

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**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 \$ 188,942,322

**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?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.ATSU.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1926

**M** State of legal domicile:  
MO

**Part I Summary**

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

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	2,226
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,919
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	9,062,199	7,853,917
<b>9</b> Program service revenue (Part VIII, line 2g)	148,585,551	156,624,972
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,303,184	7,155,892
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,456,542	-971,281
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	167,407,476	170,663,500
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,728,778	1,873,262
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	93,752,298	100,798,010
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	138,122	135,646
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,769,616		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,150,425	49,385,105
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	145,769,623	152,192,023
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	21,637,853	18,471,477
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	364,820,814	382,414,958
<b>21</b> Total liabilities (Part X, line 26)	114,720,324	115,418,170
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	250,100,490	266,996,788

**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: 2021-05-15  
RICHARD K RIEDER VP FINANCE/CFO  
Type or print name and title

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

**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 \$ 117,743,307 including grants of \$ 1,873,262 ) (Revenue \$ 149,341,296 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 13,570,247 including grants of \$ ) (Revenue \$ 7,022,554 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 742,265 including grants of \$ ) (Revenue \$ 261,122 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 132,055,819

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

**Part IV Checklist of Required Schedules (continued)**

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

**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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	4,881	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	



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 (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 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: 8a The governing body? (Yes); 8b 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b 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, 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 [x] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,227,056				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,626,861				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	716,216				
	<b>h Total.</b> Add lines 1a-1f . . . . .			7,853,917			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> Educational Programs	611600	149,271,628	149,271,628			
	<b>b</b> Patient Care	621400	7,022,554	7,022,554			
	<b>c</b> Student Loan Interest	611710	69,668	69,668			
	<b>d</b> Student Housing/Recreational	611710	261,122	261,122			
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		156,624,972					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,316,576			5,316,576	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		59,392			59,392	
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	1,789,762				
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	1,789,762	0			
	<b>d</b> Net rental income or (loss) . . . . .		1,789,762			1,789,762	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	20,058,746	0			
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	18,240,538	38,284			
		<b>c</b> Gain or (loss)	1,818,208	-38,284			
	<b>d</b> Net gain or (loss) . . . . .		1,779,924			1,779,924	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		0				
		<b>b</b> Less: direct expenses . . . . .		0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		0					
	<b>b</b> Less: direct expenses . . . . .		0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		0					
	<b>b</b> Less: cost of goods sold . . . . .		0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code						
<b>11a</b> Miscellaneous Income	900099	938,575			938,575		
<b>b</b> LOSS ON EXTINGUISHMENT OF DEBT	900099	-3,699,618			-3,699,618		
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		-2,761,043					
<b>12 Total revenue.</b> See instructions . . . . .		170,663,500	156,624,972		6,184,611		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	32,150	32,150		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,841,112	1,841,112		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,431,370	2,066,815	1,364,555	
<b>6</b> 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		
<b>7</b> Other salaries and wages . . . . .	76,231,300	67,970,224	6,881,304	1,379,772
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	4,445,000	3,963,302	401,244	80,454
<b>9</b> Other employee benefits . . . . .	11,035,779	8,986,209	1,764,740	284,830
<b>10</b> Payroll taxes . . . . .	5,458,246	4,836,691	527,191	94,364
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	284,693	83,524	201,169	
<b>c</b> Accounting . . . . .	119,814		119,814	
<b>d</b> Lobbying . . . . .	36,568	36,568		
<b>e</b> Professional fundraising services. See Part IV, line 17	135,646			135,646
<b>f</b> Investment management fees . . . . .	1,000,973		1,000,973	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,984,959	6,874,926	1,017,573	92,460
<b>12</b> Advertising and promotion . . . . .	2,071,832	1,804,379	185,864	81,589
<b>13</b> Office expenses . . . . .	7,830,467	6,960,779	709,722	159,966
<b>14</b> Information technology . . . . .	3,798,911	2,754,491	969,993	74,427
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	2,801,749	2,517,413	216,672	67,664
<b>17</b> Travel . . . . .	2,250,419	1,873,431	279,002	97,986
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	3,317,503	2,726,987	512,886	77,630
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	7,615,851	6,642,136	865,365	108,350
<b>23</b> Insurance . . . . .	283,756	220,964	58,030	4,762
<b>24</b> 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.)				
<b>a</b> Membership & Dues	1,139,599	1,020,005	110,072	9,522
<b>b</b> SUBSCRIPTIONS	1,790,633	1,746,092	24,347	20,194
<b>c</b> CLINICAL ROTATIONS	6,548,392	6,548,392		
<b>d</b> Medical Supplies	151,165	151,165	0	0
<b>e</b> All other expenses	357,821	201,749	156,072	
<b>25</b> Total functional expenses. Add lines 1 through 24e	152,192,023	132,055,819	17,366,588	2,769,616
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,640	<b>1</b>	3,640
	<b>2</b> Savings and temporary cash investments . . . . .	56,300,869	<b>2</b>	28,690,146
	<b>3</b> Pledges and grants receivable, net . . . . .	1,866,004	<b>3</b>	2,485,330
	<b>4</b> Accounts receivable, net . . . . .	3,805,290	<b>4</b>	5,049,531
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	258,960	<b>8</b>	273,727
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,518,239	<b>9</b>	5,525,469
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 199,723,033		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 84,702,251	113,593,772	<b>10c</b> 115,020,782
	<b>11</b> Investments—publicly traded securities . . . . .	159,056,020	<b>11</b>	206,019,182
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	7,889,323	<b>12</b>	7,569,999
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	3,267,142	<b>13</b>	3,539,429
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	13,261,555	<b>15</b>	8,237,723
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	364,820,814	<b>16</b>	382,414,958	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,225,499	<b>17</b>	13,496,556
	<b>18</b> Grants payable . . . . .	259,586	<b>18</b>	322,156
	<b>19</b> Deferred revenue . . . . .	7,605,802	<b>19</b>	11,973,516
	<b>20</b> Tax-exempt bond liabilities . . . . .	83,168,674	<b>20</b>	86,680,961
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	9,460,763	<b>23</b>	2,944,981
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	114,720,324	<b>26</b>	115,418,170
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	168,114,002	<b>27</b>	184,757,679
	<b>28</b> Net assets with donor restrictions . . . . .	81,986,488	<b>28</b>	82,239,109
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	250,100,490	<b>32</b>	266,996,788	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	364,820,814	<b>33</b>	382,414,958	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	170,663,500
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	152,192,023
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,471,477
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	250,100,490
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,575,179
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	266,996,788

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 43-0356250

**Name:** A T STILL UNIVERSITY OF HEALTH SCIENCES

Form 990 (2019)

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**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 AND A CENTER FOR OCCUPATIONAL AND PHYSICAL THERAPY 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.

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**Form 990, Part III, Line 4c:**

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

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**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			
CRAIG PHELPS ..... PRESIDENT	40.0 ..... 0.0			X				708,413	0	143,020
NORMAN GEVITZ ..... SENIOR VICE PRESIDENT	40.0 ..... 0.0				X			419,666	0	24,476
MARGARET WILSON LEMLEY ..... DEAN	40.0 ..... 0.0				X			361,503	0	24,044
JEFFREY MORGAN ..... DEAN	40.0 ..... 0.0				X			336,643	0	23,576
DWIGHT MCLEOD ..... DEAN	40.0 ..... 0.0				X			318,824	0	36,606
ROBERT TROMBLY ..... DEAN	40.0 ..... 0.0				X			308,441	0	41,548
RICHARD LABAERE II ..... ASSOCIATE DEAN	40.0 ..... 0.0					X		279,889	0	39,690
OT WENDEL ..... SENIOR VICE PRESIDENT	40.0 ..... 0.0					X		273,580	0	40,072
GARY BRUNING ..... DIRECTOR, FAMILY MEDICINE	40.0 ..... 0.0					X		275,186	0	37,556
ANN BOYLE ..... ASSOC VICE PRESIDENT	40.0 ..... 0.0					X		272,668	0	36,609



**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			
JOHN GEORGE ..... ASSOCIATE DEAN	40.0 ..... 0.0					X		270,309	0	14,953
RICHARD RIEDER ..... VICE PRESIDENT	40.0 ..... 0.0			X				243,572	0	41,262
DONALD ALTMAN ..... DEAN	40.0 ..... 0.0				X			237,640	0	22,311
ANN LEE BURCH ..... DEAN	40.0 ..... 0.0				X			203,760	0	35,663
RANDY DANIELSEN ..... FORMER DEAN	40.0 ..... 0.0						X	177,393	0	10,310
STANLEY E GROGG ..... TRUSTEE	1.0 ..... 0.0	X						700	0	0
ANN THIELKE ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
BERTHA A THOMAS ..... TRUSTEE	1.0 ..... 0.0	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

**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			
G SCOTT DREW ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
GARY M WILTZ ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JAMES CANNON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
LINETTE SELLS ..... TRUSTEE/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
REID W BUTLER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ROSIE ALLEN-HERRING ..... TRUSTEE/SECRETARY	1.0 ..... 0.0	X		X				0	0	0
TISHA R KICE-BRIGGS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
GERALD R DOWNEY ..... TRUSTEE/VICE CHAIRPERSON	1.0 ..... 0.0	X		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			
HERB KUHN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
GEOFFREY HOFFA ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ISAAC NAVARRO ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JOHNATHON CLEAVER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
A T STILL UNIVERSITY OF HEALTH SCIENCES

**Employer identification number**  
43-0356250

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

The organization is not a private foundation because it is: (For lines 1 through 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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

- 1**  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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....	Yes		924
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		3,306
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		33,000
<b>j</b>	Total. Add lines 1c through 1i .....			37,230
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 \$33,000 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

OMB No. 1545-0047 2019 Open to Public Inspection

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 instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with 2 columns: Held at the End of the Year, rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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)?
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:
(ii) Revenue included on Form 990, Part VIII, line 1: 6,415
(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 |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	108,431,567	102,316,809	98,383,267	88,685,032	92,252,673
<b>b</b> Contributions . . . . .	1,458,814	2,783,874	570,627	3,163,587	1,097,291
<b>c</b> Net investment earnings, gains, and losses	1,452,244	5,940,212	6,180,171	9,067,884	-1,750,330
<b>d</b> Grants or scholarships . . . . .	601,909	530,032	1,469,152	639,146	714,600
<b>e</b> Other expenditures for facilities and programs . . . . .	1,861,864	1,532,534	803,973	1,420,687	1,758,409
<b>f</b> Administrative expenses . . . . .	575,518	546,762	544,131	473,403	441,593
<b>g</b> End of year balance . . . . .	108,303,334	108,431,567	102,316,809	98,383,267	88,685,032

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 29.570 %
  - b** Permanent endowment ▶ 47.000 %
  - c** Temporarily restricted endowment ▶ 23.430 %
- 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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | No  | No |
| <b>b</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
<b>1a</b> Land . . . . .	1,924,406	9,282,189		11,206,595
<b>b</b> Buildings . . . . .		124,299,608	46,326,432	77,973,176
<b>c</b> Leasehold improvements		49,173	49,173	0
<b>d</b> Equipment . . . . .		53,813,648	34,459,354	19,354,294
<b>e</b> Other . . . . .		10,354,009	3,867,292	6,486,717
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				115,020,782



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	172,007,198
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-1,575,179	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	3,919,850	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 2,344,671
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 169,662,527
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,000,973	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 1,000,973
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 170,663,500

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	155,110,900
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	3,919,850	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 3,919,850
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 151,191,050
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,000,973	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 1,000,973
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 152,192,023

**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, P HOTOGRAPHS, DOCUMENTS, AND BOOKS DATING FROM THE EARLY 1800S TO THE PRESENT (BULK 1870-194 0). THE CORE OF THE COLLECTION CONSISTS OF ARTIFACTS FROM A.T. STILL'S PROFESSIONAL AND PR IVATE 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 OSTEOPATHI C MEDICINE AND MUSEUM SUPPORTERS HAVE DONATED MANY ADDITIONAL ARTIFACTS THAT REFLECT THE O NGOING HISTORY OF THE OSTEOPATHIC PROFESSION. THE RESEARCH COLLECTIONS OF THE INTERNATIONA L CENTER FOR OSTEOPATHIC HISTORY ALSO INCLUDE MANY FORMER HOLDINGS OF THE ATSU-KCOM LIBRAR Y'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, NATI ONAL AND INTERNATIONAL POPULATION. ITS PROGRAMS AND TOURS USED BY THE LOCAL SCHOOLS AND TH E 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 ENDEAVORS. 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.

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

▶ **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](http://www.irs.gov/Form990EZ) for the latest information.**

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

Department of the Treasury  
Name of the organization  
A T STILL UNIVERSITY OF HEALTH SCIENCES

**Employer identification number**  
43-0356250

**Part I**

		YES	NO
<b>1</b> 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? . . . . .	<b>1</b>	Yes	
<b>2</b> 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? . . . . .	<b>2</b>	Yes	
<b>3</b> 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. . . . .	<b>3</b>	Yes	
<b>4</b> Does the organization maintain the following?			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>4a</b>	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>4b</b>	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>4c</b>	Yes	
<b>d</b> 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.	<b>4d</b>	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges? . . . . .	<b>5a</b>		No
<b>b</b> Admissions policies? . . . . .	<b>5b</b>		No
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>5c</b>		No
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>5d</b>		No
<b>e</b> Educational policies? . . . . .	<b>5e</b>		No
<b>f</b> Use of facilities? . . . . .	<b>5f</b>		No
<b>g</b> Athletic programs? . . . . .	<b>5g</b>		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<b>5h</b>		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>6a</b>	Yes	
<b>b</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.	<b>6b</b>		No
<b>7</b> 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. . . . .	<b>7</b>	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	ATSU PUBLICIZES ITS RACIAL NONDISCRIMINATION POLICY BY POSTING AN APPROPRIATE NOTICE ON ITS WEBSITE HOME PAGE.
SCHEDULE E, PART I, LINE 6A	ATSU RECEIVES FINANCIAL SUPPORT FROM THE FEDERAL GOVERNMENT IN A VARIETY OF WAYS, INCLUDING FINANCIAL AID TO STUDENTS IN REVOLVING LOAN FUNDS, SUCH AS PERKINS AND HPSL, AND GRANT SUPPORT FOR TEACHING AND RESEARCH PROJECTS. INFORMATION WITH REGARD TO THESE PROGRAMS IS REPORTED TO THE FUNDING AGENCY AS REQUESTED AND IS COVERED UNDER THE SCOPE OF THE SINGLE AUDIT.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .					2,789,111
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					2,789,111

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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 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.

**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			Investments		2,581,078
North America			Program Services	EDUCATION	139,065

**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
Europe (Including Iceland and Greenland)			Program Services	EDUCATION	30,749
East Asia and the Pacific			Program Services	EDUCATION	16,475



**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	14,636
South Asia			Program Services	EDUCATION	3,034

**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 America			Program Services	EDUCATION	2,593
Sub-Saharan Africa			Program Services	EDUCATION	1,481

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 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-FUNDRAISING		No	69,489	60,646	8,843
WILKENSON GROUP LLC	CONSULTING		No	65,000	75,000	
<b>Total</b>				134,489	135,646	8,843

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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization A T STILL UNIVERSITY OF HEALTH SCIENCES

Employer identification number 43-0356250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] 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.

Table with 8 columns: (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. Row 1: AMERICAN OSTEOPATHIC FOUNDATION, 36-6056120, 501(C)(3), 5,600, SPONSORSHIP.

- 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.

**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	209	1,533,935			
(2) ASSISTANCE TO INDIVIDUALS	43	32,230			
(3) HIGHER EDUCATION EMERGENCY RELIEF FUND	148	274,947			
(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)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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](http://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 Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)	
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
<b>2</b> 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 on Line 1a?	2 Yes	
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" 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	
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	5a	No
<b>b</b> Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	6a	No
<b>b</b> Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	7	No
<b>8</b> 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.	8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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. THE HOUSING BENEFIT FOR BOTH HOUSES ARE TREATED AS TAXABLE COMPENSATION AND INCLUDED ON THE PRESIDENT'S W-2. THE UNIVERSITY PROVIDED TRAVEL EXPENSES FOR THE PRESIDENT'S SPOUSE TO ATTEND MANY EVENTS THROUGHOUT THE YEAR. THESE ITEMS WERE TREATED AS TAXABLE INCOME IN HIS W-2. THE UNIVERSITY PROVIDES A HOUSING ALLOWANCE FOR THE SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS, WHICH IS REPORTED 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.
SCHEDULE J, PART I, LINE 4B	2019 2019 2019 ACCRUAL DISTRIBUTION TOTAL CRAIG M. PHELPS \$100,000 - \$100,000
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				
1 CRAIG PHELPS PRESIDENT	(i)	561,295	100,000	47,118	115,440	27,580	851,433	0
	(ii)	0	0	0	0	0	0	0
1 RICHARD RIEDER VICE PRESIDENT	(i)	237,793	5,200	579	13,682	27,580	284,834	0
	(ii)	0	0	0	0	0	0	0
2 JOHN GEORGE ASSOCIATE DEAN	(i)	270,260	0	49	14,953	0	285,262	0
	(ii)	0	0	0	0	0	0	0
3 RICHARD LABAERE II ASSOCIATE DEAN	(i)	279,253	200	436	15,692	23,998	319,579	0
	(ii)	0	0	0	0	0	0	0
4 OT WENDEL SENIOR VICE PRESIDENT	(i)	266,180	6,766	634	15,174	24,898	313,652	0
	(ii)	0	0	0	0	0	0	0
5 GARY BRUNING DIRECTOR, FAMILY MEDICINE	(i)	274,094	0	1,092	15,440	22,116	312,742	0
	(ii)	0	0	0	0	0	0	0
6 ANN BOYLE ASSOC VICE PRESIDENT	(i)	266,834	5,200	634	15,011	21,598	309,277	0
	(ii)	0	0	0	0	0	0	0
7 ANN LEE BURCH DEAN	(i)	203,206	0	554	11,965	23,698	239,423	0
	(ii)	0	0	0	0	0	0	0
8 NORMAN GEVITZ SENIOR VICE PRESIDENT	(i)	414,032	5,000	634	15,440	9,036	444,142	0
	(ii)	0	0	0	0	0	0	0
9 RANDY DANIELSEN FORMER DEAN	(i)	175,759	1,000	634	9,003	1,307	187,703	0
	(ii)	0	0	0	0	0	0	0
10 DONALD ALTMAN DEAN	(i)	234,501	100	3,039	13,175	9,136	259,951	0
	(ii)	0	0	0	0	0	0	0
11 JEFFREY MORGAN DEAN	(i)	332,704	100	3,839	15,440	8,136	360,219	0
	(ii)	0	0	0	0	0	0	0
12 MARGARET WILSON LEMLEY DEAN	(i)	360,924	0	579	15,440	8,604	385,547	0
	(ii)	0	0	0	0	0	0	0
13 DWIGHT MCLEOD DEAN	(i)	318,253	200	371	15,440	21,166	355,430	0
	(ii)	0	0	0	0	0	0	0
14 ROBERT TROMBLY DEAN	(i)	307,662	200	579	15,440	26,108	349,989	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 instructions and the latest information.

OMB No. 1545-0047

2019

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

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A and B.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 for amounts and 14-17 for questions.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows 1 and 2.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 %				
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> 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						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I, LINE A, COLUMN (A)	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE A, COLUMN (F)	ACQUIRE, IMPROVE, RENOVATE, EQUIP, AND FURNISH UNIVERSITY FACILITIES.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE B, COLUMN (A)	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI.



<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE B, COLUMN (F)	REFUND 2000 BONDS (ORIGINALLY ISSUED ON 8/4/2000 AND REISSUED ON 1/27/2010).

<b>Return Reference</b>	<b>Explanation</b>
PART II, COLUMN A, LINE 3	AMOUNT IS NOT EQUAL TO ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD.

<b>Return Reference</b>	<b>Explanation</b>
PART II, COLUMN A, 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 FINANCED BY THE SERIES 2016A BONDS WERE COMPLETED AFTER THE 2020 FISCAL YEAR END.

<b>Return Reference</b>	<b>Explanation</b>
PART II, COLUMN A, LINE 13	ALL OF THE PROJECTS FINANCED BY THE SERIES 2016A BONDS WERE COMPLETED AFTER THE 2020 FISCAL YEAR END.

<b>Return Reference</b>	<b>Explanation</b>
PART II, COLUMN A, LINE 16	ALL OF THE PROJECTS FINANCED BY THE SERIES 2016A BONDS WERE COMPLETED AFTER THE 2020 FISCAL YEAR END. THE UNIVERSITY EXPECTS TO COMPLETE THE FINAL WRITTEN ALLOCATION IN CONNECTION WITH FILING ITS RETURN FOR THE 2021 FISCAL YEAR END.

<b>Return Reference</b>	<b>Explanation</b>
PART II, COLUMN B, LINE 11	THIS AMOUNT WAS USED TO REFUND THE SERIES 2010 BONDS.

<b>Return Reference</b>	<b>Explanation</b>
PART III, COLUMN A	PART III HAS BEEN COMPLETED FOR ONLY THE PORTION OF THE PROJEECT THAT WAS PLACED-IN-SERVICE AS OF THE FISCAL YEAR END.

<b>Return Reference</b>	<b>Explanation</b>
PART III, COLUMN B	PART III IS NOT REQUIRED TO BE COMPLETED FOR PROJECTS ORIGINALLY FINANCED PRIOR TO 01/01/2003.



<b>Return Reference</b>	<b>Explanation</b>
PART IV, COLUMN A, LINE 6	AMOUNTS DEPOSITIED IN THE PROJECT FUND WERE INVESTED AFTER THE 3-YEAR TEMPORARY PERIOD. HOWEVER, ALL AMOUNTS HAVE SUBSEQUENTLY BEEN SPENT.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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) \$104,765 (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) \$63,916 (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) \$33,000 (D) PATRICK LOBERT IS A CONSULTANT FOR ATSU (E) NO TRANSACTION 4 (A) SARAH WENDEL (B) SARAH IS THE DAUGHTER OF O.T. WENDEL, A KEY EMPLOYEE OF ATSU (C) \$36,859 (D) SARAH WENDEL IS AN EMPLOYEE OF ATSU (E) NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		101	COST
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	7	537,520	SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	2	2,210	COST
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	21	6,415	COST
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>MEDICAL EQUIPMENT</u> ) . . . . .	X	4	169,970	COST
26 Other ▶ ( _____ ) . . . . .				
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

<b>29</b>	
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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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****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 SIX SCHOOLS OFFERING 35+ HEALTH PROFESSIONS PROGRAMS ON CAMPUSES IN KIRKSVILLE, MISSOURI; MESA, 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 &amp; ORAL HEALTH (ATSU-MOSDOH). THE UNIVERSITY'S ARIZONA CAMPUS SCHOOLS INCLUDE ARIZONA SCHOOL OF HEALTH SCIENCES (ATSU-ASHS), ARIZONA SCHOOL OF DENTISTRY &amp; ORAL HEALTH (ATSU-ASDOH), AND SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-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 BELIEF IN THE INTERACTIONS OF THE BODY, MIND, AND SPIRIT AND CONTINUES WITH AN UNDERSTANDING OF HOW THESE DIMENSIONS MAY BE TREATED AS ONE. EACH PROGRAM INTEGRATES WHOLE PERSON HEALTHCARE INTO ITS CURRICULUM AND EMPHASIZES DEVELOPMENT OF COMPETENCIES IN INTERPROFESSIONAL COLLABORATION, CULTURAL PROFICIENCY, CRITICAL THINKING, SOCIAL RESPONSIBILITY, AND INTERPERSONAL 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, 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 DEVELOPMENT OF PROGRAMS, INVOLVEMENT IN OFF-SITE CLINICS, EMERGENCY RESPONSE TEAMS, ACTIVE MEMBERSHIP AND COLLABORATION WITH VARIOUS COMMUNITY ORGANIZATIONS, AND COMMUNICATING WITH UNIVERSITY CONSTITUENTS TO ADVANCE ATSU'S MISSION WHILE RESPONDING TO THE GREATER COMMUNITY NEEDS. ATSU PROGRAMS (FALL 2019) ASDOH RESIDENTIAL PROGRAMS DOCTOR OF DENTAL MEDICINE (DMD) MASTER OF SCIENCE - ORTHODONTICS (MS RESIDENCY) ASHS RESIDENTIAL PROGRAMS DOCTOR OF AUDIOLOGY (AUD) DOCTOR OF OCCUPATIONAL THERAPY - ENTRY LEVEL (OTD) DOCTOR OF PHYSICAL THERAPY (DPT) MASTER OF SCIENCE - ATHLETIC TRAINING (MS) MASTER OF SCIENCE - OCCUPATIONAL THERAPY (MS) MASTER OF SCIENCE - PHYSICIAN ASSISTANT STUDIES (MS) ONLINE PROGRAMS DOCTOR OF ATHLETIC TRAINING (DAT) DOCTOR OF AUDIOLOGY (AUD POST-PROFESSIONAL) DOCTOR OF PHYSICAL THERAPY (DPT POST-PROFESSIONAL) DOCTOR OF MEDICAL SCIENCE (DMSC) (PHYSICIAN ASSISTANT STUDIES) MASTER OF SCIENCE - ADVANCED OCCUPATIONAL THERAPY (MS) MASTER OF SCIENCE ADVANCED PHYSICIAN ASSISTANT STUDIES (MS) CERTIFICATE CLINICAL DECISION MAKING IN ATHLETIC TRAINING (POST-GRADUATE) CERTIFICATE REHABILITATION IN ATHLETIC TRAINING (POST-GRADUATE) CERTIFICATE SPORT NEUROLOGY AND CONCUSSION IN ATHLETIC TRAINING (</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>POST-GRADUATE) CERTIFICATE LEADERSHIP AND EDUCATION IN ATHLETIC TRAINING (POST-GRADUATE) CERTIFICATE ORTHOPAEDICS IN ATHLETIC TRAINING (POST-GRADUATE) NEUROLOGIC (PT RESIDENCY CERTIFICATE NON-DEGREE) ORTHOPEDIC (PT RESIDENCY CERTIFICATE NON-DEGREE) CGHS ONLINE PROGRAMS DOCTOR OF EDUCATION IN HEALTH PROFESSIONS (EDD) DOCTOR OF HEALTH ADMINISTRATION (DHA) DOCTOR OF HEALTH SCIENCES (DHSC) MASTER OF HEALTH ADMINISTRATION (MHA) MASTER OF PUBLIC HEALTH (MPH) MASTER OF PUBLIC HEALTH DENTAL EMPHASIS (MPH) MASTER OF SCIENCE KINESIOLOGY (MS) CERTIFICATE GERIATRIC EXERCISE SCIENCES (KINESIOLOGY) CERTIFICATE SPORTS CONDITIONING (KINESIOLOGY) CERTIFICATE EXERCISE AND SPORT PSYCHOLOGY (KINESIOLOGY) CERTIFICATE ADAPTIVE SPORTS (KINESIOLOGY) CERTIFICATE CORRECTIVE EXERCISE &amp; ORTHOPEDIC REHABILITATION (KINESIOLOGY) CERTIFICATE GLOBAL HEALTH (DHSC) CERTIFICATE LEADERSHIP AND ORGANIZATIONAL BEHAVIOR (DHSC) CERTIFICATE FUNDAMENTALS OF EDUCATION (DHSC) CERTIFICATE PUBLIC HEALTH DENTAL EMPHASIS (AS DOH) CERTIFICATE PUBLIC HEALTH DENTAL EMPHASIS (MOSDOH) CERTIFICATE - PUBLIC HEALTH - OCCUPATIONAL THERAPY (ASHS) DENTAL PUBLIC HEALTH (RESIDENCY CERTIFICATE) KCOM RESIDENTIAL PROGRAMS DOCTOR OF OSTEOPATHIC MEDICINE (DO) MASTER OF BIOMEDICAL SCIENCES (MS) SOMA RESIDENTIAL 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: 17,602 (2019) MESA POPULATION ESTIMATE: 518,012 (2019) ENROLLMENT (FALL 2019) TOTAL - 3,857 KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE (KCOM) - 720 SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA) - 480 ARIZONA SCHOOL OF HEALTH SCIENCES (ASHS) - 1,025 COLLEGE OF GRADUATE HEALTH STUDIES (CGHS) - 1,133 ARIZONA SCHOOL OF DENTISTRY &amp; ORAL HEALTH (ASDOH) - 314 MISSOURI SCHOOL OF DENTISTRY &amp; ORAL HEALTH (MOSDOH) - 185 DEGREES GRANTED (2019-20) DOCTORAL - 741 MASTER - 315 CERTIFICATE - 125 LIVING ALUMNI (2019-20) TOTAL 20,818 ATSU-KCOM - 7,312 ATSU-ASHS - 9,950 ATSU-CGHS - 2,571 ATSU-ASDOH - 897 ATSU-SOMA 896 ATSU-MOSDOH - 125 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 2019) FULL-TIME EMPLOYEES - 825 PART-TIME EMPLOYEES - 1,085</p>



**990 Schedule O, Organizational Information**

Return Reference	Explanation
<p>2019-20 ATSU &amp; COLLEGES/SCHOOLS POINTS OF PRIDE &amp; ACCOMPLISHMENTS</p>	<p>A.T. STILL UNIVERSITY (ATSU) - NAMED AN INSIGHT INTO DIVERSITY MAGAZINE 2019 HEALTH PROFESSIONS HIGHER EDUCATION EXCELLENCE IN DIVERSITY AWARD RECIPIENT (THIRD CONSECUTIVE YEAR) IN RECOGNITION OF ATSU'S COMMITMENT TO DIVERSITY, INCLUSION, AND CULTURAL PROFICIENCY. - CONTINUED TO DEVELOP NEW CENTRAL COAST PHYSICIAN ASSISTANT STUDIES PROGRAM IN SANTA MARIA, CALIFORNIA. THE PROGRAM, IN PARTNERSHIP WITH COMMUNITY HEALTH CENTERS (CHCS), AIMS TO MEET SIGNIFICANT SHORTAGES OF PROVIDERS IN AMERICA'S UNDERSERVED RURAL AND URBAN COMMUNITIES. THE FIRST COHORT OF STUDENTS IS EXPECTED TO BEGIN FALL 2021. - STAFF USED TECHNOLOGY, RESOURCES, AND COMMUNITY PARTNERSHIPS TO DRIVE AN EFFORT TO CREATE FACE SHIELDS AND N95-STYLE MASKS TO ADDRESS PERSONAL PROTECTIVE EQUIPMENT (PPE) SHORTAGES DURING THE CORONAVIRUS PANDEMIC. PPE WAS SENT TO HOSPITALS, HEALTHCARE PROVIDERS, FIRST RESPONDERS, NURSING HOMES, FACULTY, STAFF, AND STUDENTS. - PROGRAM'S EDUCATIONAL DELIVERY PIVOTED TO ONLINE INSTRUCTION AT THE OUTSET OF THE CORONAVIRUS PANDEMIC IN MARCH, WORKING TO ENSURE THE HEALTH AND SAFETY OF STUDENTS, FACULTY, AND STAFF, WHILE ALSO CONTINUING TO PROVIDE NECESSARY EDUCATIONAL SERVICES TO OUR STUDENTS. - IN LIEU OF TRADITIONAL IN-PERSON COMMENCEMENT CEREMONIES, DEVELOPED VIRTUAL EVENTS FOR ALL GRADUATES. - 2019-20 STRATEGIC AREAS OF FOCUS INCLUDED HEALTH AND WELLNESS, INNOVATION AND SCHOLARLY ACTIVITY, AND SAFETY AND SECURITY. - FACULTY AND STAFF PUBLISHED 202 PEER REVIEWED ARTICLES IN 2019. - IN FY 2019-20, SECURED ALMOST \$3.7 MILLION IN EXTERNAL GRANT AWARDS FOR 27 PROJECTS. ATSU'S ARIZONA SCHOOL OF DENTISTRY &amp; ORAL HEALTH (ATSU-ASDOH) - CONTINUES TO MAINTAIN A SIGNIFICANTLY HIGHER RATIO OF GRADUATES WHO CHOOSE TO WORK IN CHCS AND IHS/MILITARY BASED ON EXIT SURVEYS (ASDOH 17% VS. NATIONAL 7%). IN ADDITION, GRADUATES CONTINUE TO HAVE A HIGH SUCCESS RATE IN PLACEMENT IN POST-GRADUATE RESIDENCY PROGRAMS. - GRADUATE SURVEYS CONTINUE TO INDICATE GRADUATES ARE HIGHLY SATISFIED WITH THEIR OVERALL ATSU-ASDOH EDUCATIONAL EXPERIENCE, WITH A SIGNIFICANT MAJORITY RESPONDING THEY ARE WELL-PREPARED IN 29 OF 30 CONTENT AREAS (WITH THE REMAINING AREA RESPONDING A MAJORITY INDICATING SOMEWHAT PREPARED). - WRITTEN NATIONAL BOARDS: 100% PASS RATE FOR ALL STUDENTS IN BOTH PART 1 AND PART 2 WRITTEN NATIONAL BOARDS. - CLINICAL LICENSURE EXAMINATIONS: 98% FIRST-TIME PASS RATES FOR THOSE STUDENTS WHO TOOK THE WREB EXAMINATION AND 96% FIRST-TIME PASS RATE FOR THOSE STUDENTS WHO TOOK THE CDCA EXAMINATION. - RECEIVED A DONATION OF A DENTSPLY SIRONA OMNICAM SCANNER FROM TWO ALUMNI. THE SCANNER IS USED IN DENTISTRY TO MAKE A DIGITAL, 3D MOUTH IMPRESSION, THEN BUILD PROSTHETICS OR RESTORATIONS DIGITALLY. THE SCANNER WILL ENHANCE CARE GIVEN TO PATIENTS IN THE CLINIC AND SERVE TO ADVANCE STUDENT EDUCATION AS THE DIGITAL TOOL PROVIDES OBJECTIVE FEEDBACK. - THIRTY-ONE ALUMNI ARE NOW SERVING AS FACULTY PRECEPTORS IN CHCS ACROSS THE COUNTRY. - OVERALL INCREASE IN THE NUMBER OF FACULTY MEMBERS AND STUDENTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>2019-20 ATSU &amp; COLLEGES/SCHOOLS POINTS OF PRIDE &amp; ACCOMPLISHMENTS</p>	<p>ENGAGED IN RESEARCH. MORE THAN 20 FACULTY MEMBERS PARTICIPATED IN RESEARCH ACTIVITIES IN 2019-20, INCLUDING CONDUCTING ORIGINAL RESEARCH, WRITING GRANTS, PUBLISHING MANUSCRIPTS IN PEER-REVIEWED JOURNALS, AND PRESENTING AT REGIONAL, NATIONAL, AND INTERNATIONAL CONFERENCES. TWENTY-TWO STUDENTS CONDUCTED THEIR OWN OR PARTICIPATED IN FACULTY-LED ORIGINAL RESEARCH PROJECTS. IN ADDITION, THREE STUDENTS PUBLISHED PAPERS IN PEER-REVIEWED JOURNALS WITH THEIR FACULTY MENTORS. THREE STUDENTS APPLIED FOR AND RECEIVED GRANTS TO SUPPORT THEIR ORIGINAL RESEARCH: ONE GRANT WAS FROM THE AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY AND TWO GRANTS WERE FUNDED THROUGH ATSU'S INTERNAL STUDENT RESEARCH GRANT AWARD PROGRAM. - WITH ATSU'S STILL RESEARCH INSTITUTE (SRI) CENTER FOR ORAL HEALTH RESEARCH (COHR) CO-HOSTED THE FOURTH ANNUAL SCIENTIFIC SYMPOSIUM OF THE ARIZONA CHAPTER OF THE AMERICAN ASSOCIATION FOR DENTAL RESEARCH IN FEBRUARY 2020. - SRI COHR CONTINUES TO GROW AND TO DATE IS THE LARGEST OF THE CENTERS WITHIN ATSU'S SRI. TWELVE FACULTY MEMBERS ARE MEMBERS OF SRI COHR. - 2019-2020 WAS A RECORD YEAR FOR STUDENTS SELECTED TO PRESENT THEIR ORIGINAL RESEARCH AT STATE, NATIONAL, AND INTERNATIONAL MEETINGS. TWO STUDENTS COMPETED AT THE NATIONAL HINMAN STUDENT RESEARCH COMPETITION IN MEMPHIS, TENNESSEE, ONE STUDENT COMPETED VIRTUALLY IN THE NATIONAL DENTISTRY SIRONA STUDENT CLINICIAN RESEARCH AWARD PROGRAM AT THE INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH (IADR) ANNUAL SESSION, ONE STUDENT SELECTED TO COMPETE IN THE 411 STUDENT ORAL PRESENTATION COMPETITION AT IADR (CANCELED), AND FIVE STUDENTS SELECTED TO COMPETE IN THE STUDENT POSTER COMPETITION AT THE WESTERN REGIONAL DENTAL EXPO SPONSORED BY THE ARIZONA STATE DENTAL ASSOCIATION (CANCELED). - THE ORAL HEALTH RESEARCH CENTER, WHICH IS PART OF THE DILLENBERG CENTER FOR HEALTH INNOVATION AND TECHNOLOGY, IS NEARING COMPLETION. FACULTY MEMBERS WERE AWARDED THE FIRST ATSU SCHOLARLY ACTIVITY STRATEGIC PLANNING AWARD FOR EQUIPMENT AND/OR FACILITY IMPROVEMENT, WHICH SUPPORTED THE PURCHASE OF ALMOST \$50,000 WORTH OF EQUIPMENT TO OUTFIT THE NEW LAB. - HOSTED THE ANNUAL GIVE KIDS A SMILE EVENT ON FRIDAY, FEB. 21, 2020, WITH THE ARIZONA DENTAL FOUNDATION. TWO-HUNDRED-EIGHTY-NINE UNINSURED AND UNDERINSURED CHILDREN RECEIVED FREE DENTAL CARE, A NEW RECORD FOR ATSU-ASDOH. SERVICE PROVIDED AT THIS YEAR'S EVENT WAS VALUED AT CLOSE TO \$160,000. - DESPITE COVID-19 SUSPENDING COMMUNITY SERVICE LEARNING PROJECTS BEGINNING IN MID-MARCH, THE DENTISTRY IN THE COMMUNITY PROGRAM WAS ON TRACK TO MEET OR EXCEED THE PREVIOUS YEAR'S SERVICE LEARNING EVENTS NUMBERS. OVER 92 SERVICE LEARNING EVENTS SERVED 11,214 COMMUNITY MEMBERS, INCLUDED 61 PARTNERING ORGANIZATIONS, AND OCCUPIED 7,925 STUDENT HOURS. ATSU'S ARIZONA SCHOOL OF HEALTH SCIENCES (ATSU-ASHS) - CENTER FOR OCCUPATIONAL AND PHYSICAL THERAPY HOSTED ITS GRAND OPENING EVENT IN OCTOBER 2019. THE CENTER OFFERS PRO-BONO SERVICES TO THE COMMUNITY AND PROVIDES STUDENTS OPPORTUNITIES TO PERFORM</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>2019-20 ATSU &amp; COLLEGES/SCHOOLS POINTS OF PRIDE &amp; ACCOMPLISHMENTS</p>	<p>RM OCCUPATIONAL THERAPY (OT) AND PHYSICAL THERAPY (PT) TREATMENTS UNDER THE SUPERVISION OF DEPARTMENT FACULTY AT AN ON-CAMPUS CLINIC IN MESA, ARIZONA. THERAPY SESSIONS ARE LED BY STUDENTS AND DIRECTLY SUPERVISED BY LICENSED OCCUPATIONAL AND PHYSICAL THERAPISTS. STUDENTS RUN ALL ASPECTS OF THE CLINIC, INCLUDING MARKETING AND SCHEDULING. - A NEW SPEECH-LANGUAGE PATHOLOGY MASTER'S PROGRAM IS IN DEVELOPMENT. - PHYSICIAN ASSISTANT (PA) PROGRAM EXPANSION WAS APPROVED BY THE COUNCIL OF DEANS. THE INITIATIVE WILL INCREASE CLASS SIZE FROM 70 STUDENTS TO APPROXIMATELY 90 STUDENTS. - PA PROGRAM RECEIVED TWO U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HSRA) GRANTS. TOGETHER, THESE TWO GRANTS WILL HELP ATSU-ASHS EXPAND HEALTHCARE TO UNDERSERVED COMMUNITIES. A \$3 MILLION GRANT WILL FUND THE "RECRUITING, RETAINING, AND PLACING DISADVANTAGED STUDENTS AS PRIMARY CARE PAs IN UNDERSERVED COMMUNITIES" PROJECT, WHICH WILL FOCUS ON INCREASING DIVERSITY THROUGH AVAILABLE SCHOLARSHIPS. A \$1.4 MILLION GRANT OVER FIVE YEARS WILL FUND THE "PRIMARY CARE PHYSICIAN ASSISTANTS AS CHANGE LEADERS: IMPROVING ACCESS TO QUALITY BEHAVIORAL AND MENTAL HEALTHCARE FOR THE NATION'S RURAL AND UNDERSERVED" PROJECT, WHICH AIMS TO EXPAND COMMUNITY HEALTH CENTER PARTNERSHIPS AND MENTAL HEALTH EDUCATION, WITH A FOCUS ON SUBSTANCE USE DISORDERS. - MASTER OF SCIENCE IN OCCUPATIONAL THERAPY PROGRAM WAS GRANTED THE MAXIMUM ACCREDITATION LENGTH OF 10 YEARS BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION. - STRATEGIC PLANNING COMMITTEE DEVELOPED A FIVE-YEAR PLAN FOCUSED ON GROWTH INITIATIVES, CLINICAL EDUCATIONAL OPPORTUNITIES, FACULTY DEVELOPMENT, COMMUNICATION AND MARKETING, AND ADVANCEMENT. - COUNCIL ON ACADEMIC ACCREDITATION IN AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY REACCREDITED ENTRY-LEVEL DOCTOR OF AUDIOLOGY PROGRAM FOR EIGHT YEARS. - PA PROGRAM STUDENTS AND FACULTY LED AN INNOVATIVE SMOKING CESSATION PROGRAM. OVER A 14-WEEK PERIOD, 15% OF PARTICIPANTS STOPPED SMOKING ENTIRELY, WHILE 80% REPORTED A SIGNIFICANT DECREASE IN THEIR AVERAGE DAILY USE OF CIGARETTES. THE PROGRAM WAS FUNDED BY A GRANT FROM THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>ATSUS COLLEGE OF GRADUATE HEALTH STUDIES (ATSU-CGHS)</p>	<p>- ADMINISTRATION AND FACULTY REEVALUATED CARNEGIE UNIT CALCULATIONS AND MADE CHANGES. CHANGES ARE BEING MADE AS EACH COURSE IS DEVELOPED. - AT THE OUTSET OF THE PANDEMIC, INSTRUCTIONAL DESIGNERS ASSISTED RESIDENTIAL FACULTY IN MOVING COURSES TO AN ONLINE FORMAT. INSTRUCTIONAL DESIGNERS CONTINUE TO WORK WITH ATSU'S TEACHING &amp; LEARNING CENTER IN DEVELOPING ONLINE INFORMATION FOR CLINICAL FACULTY. - PUBLIC HEALTH DEPARTMENT PROVIDED FOUR PUBLIC HEALTH WEBINARS RELATED TO PUBLIC HEALTH AND COVID-19 PROVIDING EVIDENCE-BASED INFORMATION TO THE CAMPUS COMMUNITY. - TWO NEW NONCLINICAL GRADUATE NURSING PROGRAMS WERE APPROVED BY THE HIGHER LEARNING COMMISSION. THE ONLINE GRADUATE NURSING PATHWAY OFFERS STUDENTS THE OPPORTUNITY TO EARN A MASTER OF SCIENCE IN NURSING DEGREE AND CONTINUE ONTO A DOCTOR OF NURSING PRACTICE DEGREE. THESE DEGREES BRING A NEW DISCIPLINE TO ATSU'S COMPREHENSIVE OFFERINGS OF HEALTH PROFESSIONS DEGREES AND CONTRIBUTE TO THE NURSING PROFESSION BY PREPARING NURSES FOR TEACHING, EXECUTIVE, AND LEADERSHIP ROLES. ATSU'S KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE (ATSU-KCOM) - MAKES A SIGNIFICANT IMPACT ON THE PROFESSION NATIONALLY WITH SERVICE/ RECOGNITION OF FACULTY AND ADMINISTRATORS THROUGH NATIONAL ORGANIZATIONS, INCLUDING AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE (AACOM), SOCIETY OF OSTEOPATHIC MEDICAL EDUCATORS, ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS/COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION, ASSEMBLY OF OSTEOPATHIC GRADUATE MEDICAL EDUCATORS, ARNOLD P. GOLD FOUNDATION, ACADEMY FOR PROFESSIONALISM IN HEALTHCARE, AND STATE ORGANIZATIONS, INCLUDING MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS. ATSU-KCOM STUDENTS SERVE NATIONALLY ON COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION, COUNCIL OF OSTEOPATHIC STUDENT GOVERNMENT PRESIDENTS, AND AMERICAN OSTEOPATHIC ASSOCIATION HOUSE OF DELEGATES. - WELCOMED 140 STUDENTS AND 16 OSTEOPATHIC MEDICAL SCHOOLS FROM ACROSS THE COUNTRY TO THE KIRKSVILLE, MISSOURI, CAMPUS TO PARTICIPATE IN THE HEARTLAND PRE-MED CONFERENCE. STUDENTS PARTICIPATED IN PROFESSIONAL DEVELOPMENT ACTIVITIES DESIGNED TO DEVELOP SKILLS NEEDED TO BE SUCCESSFUL DURING THE MEDICAL SCHOOL APPLICATION PROCESS. SESSIONS INCLUDED MOCK MEDICAL SCHOOL INTERVIEWS, HANDS-ON EXPERIENCE IN ATSU'S DRABING HUMAN PATIENT SIMULATION CENTER, AND VISITS TO THE MUSEUM OF OSTEOPATHIC MEDICINE. PARTICIPATION GREW BY NEARLY 30% FROM THE INAUGURAL CONFERENCE. - DRABING HUMAN PATIENT SIMULATION CENTER CELEBRATED ITS GAUMARD VICTORIA BIRTHING SIMULATOR'S 1,000TH DELIVERY. - FACULTY AND STUDENTS BECAME CERTIFIED STOP THE BLEED INSTRUCTORS AND BROUGHT THE LIFE-SAVING EMERGENCY RESPONSE TRAINING TO KIRKSVILLE, MISSOURI, CAMPUS FACULTY, STAFF, AND STUDENTS. - MARGARET WILSON, DO, '82, DEAN, ELECTED AACOM BOARD OF DEANS CHAIR. ATSU'S MISSOURI SCHOOL OF DENTISTRY &amp; ORAL HEALTH (ATSU-MOSDOH) - STUDENTS PASSED THE REGIONAL LICENSING EXAM-WREB FOR THE PAST T</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>ATSUS COLLEGE OF GRADUATE HEALTH STUDIES (ATSU-CGHS)</p>	<p>HREE YEARS WITH A 100% PASS RATE. - ALL GRADUATES EARN A CERTIFICATE IN PUBLIC HEALTH. - ESTABLISHED AN INNOVATIVE D3 RESEARCH PROJECT MEETING MANY, IF NOT MOST, OF CODA'S RESEARCH STANDARD 6, TO ALIGN WITH ATSU'S MISSION. FULL-TIME FACULTY AND D3 STUDENTS ARE PROVIDED A SUPPORTED PLATFORM TO CAPTURE CLINICAL WORK AND EDUCATIONAL INNOVATIONS ENDING WITH A PROFESSIONAL POSTER PRESENTATION. DUE TO COVID-19, ATSU-MOSDOH'S 2ND ANNUAL D3 RESEARCH DAY WAS PRESENTED VIA ZOOM IN COLLABORATION WITH ATSU RESEARCH SUPPORT. OVER 250 INDIVIDUALS " ATTENDED" THE D3 RESEARCH DAY, INCLUDING ALL D1, D2, AND D4 STUDENTS. A TOTAL OF 17 POSTER PRESENTATIONS WAS SHARED USING AN INNOVATIVE APP CALLED KUBIFY. ATSU RESEARCH SUPPORT PROVIDED PROFESSIONAL REVIEW OF THE POSTERS, PROVIDING VALUABLE FEEDBACK AND RANKING. - IMPLEMENTATION OF A CLINICAL GRADING SYSTEM ALLOWS FACULTY THE USE OF AN IPHONE/IPAD OR COMPUTER TO GRADE DAILY CLINICAL ESSENTIAL EXPERIENCES AND COMPETENCIES RESULTING IN THE ABILITY TO MORE ACCURATELY ASSESS STUDENTS' PROGRESS TOWARDS GRADUATION. - DENTISTRY IN THE COMMUNITY PROJECTS IMPACTED MORE THAN 4,500 PEOPLE. MARCH 2020 GIVE KIDS A SMILE DAY EVENT, HELD IN PARTNERSHIP WITH NORTHEAST MISSOURI HEALTH COUNCIL'S MOBILE DENTAL TEAM IN KIRKSVILLE, MISSOURI, EDUCATED 600 K-12 STUDENTS, PROVIDED FLUORIDE VARNISH TO 375, SCREENINGS TO 52, AND OTHER DENTAL SERVICES TO 20 STUDENTS WHO OTHERWISE WOULD NOT HAVE RECEIVED NECESSARY DENTAL TREATMENT. - RECEIVED A GRANT OF \$257,039 PER YEAR, FOR THREE YEARS TO FUND A FULL- TIME PATIENT CARE PROGRAM MANAGER, ALONG WITH INCREASING ACCESS TO CARE FOR OLDER ADULTS IN ST. LOUIS, MISSOURI. - INCREASED THE NUMBER OF MISSOURI COMMUNITY HEALTH CENTERS (CHC) PARTICIPATING IN THE INTEGRATED COMMUNITY SERVICE PARTNERSHIP PROGRAM. IN 2019, 16 OF 42 GRADUATES ARE WORKING IN CHC SITES, INCLUDING EIGHT STUDENTS IN MISSOURI. - MISSOURI SMILE FORWARD PROGRAM, WHICH PROVIDES FREE DENTURES AND ORAL HEALTHCARE SERVICES TO U.S. ARMED FORCES VETERANS, COMPLETED ITS 200TH PATIENT CASE. - CLASS SIZES INCREASED FROM 42 TO 63, HELPING SUPPORT ATSU'S MISSION WHILE PROVIDING ADDITIONAL HEALTH PROFESSIONALS TO PROVIDE CARE FOR UNDERSERVED POPULATIONS. ATSU'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) - SUCCESSFULLY MAINTAINED 99% GRADUATE MEDICAL EDUCATION PLACEMENT RATE. - GRADUATES CONTINUE TO HAVE A HIGHER THAN NATIONAL AVERAGE TENDENCY TO GO INTO PRIMARY CARE AND NACHC NEEDED SPECIALTIES. - RECEIVED A \$2 MILLION GRANT FROM U.S. HRSA FOR INNOVATIVE PROJECT, PATHWAYS TO PRIMARY CARE BEHAVIORAL HEALTH (PCBH) INTEGRATION IN THE NATION'S HEALTH CENTERS : CREATING MASTER ADAPTIVE LEARNERS WHERE THE NEED IS GREATEST. IN COLLABORATION WITH ATSU -ASDOH AND ATSU'S CHC PARTNERS, ATSU-SOMA WORKS WITH PROVIDERS AND ATSU FACULTY MEMBERS, AS WELL AS MEDICAL AND DENTAL STUDENTS, TO BETTER INTEGRATE BEHAVIORAL HEALTH, DENTAL, AND PRIMARY CARE AT PARTNER CHC SITES. THE FIVE-YEAR PROJECT FOCUSES ON PREVENTION AND MANAGEMENT OF OPIOID AND SUBSTANCE MI</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
ATSUS COLLEGE OF GRADUATE HEALTH STUDIES (ATSU-CGHS)	SUSE, INTERPROFESSIONAL COLLABORATION, AND SELF-CARE FOR HEALTHCARE PROVIDERS AND TRAINEES . AT LEAST 50 PROVIDERS AND 940 MEDICAL AND DENTAL STUDENTS WILL RECEIVE TRAINING AS PART OF THE PROJECT. - HOSTED A MASS-CASUALTY SIMULATION WITH 80 PATIENT-ACTORS PORTRAYING INJU RED PEOPLE DURING A SIMULATION DESIGNED TO ENHANCE STUDENTS' EMERGENCY MEDICAL EXPERIENCE. - INCREASED CLASS SIZE FROM 107 TO 162 STUDENTS. THE INCREASE SUPPORTS ATSU'S MISSION WHI LE PROVIDING ADDITIONAL HEALTH PROFESSIONALS TO CARE FOR UNDERSERVED POPULATIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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, 2020, THIS REVIEW AND APPROVAL TOOK PLACE ON FEBRUARY 5, 2021. THE MINUTES OF THIS MEETING DOCUMENT THIS REVIEW AND APPROVAL. A COMPLETE COPY OF THE FORM 990, INCLUDING ALL SCHEDULES, WAS PROVIDED TO EACH BOARD OF TRUSTEE MEMBER PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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	IN THE FALL OF 2019 THE PRESIDENT'S EVALUATION TEAM HIRED EXECUTIVE COMPENSATION CONSULTANTS TO DETERMINE APPROPRIATE PRESIDENTIAL COMPENSATION. THE CONSULTANTS CONDUCTED A MARKET-BASED ANALYSIS OF COMPENSATION STRUCTURES FOR SIMILAR POSITIONS WITHIN SIMILARLY SITUATED ORGANIZATIONS. THIS INFORMATION WAS USED BY THE BOARD OF TRUSTEES TO DETERMINE THE PRESIDENT'S COMPENSATION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	EVERY THREE YEARS THE UNIVERSITY CONTRACTS WITH KORN FERRY 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 KORN FERRY 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

**2019**

**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](http://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
<b>(1)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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).

<b>Return Reference</b>	<b>Explanation</b>