATSUKCOM STUDENTS SERVE NATIONALLY ON THE COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION, COUNCIL OF OSTEOPATHIC STUDENT GOVERNMENT PRESIDENTS, AND AMERICAN OSTEOPATHIC ASSOCIATION HOUSE OF DELEGATES AT STILL UNIVERSITY-MISSOURI SCHOOL OF DENTISTRY & ORAL HEALTH (ATSU-MOSDOH) - DWIGHT E MCLEOD, DDS, MS, DEAN AND PROFESSOR OF ATSU-MOSDOH, WAS NAMED THE 2018 MISSOURI DENTAL ASSOCIATION DENTIST OF THE YEAR IN RECOGNITION OF HIS OUTSTANDING LEADERSHIP AND SERVICE TO THE PROFESSION - ATSU-MOSDOH RECEIVED APPROVAL FROM THE C</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>A T STILL UNIVERSITY- KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE</p>	<p>OMMISSION ON DENTAL ACCREDITATION TO INCREASE ITS CLASS SIZE FROM 42 TO 63 STUDENTS EFFECT IVE JULY 2019 WITH ATSU-MOSDOHS CLASS OF 2023 - ATSU-MOSDOHS CLASSES OF 2018 AND 2019 OBT AINED 100% PASS RATE ON THE WESTERN REGIONAL EXAMINING BOARD - ALL ATSU-MOSDOH GRADUATES EARNED A CERTIFICATION IN INVISALIGN AND A CERTIFICATE IN PUBLIC HEALTH, WHILE A FEW EARNE D A MASTERS DEGREE IN PUBLIC HEALTH - IN 2018, ATSU-MOSDOH PROVIDED FREE DENTAL CARE FOR 70 VETERANS AS PART OF A COMMUNITY SERVICE PROJECT KNOWN AS DENTURES FOR VETERANS - OF AT SU-MOSDOHS 42 GRADUATES FROM THE CLASS OF 2019, 16 ARE WORKING IN CHCS, EIGHT IN THE STATE OF MISSOURI - ATSU-MOSDOHS DENTISTRY IN THE COMMUNITY PROGRAMS SERVED MORE THAN 4,300 PE OPLE DURING 2018-19 - IN MAY 2019, ATSU-MODOH PARTNERED WITH THE NORTHEAST MISSOURI HEALT H COUNCILS MOBILE DENTAL TEAM FOR GIVE KIDS A SMILE DAY IN KIRKSVILLE, MISSOURI, WHERE THE Y PROVIDED ORAL HEALTH EDUCATION TO 600 STUDENTS, FLOURIDE VARNISHES TO 428, SCREENINGS TO 149, AND OTHER DENTAL SERVICES TO 12 STUDENTS WHO OTHERWISE WOULD NOT HAVE RECEIVED NECES SARY DENTAL TREATMENT - ATSU-MOSDOH PARTNERED WITH ATSU DIVERSITY & INCLUSION TO HOST PRO GRAMS BRINGING ST LOUIS MARIAN MIDDLE SCHOOL STUDENTS INTO THE CLINIC FOR EXPERIENTIAL LE ARNING OPPORTUNITIES ABOUT ORAL HEALTHCARE - ATSU-MOSDOH ESTABLISHED ITS INNOVATIVE D3 RE SEARCH PROJECT, CULMINATING IN THE SCHOOLS INAUGURAL RESEARCH DAY IN MAY 2019 A T STILL UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) - ATSU-SOMA EXPERIENCED S UCCESFUL IMPLEMENTATION OF SYNCHRONOUS TEACHING AND LEARNING IN NINE DIFFERENT PHYSICAL S PACES (A MEASURE IMPLEMENTED IN AN EFFORT TO MINIMIZE COST AND SPACE INCURSION), SUCCESSFU L OPERATION OF THE NEW STANDARDIZED PATIENT CENTER FOR TEACHING AND LEARNING, TRENDING FIN ANCIAL REPORTS THAT IMPLY THE OSTEOPATHIC MANIPULATIVE MEDICINE CENTER IS APPROACHING PROJ ECTED PRO FORMA GOALS, AND CONTIEUED FACULTY, STAFF, STUDENT, AND PATIENT SATISFACTION RAT ES - ATSU-SOMA REPORTED GRADUATE PLACEMENT WITHIN THE FIELDS OF PRIMARY CARE AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS-NEEDED SPECIALTIES ABOVE THE NATIONAL AVERAGE, EN GAGED NEW PARTNERS TO TEACH ATSU-SOMA STUDENTS IN A CONTEXTUAL LEARNING ENVIRONMENT AND EX PERIENCED OTHER CHCS SEEKING A PARTNERSHIP WITH ATSU-SOMA, AND RECEIVED FEEDBACK FROM PREC EPTORS REGULARLY IDENTIFYING THIRD- AND FOURTH-YEAR STUDENTS AS 'THE BEST MEDICAL STUDENT I HAVE HAD' OFTEN COMPARING SKILL LEVELS TO THAT OF AN INTERN OR RESIDENT - ATSU-SOMAS WR IGH T CENTER NATIONAL FAMILY MEDICINE RESIDENCY WAS AWARDED INITIAL ACCREDITATION BY ACGME - ATSU-SOMAS CHAPTER OF THE STUDENT NATIONAL MEDICAL ASSOCIATION (SNMA) WAS RECOGNIZED AS THE REGION I CHAPTER OF THE YEAR THREE ATSU-SOMA SNMA STUDENTS WERE ELECTED TO REGIONAL LEADERSHIP POSITIONS - ATSU-SOMA RECEIVED THE ARIZONA PUBLIC HEALTH ASSOCIATIONS 2018 HEA LTH EDUCATION MEDIA MAKER YEARLY (HEMMY) AWARD FOR ITS PART IN THE DOCTORS THAT DO WELLNES S POP-UP EXHIBIT - HRSA AWARD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
A T STILL UNIVERSITY-KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE	ED ATSU-SOMA A FIVE-YEAR GRANT FOR ALMOST \$2 MILLION TO DEVELOP AN INNOVATIVE PRIMARY CARE FELLOWCHIP FOR PHYSICIANS & PHYSICIAN ASSISTANTS, STRENGTHENING THE HEALTHCARE WORKFORE I N UNDERSERVED COMMUNITIES PROJECT DIRECTOR IS JOY H LEWIS, DO PHD,FACP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED TO THE FOLLOWING A MAJORITY OF THE BOARD SHALL CONSTITUTE A QUORUM FOR TRANSACTION OF BUSINESS IN THE EVENT A QUORUM IS NOT PRESENT AT ANY MEETING OF THE BOARD, TRUSTEES SO ASSEMBLED MAY TRANSACT BUSINESS PROVIDED, HOWEVER, THAT SUCH BUSINESS SHALL NOT BECOME EFFECTIVE UNTIL SUBMITTED TO AND RATIFIED BY ALL ABSENT TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE UNIVERSITY POLICY, REVISED IN MAY 2012, STIPULATES THAT THE AUDIT TEAM OF THE BOARD OF TRUSTEES SHALL REVIEW AND APPROVE THE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION FOR THE TAX YEAR ENDING JUNE 30, 2019. THIS REVIEW AND APPROVAL TOOK PLACE ON JANUARY 31, 2020. THE MINUTES OF THIS MEETING DOCUMENT THIS REVIEW AND APPROVAL. A COMPLETE COPY OF THE FORM 990, INCLUDING ALL SCHEDULES, WERE PROVIDED TO EACH BOARD OF TRUSTEE MEMBER PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE TIME OF HIRE (OR ELECTION IN THE CASE OF TRUSTEES) AND ANNUALLY THEREAFTER, THE PRESIDENT OR HIS/HER DESIGNEE SHALL PROVIDE TO THE BOARD AND TO ALL EXECUTIVE OFFICERS AND KEY EMPLOYEES A COPY OF THE CONFLICT OF INTEREST POLICY AND THE APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE, WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WITH RESPECT TO WHICH IT IS BELIEVED A CONFLICT MAY ARISE SUCH ANNUAL MONITORING AND REVIEW PROCEDURES SHALL BE PART OF THE CORPORATE COMPLIANCE PLAN AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE AUDIT TEAM CONCERNING ANY INTEREST SO DISCLOSED EACH MEMBER OF THE BOARD OF TRUSTEES AND ALL MANAGEMENT ASSOCIATES SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OR DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL OR BUSINESS, WHICH MAY EXIST IF IT IS DETERMINED THAT THERE IS A CONFLICT OF INTEREST WITH RESPECT TO A BOARD MEMBER, THE CONFLICT SHALL BE REPORTED TO THE FULL BOARD, AND THE AFFECTED BOARD MEMBER MUST ANSWER ANY QUESTIONS PERTAINING TO THE CONFLICT THAT OTHER BOARD MEMBERS MAY HAVE IF A VOTE IS REQUIRED, THE AFFECTED BOARD MEMBER SHALL ABSTAIN FROM VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT'S EVALUATION TEAM MET IN THE SUMMER OF 2015 WITH EXECUTIVE COMPENSATION CONSULTANTS TO DETERMINE APPROPRIATE PRESIDENTIAL COMPENSATION, WHICH INCLUDED A MARKET-BASED ANALYSIS AND COMPENSATION STRUCTURES FOR SIMILAR POSITIONS FROM SIMILARLY SITUATED ORGANIZATIONS, PRIOR TO THE RENEWAL OF THE PRESIDENT'S CONTRACT THIS INFORMATION WAS PRESENTED TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	EVERY THREE YEARS THE UNIVERSITY CONTRACTS WITH THE HAY GROUP TO UPDATE, EVALUATE, AND BENCHMARK THE INSTITUTION'S EMPLOYEE COMPENSATION RANGES WITHIN PAY GRADES KEY EMPLOYEE COMPENSATION IS EVALUATED THROUGH THIS TRIENNIAL PROCESS THE LAST HAY GROUP STUDY WAS COMPLETED DURING FISCAL YEAR 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number

43-0356250

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ATSUHC-U LLC 5850 E STILL CIRCLE MESA, AZ 85206	EDUCATION	AZ	0	0	ATSU

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation