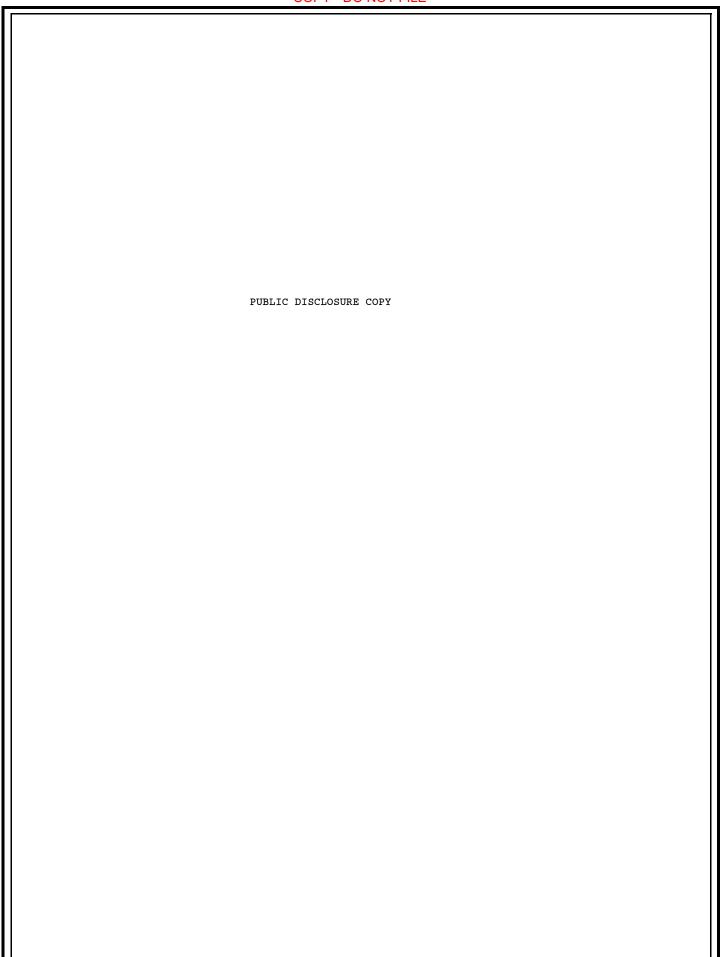
COPY - DO NOT FILE



** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning JUL 1 2021 and ending JUN 30, 2022 C Name of organization D Employer identification number Check if applicable: Address change WESTERN UNIVERSITY OF HEALTH SCIENCES Name 95-3127273 change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 909-623-6116 309 E. SECOND STREET 666,713,795. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended POMONA, CA 91766-1854 H(a) Is this a group return return
Application
pending F Name and address of principal officer: ROBIN FARIAS-EISNER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.WESTERNU.EDU **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1977 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PRODUCE, IN A HUMANISTIC Activities & Governance TRADITION, HEALTH CARE PROFESSIONALS AND (CONT. ON SCH. O) if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 1853 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 1000 Total number of volunteers (estimate if necessary) 6 121 596. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7,220. 7h **Prior Year Current Year** 11,944,496, 23,101,352. Contributions and grants (Part VIII, line 1h) 8 Revenue 208,183,474 214,911,228. Program service revenue (Part VIII, line 2g) 3,643,698 12,802,069. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,148,693 2,802,327. 11 226,920,361 253,616,976. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,811,599 6,197,818. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 138,467,810. 142,725,234. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 62,774,299. 73,916,387. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 207,053,708, 222,839,439. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,866,653. 30,777,537. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 528,586,679 538,844,634. Total assets (Part X, line 16) 294,029,095 286,874,319. 21 Total liabilities (Part X, line 26) 三年 234,557,584. 251,970,315. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOSHUA MCFARLEN, CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 4.5.23 ERIN COUTURE P01390592 Paid GRANT THORNTON LLP 36-6055558 Preparer Firm's name Firm's EIN ▶

Firm's address > 75 STATE ST. 13TH FLOOR

BOSTON, MA 02109

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

No

Yes

Phone no. (617) 723-7900

Pai	t 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: TO PRODUCE, IN A HUMANISTIC TRADITION, HEALTH CARE PROFESSIONALS AND	
	BIOMEDICAL KNOWLEDGE THAT WILL ENHANCE AND EXTEND THE QUALITY OF LIFE	
	IN OUR COMMUNITIES.	
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 X No
	If "Yes." describe these new services on Schedule O.	100110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	1e51NO
4	,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to Section 501(a)(b) and 501(a)(d) argenizations are required to report the amount of grants and allocations to others.	
	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.	200 702 206
4a	(Code:)(Expenses \$ 175,007,861. including grants of \$ 6,197,818.) (Revenue \$	200,703,396.
	UNIVERSITIES FOR THE HEALTH PROFESSIONS IN THE WESTERN UNITED STATES.	
	WESTERN UNIVERSITY CONFERS DEGREES FOR PHYSICIANS, PHARMACISTS, NURSES,	
	PHYSICIAN ASSISTANTS, PHYSICAL THERAPISTS, VETERINARIANS, DENTISTS,	
	PODIATRISTS, OPTOMETRISTS, AND RESEARCHERS.	
4b	(Code:) (Expenses \$ 4,165,695. including grants of \$) (Revenue \$	15,574,727.
	WESTERNU HEALTH CLINICS WERE FOUNDED BY WESTERN UNIVERSITY OF HEALTH	
	SCIENCES IN 2008 AS ACADEMIC MEDICAL CENTERS. AS A TEACHING FACILITY,	
	WESTERNU HEALTH SERVES RESIDENTS AS WELL AS TEACHING STAFF AND STUDENTS	
	IN SOUTHERN CALIFORNIA AND PORTLAND AREAS. WESTERNU HEALTH WAS	
	ESTABLISHED TO PROVIDE TEACHING, MEDICAL SERVICES, AND RESEARCH IN	
	SPECIALTY AREAS INCLUDING EYE CARE, DENTAL CARE, PHARMACY, AND MANY	
	MORE.	
4-		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 179,173,556.	
		Form 990 (2021)

Part IV	Checklist of Required Schedules
---------	---------------------------------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝┷		\vdash
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
_		-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
ıza	, ,	40-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	\vdash
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		- v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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	07		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	_	Ţ	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Constitute C contains a response of note to any line in this Fait v		Vcc	— N≏
4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable 870		Yes	No

The second state of the number reported in box 3 of Form 1096. Enter -0- if not applicable and the second state of Forms W-2G included on line 1a. Enter -0- if not applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because of Forms W-2G included on line 1a. Enter -0- if not applicable applicable and reportable gaming because and reportable gaming because and reportable gaming because and reportable applicable and reportable and reportable applicable and repor

(gambling) winnings to prize winners?

Form 990 (2021) WESTERN UNIVERSITY OF HEALTH SCIENCES

Part V Statements Regarding Other IRS Filings and Tax Compliance (C

ı aı	Statements negaring other in 3 mings and rax compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.											
L	The date of the date and year of within the year develor by this retain	2b	Х									
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	20										
22	D: 11	3a	Х									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X									
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
h	b If "Yes," enter the name of the foreign country											
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a												
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		Х								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		Х								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		Х								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
g	· · · · · · · · · · · · · · · · · · ·											
_	, , , , , , , , , , , , , , , , , , , ,											
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
_	sponsoring organization have excess business holdings at any time during the year?											
	9 Sponsoring organizations maintaining donor advised funds.											
_	a Did the sponsoring organization make any taxable distributions under section 4966?											
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a											
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
_	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
С	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15	Х									
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х								
4-	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		**	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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			
	JOSHUA MCFARLEN - 909-623-6116			
	309 EAST SECOND STREET, POMONA, CA 91766-1854			

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per			Pos heck	more	l than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated sn.ty.	tee)	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DANIEL WILSON	40.00		=	0	~	T 00	ш.			
PROFESSOR/PRESIDENT EMERITUS	0.00					x		861,396.	0.	91,371.
(2) DEVENDRA AGRAWAL	40.00							·		,
SR. VP FOR RESEARCH (THRU 02/2022)	0.00				х			609,060.	0.	36,682.
(3) DAVID BARON	40.00									
PROVOST/PROFESSOR (THRU 04/2022)	0.00	L		х		L	L	429,821.	0.	37,463.
(4) CLIVE HOUSTON-BROWN	40.00									
COO	0.00			Х				407,699.	0.	42,611.
(5) PAULA CRONE	40.00									
INT. PROVOST & CAO (AS OF 04/2022)	0.00			Х				416,815.	0.	32,685.
(6) DAVID CONNETT	40.00									
ACTING DEAN COMP	0.00				Х			366,269.	0.	32,686.
(7) STEPHEN FRIEDRICHSEN	40.00									
DEAN COLLEGE OF DENTISTRY	0.00				Х			363,280.	0.	31,775.
(8) JEFFREY ELO	40.00									
PROF/ADVANCED CLINICAL SERVICES	0.00					Х		340,918.	0.	47,315.
(9) ROBERT WARREN	40.00									
CHIEF OF CLINICAL INTEGRATION	0.00					Х		345,483.	0.	32,771.
(10) PHILIP NELSON	40.00									
DEAN VETERINARY MEDICINE	0.00				Х			344,063.	0.	31,990.
(11) ANDREW PUMERANTZ	40.00									
PROF/DIR POPULATION HEALTH	0.00					Х		339,608.	0.	27,060.
(12) ALISSA CRAFT	40.00									
ADVISOR RESEARCH DEVELOPMENT	0.00		_			Х		336,789.	0.	19,635.
(13) DIANE ABRAHAM	40.00									
SR. VP FOR UNIVERSITY ADVANCEMENT	0.00				Х			303,428.	0.	32,685.
(14) DANIEL ROBINSON	40.00									
DEAN PHARMACY/ PROF. (THRU 06/2021)	0.00			-		_	Х	292,378.	0.	28,042.
(15) SUNIL PRABHU	40.00	l							_	.
DEAN PHARMACY	0.00		_		Х	_		270,071.	0.	34,235.
(16) KEVIN SHAW	10.00	l						244.41		40.00-
CFO/ ASST. TO PRES. (THRU 04/2021)	0.00			-		_	Х	211,142.	0.	40,895.
(17) BRADLEY HENSON	40.00							216 222		26 771
INT. SVP FOR RES. (AS OF 03/2022)	0.00				Х			216,232.	0.	26,771. Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Page 8

Part VII Section A. Officers, Directors, T (A)	(D)	(E)	(F)							
Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JOSHUA MCFARLEN	40.00									
INT. CFO & TREASURER	0.00			Х				203,613.	0.	21,654.
(19) ROBIN FARIAS-EISNER	40.00									
PRESIDENT (AS OF 03/2022)	0.00			Х				0.	0.	0.
(20) RICHARD BOND	1.00									
MEMBER-AT-LARGE	0.00	Х						0.	0.	0.
(21) LINDA CRANS	1.00									
MEMBER-AT-LARGE (THRU 12/2020)	0.00	Х						0.	0.	0.
(22) JOHN FORBING	1.00									
MEMBER-AT-LARGE	0.00	Х						0.	0.	0.
(23) DAVID SADAVA	1.00									
MEMBER-AT-LARGE (THRU 12/2020)	0.00	Х						0.	0.	0.
(24) GENE BARDUSON	1.00									
MEMBER-AT-LARGE (THRU 12/2020)	0.00	Х						0.	0.	0.
(25) TONY CHAN	1.00									
MEMBER-AT-LARGE	0.00	Х						0.	0.	0.
(26) WEN CHANG	1.00									
MEMBER-AT-LARGE (THRU 06/2020)	0.00	Х						0.	0.	0.
1b Subtotal							>	6,658,065.	0.	648,326.
c Total from continuation sheets to Par	t VII, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>	<u></u>		<u></u>	<u></u>			6,658,065.	0.	648,326.

COPY - DO NOT FILE

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

397

Yes No

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GBC CONSTRUCTION, LLC		
1925 NW 9TH STREET, CORVALLIS, OR 97330	CONSTRUCTION	7,757,890.
NHP/PMB,LP, 10350 ORMSBY PARK PLACE, SUITE		
300, LOUISVILLE, KY 40223	LEASE MANAGEMENT	3,121,951.
SAMARITAN HEALTH SERVICES, INC.		
801 N HARBOR BLVD, ANAHEIM, CA 92805	LEASE MANAGEMENT	2,324,278.
CDG BUILDERS, INC., 24 EXECUTIVE PARK		
SUITE 150, IRVINE, CA 92614	CONSTRUCTION	1,598,120.
COMPUTEK, 9580 COMMERCE CENTER DR., RANCHO		
CUCAMONGA, CA 91730	EQUIPMENT	1,106,916.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	111	
	-	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273

stees, Key En (B) Average hours per week (list any hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 0.00 0.	stee or director		((Pos	nd HC) iition that			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(B) Average hours per week (list any hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 0.00	X Individual trustee or director	neck	Posi all t	c) ition that	app	ly)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
Average hours per week (list any hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 1.00 0.00	X Individual trustee or director	neck	Pos all t	ition that	арр		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
hours per week (list any hours for related organizations below line) 1.00 0.00 1.00 1.00 0.00 1.00 1.00	X Individual trustee or director	neck	all t	that	арр		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
per week (list any hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 0.00	X Individual trustee or director						from the organization	from related organizations	other compensation from the organization and related
week (list any hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 1.00 1.00 1.00	X Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00	X Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employ	Former	-	•	from the organization and related
hours for related organizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00	X Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated en	Former	-	,	organization and related
organizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 1.	X Individual trustee	Institutional trustee	Officer Officer	Key employee	Highest compensat	Former			
below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 1.	x	Institutional tr	Officer	Key employee	Highest comp	Former			organizations
line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 1.	x	Institutio	Officer	Key emp	Highest	Former			1
1.00 0.00 1.00 0.00 1.00 0.00	x	Inst	1,00	Key	Higl	Forr			l
0.00 1.00 0.00 1.00 0.00	х								
1.00 0.00 1.00 0.00 1.00	х								
0.00 1.00 0.00 1.00							0.	0.	0
1.00 0.00 1.00									
0.00 1.00	v						0.	0.	0
1.00	v								
	21						0.	0.	0
0.00									
	х						0.	0.	0
1.00									
0.00	х						0.	0.	0
1.00									
0.00	х						0.	0.	0
1.00									
	x						0.	0.	0
	x						0	0	0
							•	•	
	v						0	0	0
							· ·	••	<u> </u>
	x						0	0	0
							••	•	<u> </u>
	v						0	0	0
	Λ						0.	0.	
	v						0	0	
0.00	Λ						0.	0.	0
									. ———
	1.00	1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	1.00 0.00 x 1.00 0.00 x 1.00 0.00 x 1.00 0.00 x 0.00 x 1.00 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x 0.00 x	1.00

VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
		Fundraising events 1c					
			11,561,439.				
Sir		ÿ \ , , , , , , , , , , , , , , , , , ,	11,301,133.				
utio	1	All other contributions, gifts, grants, and	11,539,913.				
ë		similar amounts not included above 1f	371,245.				
out		Noncash contributions included in lines 1a-1f	3/1,243.	22 101 252			
<u>o</u> e		Total. Add lines 1a-1f	Dusiness Code	23,101,352.			
		MILITATON DEVENUE	Business Code	200 702 206	200 702 206		
<u>ic</u>	2 :		611710	200,703,396.	200,703,396.		
er v		MEDICAL CLINIC REVENUE	621400	11,290,737.	11,290,737.		
n S	(BOOKSTORE REVENUE	621400	1,956,131.	1,956,131.		
ran 3ev	(STUDENT FEES	611710	960,964.	960,964.		
Program Service Revenue	(
۵		All other program service revenue					
		Total. Add lines 2a-2f		214,911,228.			
	3	Investment income (including dividends, interes					
		other similar amounts)	🕨	6,097,512.			6,097,512.
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6	Gross rents 6a 1,124,445.					
	- 1	Less: rental expenses 6b 0.					
	(Rental income or (loss) 6c 1,124,445.					
		Net rental income or (loss)	>	1,124,445.			1,124,445.
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 418, 451, 376.	1,350,000.				
	-	Less: cost or other basis					
ē		and sales expenses	1,228,404.				
ther Revenue	,	Gain or (loss) 7c 6,582,961.	121,596.				
Şe.		Net gain or (loss)		6,704,557.		121,596.	6,582,961.
ē		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ı	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	,				
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	•				
$\overline{}$			Business Code				
sna	11 :	CONTINUING EDUCATION	611710	640,314.	640,314.		
ned Tue		OUTSIDE REVENUE	058633	310,322.	310,322.		
Miscellaneous Revenue		OTHER EDUCATIONAL REV.	900099	105,272.	105,272.		
Be		All other revenue	900099	621,974.	310,987.		310,987.
Σ		• Total. Add lines 11a-11d		1,677,882.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 2
	12	Total revenue. See instructions	•	253,616,976.	216,278,123.	121,596.	14,115,905.

132009 12-09-21

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,197,818.	6,197,818.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	4,906,117.	2,753,593.	2,152,524.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	99,345.	99,345.		
	Other salaries and wages	109,903,790.	92,726,789.	15,241,521.	1,935,480
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,353,264.	6,116,331.		123,855
	Other employee benefits	12,409,234.	10,321,807.	1,878,411.	209,016
	Payroll taxes	8,053,484.	6,698,763.	1,219,072.	135,649
	Fees for services (nonemployees):				
	Management				
	Legal	5,928,218.	137,004.	5,786,214.	5,000
	Accounting	285,837.	24 252	285,837.	
	Lobbying	65,561.	21,960.	43,601.	
	Professional fundraising services. See Part IV, line 17	115 520		115 520	
	Investment management fees	446,632.		446,632.	
_	Other. (If line 11g amount exceeds 10% of line 25,	10 045 004	6 760 424	2 050 605	014 055
	column (A), amount, list line 11g expenses on Sch 0.)	10,247,294.	6,760,434.	3,272,605.	214,255
	Advertising and promotion	777,318.	408,625.	356,397.	12,296
	Office expenses	1,966,599.	1,349,645.	552,195.	64,759
	Information technology	4,016,827.	2,600,712.	1,332,317.	83,798
	Royalties	12 760 204	10 612 022	1 021 552	214 020
	Occupancy	12,760,304.	10,613,822.	1,931,553.	214,929 36,684
	Travel	2,084,210.	1,658,870.	388,656.	30,004
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 0/1 952	866 471	158 610	16 771
	Conferences, conventions, and meetings	1,041,852. 4,322,760.	866,471. 3,548,966.	158,610. 707,401.	16,771 66,393
	Interest	4,322,700.	3,340,300.	707,401.	00,393
	Payments to affiliates	7 857 275	6,548,651.	1,196,277.	112,347
	Depreciation, depletion, and amortization	7,857,275. 1,535,831.	371.	1,196,277.	112,347
	Other expenses. Itemize expenses not covered	1,333,031.	3/1.	1,333,400.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	ROTATIONS EXPENSE	5,464,009.	5,464,009.	0.	0
	MED/LAB/STDNT SUPPLIES	4,431,158.	4,117,554.	312,797.	807
-	REPAIRS AND MAINTENANCE	2,620,715.	2,209,540.	381,497.	29,678
d	COST OF GOODS SOLD	2,487,578.	2,487,578.	0.	0
е	All other expenses	5,576,409.	5,464,898.	58,971.	52,540
	Total functional expenses. Add lines 1 through 24e	222,839,439.	179,173,556.	40,351,626.	3,314,257
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

					(A) Beginning of year		(B) End of year
1	_	Cook non interest bearing			Beginning of year	1	End of year
2		Cash - non-interest-bearing	6,105,005.	2	8,788,565		
3		Savings and temporary cash investments Pledges and grants receivable, net			1,347,297.	3	326,399
					3,502,646.	4	7,594,724
4		Accounts receivable, net			3,302,040.	4	7,351,721
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul				5	
6		controlled entity or family member of any of the				3	
"		Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
₀ 7		***************************************			36,671,607.	7	41,490,644
₩ .		Notes and loans receivable, net			621,485.	8	848,802
Asse 8		Inventories for sale or use			3,658,129.	9	3,462,952
` ª					3,000,123.	9	3,102,332
10		Land, buildings, and equipment: cost or other		254,482,987.			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation		115,830,623.	134,209,431.	10c	138,652,364
11					130,427,801.	11	112,732,596
12		Investments - publicly traded securities Investments - other securities. See Part IV, lin			137,503,031.	12	151,477,264
		Investments - program-related. See Part IV, lin			137,303,031.		101,177,201
13 14				Г		13	
15		Intangible assets Other assets See Bort IV line 11		74,540,247.	15	73,470,324	
16		Other assets. See Part IV, line 11			528,586,679.	16	538,844,634
17		Accounts payable and accrued expenses			31,280,062.	17	34,952,337
18					01,200,002.	18	01,502,007
19		Grants payable			26,847,851.	19	26,289,631
20		Deferred revenue			89,875,785.	20	87,435,901
21		Escrow or custodial account liability. Comple		Schedule D		21	,,
		Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
≣		controlled entity or family member of any of the				22	
를 ₂₃		Secured mortgages and notes payable to unr	-			23	
24		Unsecured notes and loans payable to unrela		·		24	
25		Other liabilities (including federal income tax,				27	
25		parties, and other liabilities not included on lin					
		of Schedule D	,	.	146,025,397.	25	138,196,450
26		Total liabilities. Add lines 17 through 25			294,029,095.	26	286,874,319
		Organizations that follow FASB ASC 958, or	heck here	X	, ,		, ,
es es		and complete lines 27, 28, 32, and 33.					
ဋ 27					211,980,013.	27	222,802,286
8 28					22,577,571.	28	29,168,029
를		Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here			, ,		
호		and complete lines 29 through 33.					
ි ₂₉		Capital stock or trust principal, or current fund	ds			29	
8 30		Paid-in or capital surplus, or land, building, or				30	
88 31		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 25 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32		Total net assets or fund balances			234,557,584.	32	251,970,315
33		Total liabilities and net assets/fund balances			528,586,679.	33	538,844,634

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			976.
2	Total expenses (must equal Part IX, column (A), line 25)	2	222,	839,	439.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,	777,	537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	234,	557,	584.
5	Net unrealized gains (losses) on investments	5	-23,	778,	584.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10,	413,	778.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	251,	970,	315.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	: audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2021)

132012 12-09-21

COPY - DO NOT FILE

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Section A. Public Support

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

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

Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4. etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 23 11	(3) 2010	(6) 2010	(4) 2020	(6) 2321	(i) rotar
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	-					
0	organization, check this box and stop	here					>
	tion C. Computation of Publi						
	Public support percentage for 2021 (li					14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
Ioa	33 1/3% support test - 2021. If the c						
L	stop here. The organization qualifies 33 1/3% support test - 2020. If the organization is a support test - 2020.	. ,	J			or more, check thi	
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
172	10% -facts-and-circumstances test						
., a	and if the organization meets the facts						
	meets the facts-and-circumstances te					viriow the organiz	▶ □
h	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	-					. 5, 5 51
	organization meets the facts-and-circu						ightharpoons
18	Private foundation. If the organization						• •
	<u> </u>		,	. , , , , ,			(Farm 000) 2021

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	slow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) 2317	(2) 2313	(0) 2010	(4) 2020	(0) 2321	(i) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	· ·		•	•		. —
<u> </u>	check this box and stop here	a Cumpart Da	· · · · · · · · · · · · · · · · · · ·				>
	ction C. Computation of Public					T T	
	Public support percentage for 2021 (li		- ·	column (f))		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•			ino 10 l (^\		17	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	7 is not
198	a 33 1/3% support tests - 2021. If the						▶ □
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	=	-	•			
	line 18 is not more than 33 1/3%, ched	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 10h check th	nis hay and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

Pa	rt IV Supporting Organizations (continued)			J
	, i i i i i i i i i i i i i i i i i i i		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	s). Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? 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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu		·	T
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

Fai	Type in Non-Functionally integrated 509	a)(5) Supporting Orga	ilizations (contin	<u>uea) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

COPY - DO NOT FILE

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule B

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

Name of the organization **Employer identification number** WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273

	ABILITY CHIVENDIII OI MEMELII BELLITEDE					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.					
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering to (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, I	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify illing requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	91
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,510,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4	\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)	raye •
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$260,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$118,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$91,581.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$55,000.	Person X Payroll

123452 11-11-21

Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 51,070. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 49,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 46,399. Person Payroll Noncash X (Complete Part II for noncash contributions.)

123452 11-11-21

Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* 29,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll

123452 11-11-21

	1 - 9 -
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	* \$ 16,281.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll

123452 11-11-21

	91
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31			Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 32	Name, address, and ZIP + 4	\$	Person X Payroll Noncash Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	Training data coop and all 1 1	\$12,201.	Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 35	Name, address, and ZIP + 4	\$	Person Payroll Domplete Part II for concash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Tame, addi 000, and £11 TT	\$	Person X Payroll Noncash Complete Part II for concash contributions.)

123452 11-11-21

Contradic B (Form coo) (EGE 1)	r ago -
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		\$ \$ \$ \$ \$ \$ \$ Person
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		\$ 10,000. Person X Payroll Noncash (Complete Part II for page 8) contributions.

123452 11-11-21

Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46		\$ 8,921. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
47		\$ 8,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
48		\$ 8,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

	9-
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	\$ 7,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$6,350.	Person X Payroll

123452 11-11-21

Schedule B (Form 990) (2021)	raye •	
Name of organization	Employer identification number	
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273	

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
55		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
56		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
57		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
58		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
60		Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Contradic B (Form Coo) (ESE 1)	· ago -
Name of organization	Employer identification number
WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 64	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll

123452 11-11-21

Name of o	rganization	Emp	loyer identification number
WESTERN	UNIVERSITY OF HEALTH SCIENCES		95-3127273
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

123452 11-11-2

Name of organization

Employer identification number

WESTERN UNIVERSITY OF HEALTH SCIENCES

95-3127273

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	EQUIPMENT		
		\$\$	06/23/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	SUPPLIES		
		\$\$	06/24/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	HAND SANITIZER		
		\$\$	07/13/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	SUPPLIES		
		\$16,281.	06/17/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
35	SUPPLIES		
		\$	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

123453 11-11-21

Schedule B (Form 990) (2021) Page **4**

Name of or	ganization			Employer identification number			
WESTERN V	UNIVERSITY OF HEALTH SCIENCES			95-3127273			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charted uplicate copies of Part III if additional sp	hrough (e) and the following line er aritable, etc., contributions of \$1,000 or	ntry For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Parti							
		(e) Transfer of gi	ft				
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
		(e) Transfer of gi	ft				
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee			
())							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	Transferee's name, address, and	(e) Transfer of gi		ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nnsferor to transferee			

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- 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.

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 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) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
_		IVERSITY OF HEALTH SCIEN			95-3127273
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.			=6.1/	1/01
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	<u> </u>	
	Enter the amount directly expended	, ,	•	***************************************	
2	Enter the amount of the filing organ		ū		
	exempt function activities				
3	Total exempt function expenditures		•		
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
Ū	made payments. For each organiza				
	contributions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide 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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

		TY OF HEALTH SCII			Page 2
Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	1 50 1(c)(3) and file	a Form 5768 (ei	ection under
	tion belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
	re of excess lobbying				, , ,
	, ,	nd "limited control" pro	ovisions apply.		
Limi	ts on Lobbying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	"				
c Total lobbying expenditures (add li	~				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter			ſ		
If the amount on line 1e, column (a) of		bying nontaxable am			
Not over \$500,000	• •	the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	· , ,		
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,	•	σο στοι φτησοσήσσοι		
	, ,,,,,,,,		-		
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	lt O				
i Subtract line 1f from line 1c. If zero			[
j If there is an amount other than ze					
reporting section 4911 tax for this		,			Yes No
	•	eraging Period Under			
(Some organizations t	hat made a section 5		have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
the lobbying activity.	Yes	No	Amount	t
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	65	
i Other activities?				5,56
j Total. Add lines 1c through 1i		v	65	5,56
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?art III-A Complete if the organization is exempt under section 501(c)(4), sect	 ion 501(c)(l	 5) or sec		
501(c)(6).		<i>5</i> , 01 3e0	Zuon	
			Yes	No
				140
Were substantially all (90% or more) dues received nondeductible by members?		1		
and the contract of the contra				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect	the prior year	2 ? 3 5), or sec		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year ion 501(c)(t d "No" OR	2 ? 3 5), or sec (b) Part l		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members	the prior year ion 501(c)(l d "No" OR	2 ? 3 5), or sec (b) Part l		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members	the prior year ion 501(c)(l d "No" OR	2 ? 3 5), or sec (b) Part l		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid).	the prior year ion 501(c)(t d "No" OR	2 7 5), or sec (b) Part I		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). Current year	the prior year ion 501(c)(t d "No" OR	2 3 5), or sec (b) Part I		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year Total	the prior year ion 501(c)(l d "No" OR litical	2 3 5), or sec (b) Part I		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	the prior year ion 501(c)(i d "No" OR	2 3 5), or sec (b) Part I		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexies for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexyenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexies for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexyenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Didde the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grotuctions); and Part II-B, line 1. Also, complete this part for any additional information.	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the properties of the properties	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from set III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Did the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grothuctions); and Part II-B, line 1. Also, complete this part for any additional information.	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Didde the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grotuctions); and Part II-B, line 1. Also, complete this part for any additional information.	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from set III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Did the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grothuctions); and Part II-B, line 1. Also, complete this part for any additional information.	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Didde the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grother tructions); and Part II-B, line 1. Also, complete this part for any additional information. But II-B, LINE 1I E UNIVERSITY PAID LOBBYING EXPENSES THROUGH MEMBERSHIP DUES OR SERVICES ID TO OUTSIDE ORGANIZATIONS. THE LOBBYING EXPENSES WERE USED TO EXPAND	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from sert III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grother tructions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1I	the prior year ion 501(c)(t d "No" OR litical	2 3 5), or sec (b) Part I 2a 2b 2c 3	III-A, line 3,	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

WESTERN UNIVERSITY OF HEALTH SCIENCES

Employer identification number 95-3127273

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	counts. Complete if the
	organization anomored 100 orn orn 000,1 artify in	(a) Donor advised fun	ids	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any oth	er purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) Pre	eservation of a histo	orically important land area
	Protection of natural habitat	Pre	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution	in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a his	toric structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termin	nated by the organi	ization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	• • •	nandling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enf	forcing conservation	on easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcin	ng conservation ea	sements during the year
_	> \$			(n)
8	Does each conservation easement reported on line 2(d) above	·		" — —
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	•	iciai statements tri	at describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasur	res. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 956		statement and half	ance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	,		
	service, provide in Part XIII the text of the footnote to its finan	,		loc of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,,		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				k 4
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tr	easures, or	Other S	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessic							Tooritaina	<u> </u>
•	collection items (check all that apply):								
а	a X Public exhibition d Loan or exchange program								
b	Scholarly research	e		onango program	•				
c	Preservation for future generations	ū							
4	Provide a description of the organization's co	llections and explain	how they further t	he organization	's evemn	nt nurnos	se in Part	XIII	
5	During the year, did the organization solicit or	•	•	ū	•		oc iiii ait.	AIII.	
3	to be sold to raise funds rather than to be ma				a			Yes	X No
Par	t IV Escrow and Custodial Arrang								140
1 011	reported an amount on Form 990, Part		ie ii trie organizati	on answered T	C3 OIII (01111 000	, 1 4111, 1	1110 0, 01	
	Is the organization an agent, trustee, custodia		ary for contribution	ns or other asse	ts not inc	cluded			
	on Form 990, Part X?							Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a							_ 100	
	ii res, explain the arrangement iiii art xiii a	and complete the folio	owing table.					Amount	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.		•		•				
Par									
	·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four y	ears back
1a	Beginning of year balance	64,037,245.	50,437,222			43,2	05,253.	39,4	99,389.
	Contributions	5,540,733.	1,266,665				25,701.		27,533.
c	Net investment earnings, gains, and losses	-9,445,336.	13,217,394	+			30,892.		21,514.
d	Grants or scholarships	686,968.	647,525	1			21,743.		18,856.
	Other expenditures for facilities	,	,	,			,		, -
·	and programs	313,967.	236,511.	2,339,	307.	2.0	92,596.	1.8	24,327.
f	Administrative expenses	,	,	, ,			,	,	, -
g g	End of year balance	59,131,707.	64,037,245	50,437,	222.	48.3	47,507.	43.2	05,253.
2	Provide the estimated percentage of the curre						,		,
a	Board designated or quasi-endowment	66.0000	%	a)) Hold do.					
b	Permanent endowment 24.0000	%							
	Term endowment ► 10.0000 g								
Ū	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ion that are held a	nd administere	d for the	organiza	ation		
-	by:	olon or the organizat	ion that are more a		4 101 1110 1	organizo		Y	es No
	(i) Unrelated organizations							3a(i)	х
	(ii) Related organizations							3a(ii)	х
h	If "Yes" on line 3a(ii), are the related organization	ions listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							<u> </u>	-
	t VI Land, Buildings, and Equipme		micrit idiido.						
	Complete if the organization answered		Part IV. line 11a.	See Form 990. I	Part X. lin	ne 10.			
	Description of property	(a) Cost or ot		t or other		umulate	-d	(d) Book	value
	bescription of property	basis (investm		(other)		eciation		(a) Book	value
	Land			5,914,148.				9 9	17,108.
	Buildings	··		5,397,754.	41	1,358,	906.		38,848.
	Leasehold improvements			1,205,422.		4,444,			60,455.
d	Equipment			0,059,882.		8,079,			80,734.
	Other			3,902,821.		1,947,			55,219.
	Add lines 1a through 1e (Column (d) must on					, ,			52.364.

Schedule D (Form 990) 2021 WESTERN UNIVERSI	TY OF HEALTH SCIENCES	95	5-3127273 Page 3
Part VII Investments - Other Securities.			<u>u</u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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) CORPORATE AND GOVERNMENT BONDS	150,057,053.	END-OF-YEAR MARKET VALUE	
(B) CERTIFICATE OF DEPOSITS	1,381,611.	END-OF-YEAR MARKET VALUE	
(C) EQUITIES	38,600.	END-OF-YEAR MARKET VALUE	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	151,477,264.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1:	1d See Form 990 Part Y line 15	
	Description	14. 366 F 6111 366, F 417 X, III 6 16.	(b) Book value
(1) LEASE RIGHT-OF-USE ASSETS	Bookingtion		70,666,055.
(2) NET CAMPUS NETWORK INSTALLATION			2,487,998.
(3) INSTITUTIONAL CASH SURRENDER VALUE			316,271.
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>	•	73,470,324.
Part X Other Liabilities.	<i>5</i> 70.,		, ,
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			76,012,035.
(3) FEDERAL STUDENT LOAN FUNDS			46,838,330.
(4) BOND ISSUE SWAP LIABILITY			12,309,886.
(5) LIABILITY ON SPLIT-INTEREST AGREEMENT			1,870,410.
(6) DEPOSITS FOR AGENCY FUNDS			744,613.
(7) ACCRUED BOND INTEREST PAYABLE			421,176.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021

138,196,450.

(7) (8) (9)

95-3127273

Part .	Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lii		ue per Return.
1 T			1
	mounts included on line 1 but not on Form 990, Part VIII, line 12:		······
	et unrealized gains (losses) on investments	2a	
	onated services and use of facilities		
	ecoveries of prior year grants		
	ther (Describe in Part XIII.)		
	dd lines 2a through 2d		2e
	ubtract line 2e from line 1		
	mounts included on Form 990. Part VIII, line 12, but not on line 1:		
	estment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII.)		
			4c
	dd lines 4a and 4b otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Part	XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 12a.	
1 T	otal expenses and losses per audited financial statements		1
	mounts included on line 1 but not on Form 990, Part IX, line 25:		
a D	onated services and use of facilities	2a	
	rior year adjustments		
	ther losses	I I	
	ther (Describe in Part XIII.)	I I	
e A	dd lines 2a through 2d		2e
	ubtract line 2e from line 1		
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII.)		
	dd lines 4a and 4b		4c
	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	5
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 20	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	
D1D# :			
PART .	III, LINE 4:		
COLLEG	THIONG OF ADM UTCHODICAL MERACUDES OF OMUED SIMILAD A	CCEMC WECKEDNII	
СОППЕС	TIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR AS	SSEIS WESIERNO	
HAS RI	CCEIVED DISNEY COLLECTIBLE ITEMS, WHICH ARE MAINTAINED	AT ONE OF	
	,		
THEIR	CAMPUSES AS PUBLIC DISPLAY ITEMS.		
PART V	7, LINE 4:		
INTENI	DED USES OF ORGANIZATION'S ENDOWMENT FUNDS		
m	THE CONTROL OF THE CO	SEEG ARE NO	
THE II	IVESTMENT OBJECTIVES FOR THE MANAGEMENT OF ENDOWMENT AS:	SETS ARE TO	
MANAGI	CONTRIBUTIONS IN A MANNER THAT WILL MAXIMIZE THE BENE	FIT INTENDED	
BY THE	DONOR, TO PRODUCE CURRENT INCOME TO SUPPORT THE PROGRA	AMS OF THE	
_			
UNIVE	SITY, DONOR OBJECTIVES, AND TO ACHIEVE GROWTH OF BOTH	PRINCIPAL	
773 T TTT	AND THOOME OVER MIME GURELGIENM HO DESCRIVE OF THORSE	ם חטס	
	AND INCOME OVER TIME SUFFICIENT TO PRESERVE OR INCREAS	L THE	

PURCHASING POWER OF THE ASSETS, THUS PROTECTING THE ASSETS AGAINST

PART X, LINE 2: FIN 48 (ASC 740) FOOTNOTE THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE UNIVERSITY HAS BEEN RECOGNIZED BY THE CALIFORNIA FRANCHISE TAX BOARD AS A UNIVERSITY THAT IS EXEMPT FROM CALIFORNIA FRANCHISE AND INCOME TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS ALSO EXEMPT FROM OREGON INCOME TAXES UNDER THE RELATED STATE PROVISIONS. THE UNIVERSITY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE UNIVERSITY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE UNIVERSITY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE

Page 5

INFLATION.

POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO

BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION. WITHOUT REGARD TO

Schedule D (Form 990) 2021 WESTERN UNIVERSITY OF HEALTH SCIENCES Part XIII Supplemental Information (continued)	95-3127273	Page 5
Part XIII Supplemental Information (continued)		
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.		

Schools

(Form 990)

Department of the Treasury Internal Revenue Service

SCHEDULE E

➤ 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/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WESTERN UNIVERSITY OF HEALTH SCIENCES
Employer identification number
95-3127273

	WESTERN UNIVERSITY OF HEALTH SCIENCES 95-	312/2	, ,	
Pa	rt I			
			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	3	х	
	THE RACIALLY NON-DISCRIMINATORY POLICY IS CLEARLY STATED ON			
	WESTERN UNIVERSITY'S WEBSITE IN THE UNIVERSITY CATALOG.	-		
		-		
		-		
		-		
ļ	Does the organization maintain the following?	-		
		4a	Х	
		4b	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	· 40		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		х	
	with student admissions, programs, and scholarships?		X	⊢
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Λ	
		-		
5	Describe exemplation discriminate by uses in any year with vegetate.	-		
	Does the organization discriminate by race in any way with respect to:			X
	Students' rights or privileges?	<u>5a</u>		X
b	Admissions policies?	5b		X
С.	Employment of faculty or administrative staff?	5c		-
a	Scholarships or other financial assistance?	5d		7
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		2
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		-		
_	Does the experimentary vession any financial aid ay assistance from a recommendation of		x	
	Does the organization receive any financial aid or assistance from a governmental agency?			7
a	Has the organization's right to such aid ever been revoked or suspended?	6b		H
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
•	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	. 7	Х	ı

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2021 WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, a	3	
applicable. Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE UNIVERSITY RECEIVES STUDENT FINANCIAL AID FUNDS WHICH ARE PASSED		
THROUGH TO THE STUDENT TO BE USED FOR TUITION AND OTHER QUALIFYING COSTS.		
THE UNIVERSITY ALSO RECEIVES VARIOUS RESEARCH GRANTS FROM STATE AND		
FEDERAL AGENCIES TO CONDUCT MEDICAL RESEARCH ACTIVITIES, WHICH ARE WITHIN		
THE SCOPE OF THEIR EXEMPT PURPOSE.		

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 **2021**Open to Public

Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number			
	VERSITY OF HEAL!	TH SCIENCES					95-3127273			
Does the organization maintain record	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 as							Yes No			
2 Describe in Part IV the organization's Part II Grants and Other Assistance					onization analyses d "V	Yeall on Form 000 Dark	t IV line O1 for any			
recipient that received more that						es on Form 990, Part	TV, IIIIe 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501(c)(3	-	-					>			
3 Enter total number of other organizati	ons listed in the line	1 table								

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

THE GRANT CRITERIA (FINANCIAL AND ENROLLMENT). THE FINANCIAL AID DEPARTMENT

95-3127273 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. (c) Amount of (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance 0 SCHOLARSHIPS 470 4,885,294. HEERF STUDENT GRANTS 3689 1,312,524 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GRANTS ARE PUT INTO A SEPARATE AND UNIQUE FUND AND THE EXPENDITURES ARE MONITORED AGAINST THE PROPOSAL AND AWARD. WESTERN UNIVERSITY MANAGES AN EXTENSIVE FINANCIAL AID PROGRAM TO ENSURE THAT A HIGHLY QUALIFIED AND DIVERSE POPULATION IS ABLE TO MATRICULATE AND CONTINUE TO GRADUATION. THE ASSISTANCE PROGRAMS TAKE TWO MAJOR FORMS: MERIT SCHOLARSHIPS AND NEED-BASED FINANCIAL AID. THE STUDENT FIRST APPLIES FOR ASSISTANCE, AND THEN BASED ON

Schedule I (Form 990) WESTERN UNIVERSITY OF HEALTH SCIENCES	95-3127273	Page 2
Part IV Supplemental Information		
MONITORS THE AMOUNTS GIVEN BY THE GRANT. GRANT AND SCHOLARSHIP AWARD		
CONTEMPOR AND THE DESIDENCE		
COMMITTEES AWARD THE RECIPIENTS.		
PART III:		
AS PART OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT		
(CARES ACT), THE UNICERSITY RECEIVED A FEDERAL GRANT AS PART OF THE		
UTCHED EDUCATION EMEDICANCY DELIVE PUND (HERDE) OF MUAN AMOUNT		
HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF). OF THAT AMOUNT,		-
\$1,312,524 WAS GRANTED TO 3,689 STUDENTS.		

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public

95-3127273

Department of the Treasury
Internal Revenue Service
Name of the organization

SCHEDULE J

(Form 990)

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

Inspection
Employer identification number

OMB No. 1545-0047

WESTERN UNIVERSITY OF HEALTH SCIENCES

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees X Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the 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. X Compensation committee Written employment contract X Compensation survey or study X Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Do not list any individuals that aren't listed on Form 990, Part VII.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

95-3127273

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIEL WILSON	(i)	801,965.	0.	59,431.	71,750.	19,621.	952,767.	0.
PROFESSOR/PRESIDENT EMERITUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEVENDRA AGRAWAL	(i)	602,975.	2,885.	3,200.	21,750.	14,932.	645,742.	0.
SR. VP FOR RESEARCH (THRU 02/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID BARON	(i)	426,621.	0.	3,200.	21,750.	15,713.	467,284.	0.
PROVOST/PROFESSOR (THRU 04/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLIVE HOUSTON-BROWN	(i)	406,174.	0.	1,525.	21,750.	20,861.	450,310.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAULA CRONE	(i)	415,731.	0.	1,084.	21,750.	10,935.	449,500.	0.
INT. PROVOST & CAO (AS OF 04/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID CONNETT	(i)	363,335.	0.	2,934.	21,750.	10,936.	398,955.	0.
ACTING DEAN COMP	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN FRIEDRICHSEN	(i)	360,346.	0.	2,934.	21,750.	10,025.	395,055.	0.
DEAN COLLEGE OF DENTISTRY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY ELO	(i)	340,571.	0.	347.	21,750.	25,565.	388,233.	0.
PROF/ADVANCED CLINICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERT WARREN	(i)	345,105.	0.	378.	21,750.	11,021.	378,254.	0.
CHIEF OF CLINICAL INTEGRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PHILIP NELSON	(i)	341,129.	0.	2,934.	21,750.	10,240.	376,053.	0.
DEAN VETERINARY MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANDREW PUMERANTZ	(i)	338,524.	0.	1,084.	21,750.	5,310.	366,668.	0.
PROF/DIR POPULATION HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALISSA CRAFT	(i)	327,209.	9,000.	580.	8,700.	10,935.	356,424.	0.
ADVISOR RESEARCH DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DIANE ABRAHAM	(i)	301,765.	0.	1,663.	21,750.	10,935.	336,113.	0.
SR. VP FOR UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DANIEL ROBINSON	(i)	286,937.	0.	5,441.	21,636.	6,406.	320,420.	0.
DEAN PHARMACY/ PROF. (THRU 06/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SUNIL PRABHU	(i)	268,625.	0.	1,446.	20,858.	13,377.	304,306.	0.
DEAN PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEVIN SHAW	(i)	135,343.	0.	75,799.	15,804.	25,091.	252,037.	0.
CFO/ ASST. TO PRES. (THRU 04/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.

95-3127273

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) BRADLEY HENSON	(i)	213,940.	2,000.	292.	16,566.	10,205.	243,003.	0.
INT. SVP FOR RES. (AS OF 03/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JOSHUA MCFARLEN	(i)	203,466.	0.	147.	3,180.	18,474.	225,267.	0.
INT. CFO & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

95-3127273

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.

PART I, LINE 1A:

OUESTIONS REGARDING COMPENSATION

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: DANIEL WILSON RECEIVED A TAX

GROSS-UP PAYMENT FOR AN AUTO LEASE, WHICH ARE INCLUDED IN COMPENSATION

REPORTED ON SCHEDULE J. PART II, COLUMN (B)(III).

HOUSING ALLOWANCE

A BOARD APPROVED HOUSING ALLOWANCE WAS PAID AS A TAXABLE BENEFIT TO THE

PRESIDENT EMERITUS. WHICH IS INCLUDED IN COMPENSATION REPORTED ON SCHEDULE

J, PART II, COLUMN(B)(III).

DISCLOSURE FOR PERSONAL SERVICES

CERTAIN LEGAL SERVICES WERE PAID FOR THE PRESIDENT EMERTIUS AND INCLUDED IN

SCHEDULE J. PART I. (B)(III).

PART I, LINE 4B:

THE PRESIDENT EMERTIUS PARTICIPATED IN A DEFERRED COMPENSATION ARRANGEMENT.

AMOUNTS CREDITED UNDER THE PLAN ARE INCLUDE IN SCHEDULE J. PART I. COLUMN

(C).

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2021
Open to Public Inspection

Name of the organization

Bond Issues

WESTERN UNIVERSITY OF HEALTH SCIENCES

Employer identification number 95-3127273

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	efeased	(h) On of is			ooled ncing
								Yes	No	Yes	No	Yes	No
CA STATEWIDE COMMUNITIES DEVELOPMENT													
A AUTHORITY	68-0164610	13080SXD1	10/17/07	104,9	00,000.	SEE PART VI			х		Х		Х
В													
С													<u> </u>
D													
Part II Proceeds													
			<i>F</i>	١		В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue				,350,895.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds			3	,904,806.									
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				,914,207.									
8 Credit enhancement from proceeds			1	,648,135.									
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				,450,895.									
11 Other spent proceeds			28	,432,852.									
12 Other unspent proceeds													
13 Year of substantial completion				2009									
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding i	-												
if issued prior to 2018, a current refunding issu			Х										
15 Were the bonds issued as part of a refunding is		• .											
issued prior to 2018, an advance refunding iss	ue)?												
16 Has the final allocation of proceeds been made	?		Х										
17 Does the organization maintain adequate book		• •											
final allocation of proceeds?			Х										

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

art III Private Business Use		Λ			3		c	D	
Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?	163	X		163	140	163	140	163	140
2 Are there any lease arrangements that may result in private business use of									
, , , ,		x							
bond-financed property?									
3a Are there any management or service contracts that may result in private	Х								
business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	Х								
counsel to review any management or service contracts relating to the financed property?	A								
c Are there any research agreements that may result in private business use of		x							
bond-financed property?		^							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
outside counsel to review any research agreements relating to the financed property?							l		
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		.00	%		%		%		
5 Enter the percentage of financed property used in a private business use as a									
result of unrelated trade or business activity carried on by your organization,									
another section 501(c)(3) organization, or a state or local government			%		%		%		
Total of lines 4 and 5			%		%		%		1
7 Does the bond issue meet the private security or payment test?		Х							
Ba Has there been a sale or disposition of any of the bond-financed property to a non-									
governmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
disposed of			%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
sections 1.141-12 and 1.145-2?									
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								
art IV Arbitrage									
		A			3		c)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х							
2 If "No" to line 1, did the following apply?		•			•		•		
a Rebate not due yet?		х							
b Exception to rebate?		х							
c No rebate due?	Х								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•			•		'		1
performed									
3 Is the bond issue a variable rate issue?	Х	1					I		

Schedule K (Form 990) 2021

WESTERN UNIVERSITY OF HEALTH SCIENCES

95-3127273

Page 3

		Α		В	(C		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	Х							
b Name of provider	WELLS FAR	GO BANK						
c Term of hedge		30.6000000						
d Was the hedge superintegrated?	Х							
e Was the hedge terminated?		Х						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action								
		Α		В		C		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
PART 1, LINE 1:								
THE PROCEEDS FROM THE BONDS ISSUED ON 10/17/2007 WERE USED BY THE								
UNIVERSITY FOR THE PURPOSES OF FINANCING THE ACQUISITION,								
CONSTRUCTIONS, IMPROVEMENT, EXPANSION AND EQUIPPING OF VARIOUS								
EDUCATIONAL FACILITIES, DEFEASANCE OF CERTAIN OUTSTANDING TAX EXEMPT								
BONDS AND PAYING COSTS IN CONNECTION WITH THE ISSUANCE OF THE BONDS.								
THE DATES IN WHICH THE REFUNDED BONDS WERE ISSUED ARE: 04/01/1995 (1995								
SERIES A); 05/01/1998 (1998 SERIES A); 06/08/2000 (2000 SERIES B): AND								
10/30/2002 (SERIES 2002).								
PART I, COLUMN E:								
THE DIFFERENCE IN THE ISSUE PRICE REPORTED IN PART I, COLUMN E AND								
TOTAL PROCEEDS IN PART II, LINE 3 RELATES TO INVESTMENT EARNINGS ON NET								
PROCEEDS.								
PART IV, LINE 2C:								

132123 10-08-21 Schedule K (Form 990) 2021

SCHEDULE L

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

(Form 990)

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization **Employer identification number** WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 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. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II 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. (h) Approved (a) Name of (d) Loan to or (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No

Complete if the organization	answered "Yes" on Form 990, Pa	art IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021 WESTERN U	UNIVERSITY OF HEALTH SCIENCES		95-312727	3	Page 2
Part IV Business Transactions Involve	ing Interested Persons.				<u> </u>
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi:	aring of zation's nues?
				Yes	No
ALEXANDER P AVERSANO	SPOUSE TO PAULA CRO	99,345.	EMPLOYEE CO		х
					-
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS.				
SCH L, PARI IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED FERSONS:				
(A) NAME OF PERSON: ALEXANDER P AVERSAI	10				
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
SPOUSE TO PAULA CRONE					
(C) AMOUNT OF TRANSACTION \$ 99,345.					
(C) AMOUNT OF TRANSACTION \$ 55,545.					
(D) DESCRIPTION OF TRANSACTION: EMPLOYE	EE COMPENSATION				
(E) SHARING OF ORGANIZATION REVENUES? =	- NO				
SCHEDULE L, PART IV					
THE EMPLOYMENT CONTRACT BETWEEN WESTERI	N HINTVERSITY AND THE INDIVIDIA	ΔΤ.			
		· 			
IS INDEPENDENT OF THEIR FAMILY RELATION	NSHIP WITH THE INTERESTED PER	SONS			
OF WESTERN UNIVERSITY. ALL TRANSACTIONS	S ARE DEEMED ARM'S LENGTH.				
			Schedule L (Form Q	20) 2021
			Consume L		, === 1

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (EQUIPMENT 1 259,200, FMV 25 (PET FOOD/SUPP 112,045.FMV Х 3 Other > 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

132141 11-17-21

LHA

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

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.
SCHEDULE M, LINE 33:
ITEMS OF A DE-MINIMUS OF LESS THAN \$10,000, SUCH AS GIFT BASKETS, DOOR
PRIZE AWARDS, AND AUCTION ITEMS, ARE NOT REPORTED AS REVENUE.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: BIOMEDICAL KNOWLEDGE THAT WILL ENHANCE AND EXTEND THE QUALITY OF LIFE IN OUR COMMUNITIES. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD AND SUCH OTHER MEMBERS OF THE BOARD AS MAY BE SELECTED AT THE ANNUAL MEETING. BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE SHALL EXERCISE THE FULL AUTHORITY OF THE BOARD, EXCEPT THAT IT SHALL NOT HAVE THE AUTHORITY TO DO ANY OF THE FOLLOWING: (A) FILL VACANCIES ON THE BOARD OF TRUSTEES OR ON ANY COMMITTEE OF THE BOARD; (B) FIX COMPENSATION OF THE TRUSTEES FOR SERVING ON THE BOARD OR ON ANY COMMITTEE OF THE BOARD; (C) AMEND OR REPEAL BYLAWS OR ADOPT NEW BYLAWS; (D) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT AMENDABLE OR REPEALABLE; (E) APPOINT ANY OTHER COMMITTEES OF THE BOARD OR THE MEMBERS OF THOSE COMMITTEES; (F) APPROVE ANY TRANSACTION IN WHICH THE UNIVERSITY IS A PARTY AND ONE OR MORE TRUSTEES HAVE A MATERIAL FINANCIAL INTEREST; BETWEEN THE UNIVERSITY AND ONE OR MORE OF ITS TRUSTEES; OR BETWEEN THE UNIVERSITY OR ANY PERSON IN WHICH ONE OR MORE OF ITS TRUSTEES HAVE A MATERIAL FINANCIAL INTEREST.

IN ADDITION. THE EXECUTIVE COMMITTEE SHALL HAVE THE PRIMARY RESPONSIBILITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 FOR IDENTIFYING, RECRUITING AND VETTING POTENTIAL CANDIDATES TO SERVE ON THE BOARD OF TRUSTEES. NOMINATIONS AND OTHER RECOMMENDATIONS MADE BY THE EXECUTIVE COMMITTEE RELATING TO NEW BOARD MEMBERS SHALL BE REFERRED TO THE BOARD OF TRUSTEES FOR ITS CONSIDERATION. FORM 990, PART VI, SECTION B, LINE 11B: THE UNIVERSITY'S PROCESS INVOLVING THE DISTRIBUTION AND REVIEW OF THE FORM 990 IS AS FOLLOWS: THE BOARD OF TRUSTEES APPROVED FOR THE AUDIT COMMITTEE TO REVIEW AND APPROVE THE FORM 990 THROUGH A TELECONFERENCE THIS YEAR. THE FINAL COMPLETE FORM 990 IS DISTRIBUTED TO THE UNIVERSITY'S AUDIT COMMITTEE OF THE BOARD PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. A FULL REVIEW OF THE ENTIRE FORM 990 IS REVIEWED AND DISCUSSED WITH EACH BOARD OF TRUSTEE MEMBER THAT SERVES ON THE FULL BOARD OF TRUSTEE APPOINTED AUDIT COMMITTEE OF THE BOARD. AFTER FULL REVIEW AND DISCUSSION OF INFORMATION REFLECTED IN THE FORM 990, THE COMMITTEE ACCEPTS THE DOCUMENT AND APPROVES ITS FILING TO THE INTERNAL REVENUE SERVICE. THE FORM 990 IS THEN SIGNED BY THE UNIVERSITY'S CHIEF FINANCIAL OFFICER AND ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE. WHILE THE JUNE 30, 2022 FORM 990 WAS REVIEWED AND ACCEPTED BY THE AUDIT COMMITTEE OF THE BOARD PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE, COPIES OF THE FINAL JUNE 30, 2022 FORM 990 ARE PROVIDED TO THE FULL BOARD OF TRUSTEES AS WELL AS THE AUDIT COMMITTEE PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE UNIVERSITY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY ON A CONTINUOUS BASIS THAT INVOLVES CONSIDERATION OF ALL POTENTIAL INTERESTED PERSONS.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 A COMPREHENSIVE REVIEW AND DISCUSSION OF THE ADOPTED POLICY IS HELD ANNUALLY WITH ALL UNIVERSITY BOARD OF TRUSTEE MEMBERS. AT THIS MEETING THE UNIVERSITY'S LEGAL COUNSEL REVIEWS IN DETAIL THE CURRENT POLICY TO ASSURE UNDERSTANDING AND COMPLIANCE WITH THE DISCLOSURE PROCESS. BOARD MEMBERS ARE REQUIRED TO SUBMIT NECESSARY DISCLOSURE FORMS INDICATING WHETHER A CONFLICT EXISTS, AND IF YES, ALL RELATED DETAILS INVOLVING THE POTENTIAL CONFLICT. AN INDEPENDENT REVIEW OF THE DISCLOSURE FORMS IS PERFORMED BY THE UNIVERSITY'S LEGAL COUNSEL, AND IF NECESSARY, FOLLOW UP REQUESTS FOR ADDITIONAL INFORMATION IS MADE. THROUGHOUT THE YEAR, AT BOARD OF TRUSTEE MEETINGS. THE UNIVERSITY'S LEGAL COUNSEL MONITORS COMPLIANCE BY REFERENCING THE CONFLICT OF INTEREST POLICY AND COMMUNICATES REQUIRED STEPS TO BE TAKEN IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST THAT MAY ARISE AT ANY TIME. THIS PROCESS INCLUDES THE UNIVERSITY'S OFFICERS AS WELL. FOR KEY EMPLOYEES, MEETINGS ARE HELD AT THE DEAN'S COUNCIL AND OPERATIONS GROUP LEVEL THAT DISCUSS THE DETAILS OF THE CONFLICT OF INTEREST POLICY (IF ANY) AND THE NECESSARY STEPS TO BE TAKEN TO DISCLOSE AND REPORT ANY POTENTIAL CONFLICTS. FOR POTENTIAL TRANSACTIONS, AGREEMENTS, AND AFFILIATIONS, ETC. THAT MAY INVOLVE ANY UNIVERSITY EMPLOYEE, A THOROUGH REVIEW IS CONDUCTED BY UNIVERSITY'S LEGAL COUNSEL AND OTHER MEMBERS OF EXECUTIVE MANAGEMENT. IN THE EVENT OF ANY POTENTIAL CONFLICT OF INTEREST EXPOSURE, REQUIRED INFORMATION IS REQUESTED AND REVIEWED ON AN INDEPENDENT BASIS. THE INTERESTED PERSON IS EXCUSED FROM PARTICIPATING IN ANY DISCUSSION OR DECISIONS THAT INVOLVE THE OUTCOME OF ANY RELATED TRANSACTIONS. IN ADDITION, DURING THE EMPLOYEE ORIENTATION PROCESS, THE UNIVERSITY REQUIRES ALL NEW EMPLOYEES TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. IF ANY POTENTIAL CONFLICTS OF INTERESTS ARE DISCLOSED, A COMPLETE REVIEW OF

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 INFORMATION IS COMPLETED BY UNIVERSITY'S LEGAL COUNSEL TO DETERMINE THE NATURE, IF ANY, OF POTENTIAL FINANCIAL INTERESTS. IF ANY CONFLICT OF INTEREST IS DISCLOSED, THEN DOCUMENTATION IS PREPARED OUTLINING THE NATURE OF THE CONFLICT, DISCUSSIONS ARE HELD WITH THOSE INVOLVED IN THE CONFLICT, STEPS TAKEN TO REMOVE ACTIVITIES CAUSING THE CONFLICT, AND THERE IS FUTURE FOLLOW UP AND MONITORING OF THE POTENTIAL CONFLICT ACTIVITY. FORM 990, PART VI, SECTION B, LINE 15: THE ANNUAL DETERMINATION AND APPROVAL OF THE COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY IS MADE BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND THE FULL BOARD OF TRUSTEES. THE UNIVERSITY'S OFFICERS' COMPENSATION IS DETERMINED BY THE PRESIDENT AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND FULL BOARD OF TRUSTEES. THE KEY EMPLOYEES' COMPENSATION LEVELS ARE DETERMINED BY THEIR RESPECTIVE SUPERVISORS AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE ALTHOUGH THE UNIVERSITY'S BOARD OF TRUSTEES HAS GIVEN FULL AUTHORITY TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD TO APPROVE KEY EMPLOYEE COMPENSATION. A FULL REVIEW OF THESE COMPENSATION LEVELS IS CONDUCTED ANNUALLY PRIOR TO THE EMPLOYEE'S RECEIPT OF APPROVED COMPENSATION. ON AN ANNUAL BASIS, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD CONDUCTS A MEETING TO REVIEW PROPOSED COMPENSATION LEVELS FOR THE UNIVERSITY'S PRESIDENT, OFFICERS, AND KEY EMPLOYEES. THIS PROCESS INCLUDES THE HIRING OF AN INDEPENDENT CONSULTANT THAT HAS A COMPREHENSIVE UNDERSTANDING AND ABILITY TO ASSESS REASONABLE COMPENSATION LEVELS FOR HIGHLY COMPENSATED EMPLOYEES IN THE HIGHER EDUCATION INDUSTRY. THE INDEPENDENT CONSULTANT ADVISES THE COMMITTEE ON ISSUES SUCH AS ECONOMIC

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 CONDITIONS, COMPARABLE SALARIES, CHARACTER AND CONDITION OF THE UNIVERSITY EMPLOYEES' ROLE IN THE UNIVERSITY, PREVAILING RATES OF COMPENSATION FOR COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS, ETC. THE INDEPENDENT REPORT DISCLOSES WHAT IS CONSIDERED REASONABLE COMPENSATION AND MAXIMUM ALLOWABLE COMPENSATION. THE COMMITTEE ALSO REVIEWS INTERNALLY PREPARED EMPLOYEE PERFORMANCE AND QUALIFICATION EVALUATIONS TO ASSESS VALUE AND BENEFIT TO THE UNIVERSITY. AFTER A THOROUGH REVIEW AND DISCUSSION OF ALL TYPES OF COMPENSATION AND BENEFITS BEING PROPOSED FOR ALL OFFICERS AND KEY EMPLOYEES. THE COMMITTEE DETERMINES THE REASONABLENESS OF COMPENSATION LEVELS. ONCE IT IS ASSURED THAT THE COMMITTEE IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST AND ARE UNRELATED TO THE SUBJECT EMPLOYEES, AND INFORMATION SUPPORTING THE COMPENSATION DATA IS INDEPENDENT AND APPROPRIATE, THE COMMITTEE FORMALLY APPROVES AND DOCUMENTS ITS DETERMINATION OF THE COMPENSATION AMOUNTS. DOCUMENTATION OF THIS COMMITTEE PROCESS INCLUDES THE TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE DATE APPROVED. IT ALSO DISCLOSES COMMITTEE MEMBERS PRESENT, AS WELL AS ACTIONS TAKEN BY ANYONE ON THE COMMITTEE IN THE EVENT OF A CONFLICT THE INFORMATION AND DECISIONS MADE BY THE COMMITTEE ARE THEN FORWARDED TO THE FULL BOARD OF TRUSTEES FOR ACCEPTANCE AND APPROVAL, AS CONSIDERED NECESSARY. FORM 990, PART VI, SECTION C, LINE 19: THE CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS ARE POSTED ON THE WEBSITE AND ARE MADE WIDELY AVAILABLE TO THE PUBLIC. THE SCHOOL'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: DIFFERENTIAL IN VALUE OF SWAP CONTRACT 11,811,128.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** WESTERN UNIVERSITY OF HEALTH SCIENCES 95-3127273 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -742,028. SUBSIDIARY ACTIVITY -652,648. OTHER -2,674. TOTAL TO FORM 990, PART XI, LINE 9 10,413,778. COVID-19 DISCLOSURE: THE COVID-19 PANDEMIC CONTINUED TO HAVE AN EFFECT ON MANY INDUSTRIES FOR THE DURATION OF THE FISCAL YEAR ENDED JUNE 30, 2022, INCLUDING THE HIGHER EDUCATION INDUSTRY. WESTERN UNIVERSITY OF HEALTH SCIENCES CAMPUSES IN BOTH CALIFORNIA AND OREGON HAVE RETURNED TO IN PERSON CLASSES. CAMPUSES AND ASSOCIATED FACILITIES HAVE UNDERGONE A VERY MEASURED AND CAREFUL LONG-TERM PLANNING PROCESS FOR RE-OPENING BASED ON STATE, COUNTY, AND CITY GUIDELINES. THE CONSOLIDATED FINANCIAL STATEMENTS ENDING JUNE 30, 2022, ACCURATELY REFLECT THE FINANCIAL IMPACT OF THE PANDEMIC. THE DURATION AND IMPACT OF THE COVID-19 PANDEMIC REMAINS UNCLEAR AT THIS TIME. IT IS NOT POSSIBLE TO RELIABLY ESTIMATE THE DURATION AND SEVERITY OF THESE CONSEQUENCES, AS WELL AS THEIR IMPACT ON THE FINANCIAL POSITION AND RESULTS OF STUDENTS FOR FUTURE PERIODS. AT THIS TIME MANAGEMENT BELIEVES THE UNIVERSITY HAS ADEQUATE RESERVES TO OPERATE FOR THE FORESEEABLE FUTURE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of th	ne organization WESTERN UNIVERSITY O	F HEALTH SCIENCES				E	mployer identific 95-3127273	ation nu	ımber
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	l l				ets Direct control entity		9
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	because it had one o	or more	e related tax-exer	npt	
	(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	Dire	(f) ect controlling entity	contr	g) 512(b)(13) trolled tity?
					501(c)(3))			Yes	No

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

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

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	512(i contr ent	tion b)(13) rolled tity?
PARK HOSPITAL, INC 95-1624418		1						res	NO
309 E. SECOND STREET									
POMONA, CA 91766	INVESTMENTS	CA	WESTERNU	C CORP	1,097.	640,928.	83.44%	х	
COMP ENTERPRISES, INC 95-4066063									
309 E. SECOND STREET									
POMONA, CA 91766	INACTIVE	CA	WESTERNU	C CORP	0.	0.	100%	х	
WESTERNU MEDICAL GROUP LLC - 36-4899044									
5909 SE 92ND AVENUE									
PORTLAND, OR 97266	CLINIC SERVICES	OR	WESTERNU	C CORP				х	<u> </u>
CHARITABLE REMAINDER ANNUITIES (12)	PRSNL ESTATE	CA	WESTERNU	TRUST				х	
CHARITABLE REMAINDER TRUSTS (9)	PRSNL ESTATE	CA	WESTERNU	TRUST				х	

art V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
-------	--	---------------------------------------	--

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed in	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						Х	
b	Gift, grant, or capital contribution to related organization(s)							
	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)				1e		Х	
f	f Dividends from related organization(s)							
	g Sale of assets to related organization(s)							
h	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							Х	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
	Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)							Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х	
o Sharing of paid employees with related organization(s)							Х	
р	p Reimbursement paid to related organization(s) for expenses							
q Reimbursement paid by related organization(s) for expenses							Х	
r Other transfer of cash or property to related organization(s)							Х	
	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved			
1) 7	VESTERN MEDICAL GROUP LLC	P	101,957.	FMV				

(a)
Name of related organization

Transaction type (a·s)

(b)
Transaction type (a·s)

P

101,957. FMV

(2)

(3)

(4)

(5)

(6)

95-3127273

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	'
							++			\vdash	+
							\Box				
							+				_
							T				
							\sqcup			$\sqcup \!\!\!\! \perp$	
							\sqcup				
										\vdash	+
	_										