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EXTENSION GRANTED TO 05/15/11

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WESTMED COLLEGE
FORMERLY CALIFORNIA MEDICAL INSTITUTE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11355 NORTH TORREY PINES ROAD

City or town, state or country, and ZIP + 4
LA JOLLA, CA 92037

D Employer identification number
90-0171867

E Telephone number
(858) 642-8100

G Gross receipts $ 5,286,755.

F Name and address of principal officer: RICHARD CARTER
11355 N TORREY PINES RD, LA JOLLA, CA 92037

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.WESTMEDCOLLEGE.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2004 **M** State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A POST-SECONDARY LEVEL EDUCATIONAL INSTITUTION.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	59
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		2,525,000.
9	Program service revenue (Part VIII, line 2g)		2,761,755.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,286,755.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,167,361.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,094.	1,405,805.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,094.	2,573,166.
19	Revenue less expenses Subtract line 18 from line 12	<6,094.>	2,713,589.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	68,271.	14,347,554.
21	Total liabilities (Part X, line 26)		10,811,277.
22	Net assets or fund balances. Subtract line 21 from line 20	68,271.	3,536,277.

SCANNED JUN 13 2011

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5 11 11

▶ RICHARD CARTER, EXECUTIVE VP OF ADMIN AND BUSINESS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 05/09/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
JGD & ASSOCIATES LLP
5355 MIRA SORRENTO PLACE, SUITE 700
SAN DIEGO, CA 92121-3825

EIN ▶

Phone no. ▶ (858) 587-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE ORGANIZATION'S MISSION IS TO MEET THE CHANGING NEEDS OF DIVERSE LEARNERS WITHIN OUR NATION AND AROUND THE GLOBE. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,538,567. including grants of $) (Revenue $ 2,761,755.)
PROVIDE EDUCATION AND TRAINING FOR INDIVIDUALS LOOKING TO ENTER OR FURTHER THEIR CAREERS IN THE HEALTH CARE FIELD.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses ▶ $** 1,538,567.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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*	17		X
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		X
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		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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		X
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 Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
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 in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		N/A 1c		
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	2a	59		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A 8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		N/A 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a		
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:				
a	Gross income from members or shareholders	N/A	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b		
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	N/A	12b		

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 in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	22		
b	Enter the number of voting members that are independent	1b	21		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	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 in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHELLE BELLO, ASSOCIATE V.P. FINANCE - (858) 642-8636
11355 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037-1011

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STACY ALLISON TRUSTEE	0.30	X						0.	0.	0.
FELIPE BECERRA TRUSTEE	0.30	X						0.	0.	0.
JOHN BUCHER TRUSTEE	0.30	X						0.	0.	0.
RICHARD CHISHOLM TRUSTEE	0.30	X						0.	0.	0.
JEANNE CONNELLY CHAIR, TRUSTEE	0.30	X						0.	0.	0.
GERALD CZARNECKI TRUSTEE	0.30	X						0.	0.	0.
KATE GRACE TRUSTEE	0.30	X						0.	0.	0.
CHERYL KENDRICK TRUSTEE	0.30	X						0.	0.	0.
DR. DONALD KRIPKE TRUSTEE	0.30	X						0.	0.	0.
JERRY LEE (II) SEE SCH O CHANCELLOR, TRUSTEE	9.00	X		X				219,881.	0.	46,895.
JEAN LEONARD TRUSTEE	0.30	X						0.	0.	0.
HERB MEISTRICH VICE CHAIR, TRUSTEE	0.30	X						0.	0.	0.
MICHAEL R. MCGILL TRUSTEE	0.30	X						0.	0.	0.
CARLOS RODRIGUEZ TRUSTEE	0.30	X						0.	0.	0.
DR. ALEXANDER SHIKHMAN TRUSTEE	0.30	X						0.	0.	0.
JAY STONE TRUSTEE	0.30	X						0.	0.	0.
JUDITH SWEET TRUSTEE	0.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS TOPUZES BOARD SECRETARY, TRUSTEE	0.30	X						0.	0.	0.
JACQUELINE TOWNSEND KONSTANTUROS TRUSTEE	0.30	X						0.	0.	0.
W.H. KNIGHT, JR. TRUSTEE	0.30	X						0.	0.	0.
RUTHANN HEINRICH TRUSTEE	0.30	X						0.	0.	0.
DR. LEE RICE TRUSTEE	0.30	X						0.	0.	0.
TROY ROLAND FORMER PRESIDENT	10.00			X				43,214.	0.	616.
ROLAND JONES PRESIDENT	40.00			X				101,680.	0.	0.
JOLYN CAMACHO DIRECTOR	40.00					X		116,030.	0.	0.
1b Total ▶								480,805.	0.	47,511.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,525,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f $						
	h Total. Add lines 1a-1f			2,525,000.			
Program Service Revenue		Business Code					
	2 a TUITION AND FEES	611710		2,761,755.	2,761,755.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,761,755.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less. direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less. direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions.			5,286,755.	2,761,755.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	412,286.		412,286.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	587,053.	429,102.	157,951.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,029.	4,032.	3,997.	
9 Other employee benefits	93,185.	23,296.	69,889.	
10 Payroll taxes	66,808.	32,826.	33,982.	
11 Fees for services (non-employees):				
a Management				
b Legal	27,446.		27,446.	
c Accounting	14,030.		14,030.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	59,707.	28,421.	31,286.	
12 Advertising and promotion	135,889.	135,889.		
13 Office expenses	100,123.	83,302.	16,821.	
14 Information technology	45,792.	45,792.		
15 Royalties				
16 Occupancy	309,545.	257,758.	51,787.	
17 Travel	30,684.		30,684.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,026.		4,026.	
20 Interest	116,190.	116,190.		
21 Payments to affiliates	120,123.		120,123.	
22 Depreciation, depletion, and amortization	217,789.	217,789.		
23 Insurance	298.		298.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT EXPENSE	164,170.	164,170.		
b TAXES, LICENSES, FEES	26,194.		26,194.	
c TELEPHONE	14,469.		14,469.	
d EQUIPMENT RENTAL AND MA	7,210.		7,210.	
e POSTAGE AND SHIPPING	5,875.		5,875.	
f All other expenses	6,245.		6,245.	
25 **Total functional expenses.** Add lines 1 through 24f	2,573,166.	1,538,567.	1,034,599.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	714,688.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,065.	4	1,733,288.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		54,240.	7	6,003,135.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	89,817.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,606,557.			
	b	Less: accumulated depreciation	10b 513,706.	8,966.	10c	1,092,851.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	4,713,775.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		68,271.	16	14,347,554.
Liabilities	17	Accounts payable and accrued expenses			17	29,708.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	9,007,568.
	25	Other liabilities Complete Part X of Schedule D		0.	25	1,774,001.
	26	**Total liabilities.** Add lines 17 through 25		0.	26	10,811,277.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		68,271.	27	3,536,277.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		68,271.	33	3,536,277.
	34	Total liabilities and net assets/fund balances		68,271.	34	14,347,554.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
WESTMED COLLEGE FORMERLY CALIFORNIA MEDICAL INSTITUTE	90-0171867

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	477,776.	419,562.	153,442.		2525000.	3575780.
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	62,100.	269,030.	7,280.		2761755.	3100165.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	539,876.	688,592.	160,722.		5286755.	6675945.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						6675945.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	539,876.	688,592.	160,722.		5286755.	6675945.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)	539,876.	688,592.	160,722.		5286755.	6675945.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization WESTMED COLLEGE
FORMERLY CALIFORNIA MEDICAL INSTITUTE

Employer identification number 90-0171867

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

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

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

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

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

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,606,557.	513,706.	1,092,851.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,092,851.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
INTANGIBLE ASSETS, NET	4,713,775.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	4,713,775.

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED EXPENSES	51,721.
DEFERRED TUITION	1,348,911.
DEFERRED RENT	373,369.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,774,001.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,286,755.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,573,166.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,713,589.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	754,417.
9	Total adjustments (net). Add lines 4 through 8	9	754,417.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,468,006.

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

1	Total revenue, gains, and other support per audited financial statements			1	7,877,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	2,590,570.		
e	Add lines 2a through 2d			2e	2,590,570.
3	Subtract line 2e from line 1			3	5,286,755.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,286,755.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,926,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,352,910.		
e	Add lines 2a through 2d			2e	2,352,910.
3	Subtract line 2e from line 1			3	2,573,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,573,166.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: EFFECTIVE JULY 1, 2009, WESTMED COLLEGE (WMC) AND CMI ADOPTED FASB ASC 740-10 (ASC 740-10), ACCOUNTING FOR INCOME TAXES (FORMERLY FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES). ASC 740-10 PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. AS A RESULT OF THE ADOPTION, WMC AND CMI DID NOT RECOGNIZE ANY LIABILITY FOR UNCERTAIN TAX POSITIONS.

Part XIV Supplemental Information *(continued)*

PENALTIES OR INTEREST. ADDITIONALLY, WMC AND CMI HAVE NOT RECORDED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS AND DO NOT HAVE ANY UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2010.

WMC AND CMI RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WITHIN THE PROVISION FOR INCOME TAXES IN THE ACCOMPANYING STATEMENT OF INCOME.

DURING THE YEAR ENDED JUNE 30, 2010, WMC AND CMI DID NOT RECOGNIZE ANY PENALTIES OR INTEREST RELATED TO INCOME TAXES. AS OF JUNE 30, 2010, THE FEDERAL INCOME TAX RETURNS OPEN TO EXAMINATION ARE 2006, 2007 AND 2008 AND THE CALIFORNIA INCOME TAX RETURNS OPEN TO EXAMINATION ARE 2005, 2006, 2007 AND 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

STATEMENT FOR FORM 990, PART VI, SECTION A, LINE 4: 754417.

SEE SCHEDULE O - MERGER ADJUSTMENT FOR CONSOLIDATED REPORT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROGRAM SERVICE REVENUE REPORTED ON TAX RETURN OF EIN 55-0808619: 2590298.

INTEREST INCOME REPORTED TAX RETURN OF EIN 55-0808619 : 272.

SEE SCHEDULE O - MERGER ADJUSTMENTS FOR CONSOLIDATED REPORT

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNCTIONAL EXPENSES REPORTED ON TAX RETURN OF EIN 55-0808619 : 2352910.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization WESTMED COLLEGE
FORMERLY CALIFORNIA MEDICAL INSTITUTE

Employer identification number 90-0171867

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	90,000.	56,250.	73,631.	38,195.	8,700.	266,776.	0.
JERRY LEE (II) SEE SCH O	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: UNDER DR. LEE'S EMPLOYMENT CONTRACT, HE IS PROVIDED THE CHANCELLOR'S RESIDENCE, WHERE HE CAN HOST RECEPTIONS AND CONDUCT OTHER BUSINESS. DR. LEE IS A PART-OWNER OF THE RESIDENCE. CERTAIN EXPENSES ARE PRORATED BETWEEN THE OWNERS.

UNDER DR. LEE'S EMPLOYMENT CONTRACT, HE HAS THE USE OF A MEMBERSHIP AT A COUNTRY CLUB, THOUGH HE PAYS FOR MEALS AND INCIDENTAL EXPENSES.

PART I, LINE 4B: DR. JERRY LEE PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING FISCAL YEAR ENDING JUNE 30, 2010; HOWEVER, HE DID NOT RECEIVE ANY PLAN DISTRIBUTIONS.

PART I, LINE 5: DR. LEE IS ELIGIBLE EACH YEAR, BASED ON PERFORMANCE METRICS THAT INCLUDE NEW REVENUES, INCREASE IN GROSS REVENUES, AND CHANGES IN THE EXPENSE/REVENUE RATIO OF NATIONAL UNIVERSITY, AND OTHER MEMBERS OF THE NATIONAL UNIVERSITY SYSTEM ("NUS'), FOR AN ANNUAL INCENTIVE AWARD THAT IS CONTRIBUTED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. OTHER AWARD METRICS INCLUDE STUDENT ENROLLMENTS, ENDOWMENTS, AND FACILITIES DEVELOPMENT/UTILIZATION. THE DOLLAR AMOUNT OF THE AWARD DEPENDS ON WHETHER

Part III Supplemental Information

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

EACH METRIC REACHES A THRESHOLD LEVEL, A TARGET LEVEL, OR A MAXIMUM LEVEL. THE AWARD IS NOT COMPUTED AS A PERCENTAGE OF REVENUE. THE PERFORMANCE METRICS, AWARD LEVELS, AND THE MAXIMUM DOLLAR AMOUNTS ARE SET ANNUALLY IN ADVANCE BY THE BOARD OF TRUSTEES OR ITS DELEGATED COMMITTEE.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
WESTMED COLLEGE FORMERLY CALIFORNIA MEDICAL INSTITUTE	90-0171867

FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE DECEMBER 31, 2009, WESTMED COLLEGE MERGED WITH CALIFORNIA MEDICAL INSTITUTE (CMI). THE MERGER WAS STRUCTURED SO THAT THE SURVIVING ENTITY OF THE MERGER WAS CMI, WHICH IMMEDIATELY CHANGED ITS NAME TO WESTMED COLLEGE.

THE FINANCIAL STATEMENTS FOR WESTMED COLLEGE AND CMI WERE PREPARED ON A COMBINED BASIS FOR THE FISCAL YEAR ENDED JUNE 30, 2010. THE TOTAL AMOUNT OF NET ASSETS TRANSFERRED FROM WESTMED COLLEGE TO CMI (SUBSEQUENTLY RENAMED TO WESTMED COLLEGE) ON DECEMBER 31, 2009 WAS $754,417.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 WAS DISTRIBUTED TO SENIOR MANAGEMENT. THE FINAL VERSION OF FORM 990 WAS DISTRIBUTED TO THE EXECUTIVE COMMITTEE ON A PASSWORD-PROTECTED WEBSITE, LINKED TO AN E-MAIL SENT TO THE TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES HAS PERIODICALLY REVIEWED AND APPROVED (BY A MAJORITY OF DISINTERESTED TRUSTEES) THE BUSINESS TRANSACTIONS WITH TRUSTEES OR THEIR AFFILIATED PROFESSIONAL SERVICE FIRMS. SUCH REVIEWS INCLUDE CONSIDERATION OF DATA ON COMPARABLE SERVICE PROVIDERS. THE INTERESTED TRUSTEES WERE EXCUSED FROM BOARD SESSIONS DURING WHICH THOSE BUSINESS TRANSACTIONS WERE DISCUSSED, AND ABSTAINED FROM VOTING ON SUCH TRANSACTIONS. THE MOST RECENT SUCH REVIEW OCCURRED DURING FISCAL YEAR 2010-11.

THE CONFLICT OF INTEREST POLICY WAS REVIEWED AND UPDATED BY THE BOARD IN OCTOBER, 2009. QUESTIONNAIRES HAVE BEEN DISTRIBUTED. COMPLIANCE WITH THE

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
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Name of the organization	Employer identification number
WESTMED COLLEGE FORMERLY CALIFORNIA MEDICAL INSTITUTE	90-0171867

CONFLICT OF INTEREST POLICY WAS REVIEWED BY THE BOARD AT THE FEBRUARY, 2011 MEETING.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE PRESIDENT OF THE UNIVERSITY IS REVIEWED BY THE BOARD AT THE TIME OF HIRING AND AS NECESSARY THEREAFTER. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED OR REVIEWED BY THE PRESIDENT, IN COORDINATION WITH THE CHANCELLOR OF THE NATIONAL UNIVERSITY SYSTEM ("NUS"). IN BOTH CASES, COMPENSATION IS DETERMINED WITH REGARD TO COMPENSATION PAID TO SENIOR EXECUTIVES OF COMPARABLE NON-PROFIT AND PROPRIETARY INSTITUTIONS IN EDUCATION AND OTHER FIELDS.

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

FORM 990, PART XI, LINE 2C:
THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

DURING THE FISCAL YEAR 2009-2010, THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS.

FORM 990, PART III, LINE 1:

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
WESTMED COLLEGE FORMERLY CALIFORNIA MEDICAL INSTITUTE	90-0171867

ORGANIZATION'S MISSION

THE ORGANIZATION PURSUES ITS MISSION WITH DUE REGARD TO ITS LEVELS OF ACCREDITATION. THE BOARD OF TRUSTEES PLANS TO REVIEW AND UPDATE ITS MISSION AT A MEETING LATER IN 2011.

FORM 990, PART VII, COMPENSATION

DR. LEE COMPENSATION

AS CHANCELLOR OF THE NATIONAL UNIVERSITY SYSTEM ("NUS") PURSUANT TO THE AFFILIATION AGREEMENT, DR. LEE GUIDES THE STRATEGIC DIRECTION OF THE NU AFFILIATES. HE HAS SPEARHEADED THE CREATION AND GROWTH OF THE NUS SINCE ITS INCEPTION IN 2001. DURING THE FISCAL YEAR 2008-2009, HE LED THE NEGOTIATIONS THAT CULMINATED IN JOHN F. KENNEDY UNIVERSITY BECOMING AN AFFILIATE OF THE NUS. THANKS TO THAT AFFILIATION, THE NUS NOW INCLUDES AN INSTITUTION THAT IS ACCREDITED TO AWARD DOCTORAL DEGREES. SEE STATEMENT ON SCHEDULE O THAT REFERENCES SCHEDULE R, FOR A DESCRIPTION OF THE NUS. THE CHANCELLOR'S COMPENSATION IS ALLOCATED AMONG OTHER NUS AFFILIATES. SEE FORM 990 FILED BY SYSTEM MANAGEMENT GROUP ("SMG"). NONE OF DR. LEE'S COMPENSATION IS ALLOCATED TO ANY OTHER ORGANIZATION OUTSIDE THE NUS.

SCHEDULE R, RELATED ORGANIZATIONS

THE NUS IS AN ALLIANCE OF EDUCATIONAL INSTITUTIONS, SERVING DIVERSE LEARNERS FROM HIGH SCHOOL TO DOCTORAL PROGRAMS. THE NUS INCLUDES 6 INDEPENDENT NON-PROFIT ORGANIZATIONS EXEMPT UNDER IRC SECTION 501(C)(3): NATIONAL UNIVERSITY, NATIONAL POLYTECHNIC COLLEGE OF SCIENCE, NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL, WESTMED COLLEGE, JOHN

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: WESTMED COLLEGE
FORMERLY CALIFORNIA MEDICAL INSTITUTE

Employer identification number: 90-0171867

F. KENNEDY UNIVERSITY (WHICH OFFERS DOCTORAL PROGRAMS AS WELL AS A LAW SCHOOL), AND SMG. SMG IS A SUPPORTING ORGANIZATION EXEMPT UNDER IRC SECTION 509(A)(3) WHICH PROVIDES SUPPORT AND SERVICES TO ITS TAX-EXEMPT AFFILIATES IN THE NUS. SPECTRUM PACIFIC LEARNING COMPANY LLC AND NATIONAL UNIVERSITY INTERNATIONAL LLC ARE WHOLLY-OWNED BY NATIONAL UNIVERSITY, AND ARE TREATED AS DISREGARDED ENTITIES FOR TAX PURPOSES. ANOTHER AFFILIATE OF THE NUS IS NATIONAL UNIVERSITY ACADEMY, A CHARTER SCHOOL, IN PROCESS OF OBTAINING RECOGNITION OF ITS TAX-EXEMPT STATUS.

UNDER THE RECENTLY-CLARIFIED [2009] INSTRUCTIONS TO FORM 990, WESTMED COLLEGE REPORTS 1 SUPPORTING ORGANIZATION (SMG).

NONE OF THE OTHER AFFILIATES OF THE NUS ARE "RELATED ORGANIZATIONS" TO WESTMED COLLEGE (ACCORDING TO THE DEFINITIONS IN THE INSTRUCTIONS), BECAUSE THE TRUSTEES AND OFFICERS OF WESTMED COLLEGE, ACTING IN THOSE CAPACITIES, HAVE NO AUTHORITY TO REMOVE, REPLACE, OR APPOINT A MAJORITY OF THE GOVERNING BODY OF THOSE OTHER AFFILIATES. THE BOARD OF TRUSTEES OF EACH AFFILIATE, ACTING IN ITS INDEPENDENT CAPACITY, PERIODICALLY APPOINTS ITS OWN NEW TRUSTEES. MOREOVER, NONE OF THE OTHER AFFILIATES OF THE NUS, NOTWITHSTANDING THE OVERLAPPING COMPOSITION OF THEIR BOARDS OF TRUSTEES, CAN PROPERLY BE VIEWED AS A PARENT OR CHILD OF WESTMED COLLEGE BECAUSE OF THEIR FUNCTIONAL INDEPENDENCE.

FORM 990, PART VII AND SCHEDULE J, PART II

ALL COMPENSATION FOR CERTAIN OFFICERS AND EMPLOYEES IS ALLOCATED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: WESTMED COLLEGE
FORMERLY CALIFORNIA MEDICAL INSTITUTE

Employer identification number: 90-0171867

THROUGH SMG. SMG EXISTS TO ALLOCATE SUPPORT AMONGST THE VARIOUS NUS AFFILIATES.

COMPENSATION THAT WOULD NORMALLY BE REQUIRED ON FORM 990, PART VII AND SCHEDULE J, PART II IS AS FOLLOWS:

A	B(I)	B(II)	B(III)	C	D	E
NAME	BASE	BONUS	OTHER	DEFERRED	NONTAX	TOTAL
DR. JERRY C LEE(II)	120,000	75,000	98,175	50,926	11,600	355,701

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization WESTMED COLLEGE
FORMERLY CALIFORNIA MEDICAL INSTITUTE

Employer identification number 90-0171867

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SYSTEM MANAGEMENT GROUP - 20-1269904 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037-1011	PROVIDE ADMINISTRATIVE SERVICES TO AFFILIATED INSTITUTIONS	CALIFORNIA	501(C)(3)	509(A)(3)	N/A

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

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

A0699455

State of California
Secretary of State

I. DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 6 page(s) is a full, true and correct copy of the original record in the custody of this office.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 12 2010

Debra Bowen

DEBRA BOWEN
Secretary of State

A0699455

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

DEC 31 2009

AGREEMENT AND PLAN OF MERGER

This Agreement and Plan of Merger ("Agreement"), dated as of June 5 2009, is made by and between CALIFORNIA MEDICAL INSTITUTE, a California nonprofit public benefit corporation ("Surviving Corporation") and WESTMED COLLEGE, a California nonprofit public benefit corporation ("Disappearing Corporation") (collectively, the "Parties").

WITNESSETH

WHEREAS, the Parties intend by this Agreement to set forth the terms and conditions of a merger, pursuant to which the Disappearing Corporation shall merge into the Surviving Corporation ("Merger"), subject to approvals as required by law and by the articles and bylaws of the Parties;

WHEREAS, the Board of Trustees of the Disappearing Corporation has (a) determined that the Merger is in the best interests of the Disappearing Corporation, and (b) approved and adopted this Agreement pursuant to a duly noticed and held meeting of the Board;

WHEREAS, the Board of Trustees of the Surviving Corporation has (a) determined that the Merger is in the best interests of the Surviving Corporation, and (b) approved and adopted this Agreement pursuant to a duly noticed and held meeting of the Board;

NOW, THEREFORE, in consideration of the premises, and the mutual representations and agreements herein set forth and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1
PARTIES

Surviving Corporation is a California nonprofit public benefit corporation with no voting members. Disappearing Corporation is a California nonprofit public benefit corporation with no voting members.

ARTICLE 2
MERGER

Section 2.1 Effective Date. When all applicable laws have been complied with and all necessary authorizations, approvals, or consents have been received, a copy of this Agreement, together with an officer's certificate of each constituent corporation, shall be submitted by Surviving Corporation to the California Secretary of State for filing. This merger shall become effective on the filing date of these certificates, which date is referred to in this Agreement as the "Effective Date."

Section 2.2 Approvals and Consents. This Merger is subject to receipt of the approval of any person or persons required by law or by the articles or bylaws of Surviving Corporation or of Disappearing Corporation or needed to gain or maintain the Surviving

Corporation's tax-exempt status. In particular, the Parties shall provide advance written notice to the California Attorney General's office as required by Corporations Code section 6010. If such approval or approvals are not obtained, this Agreement is to be terminated, as provided in ARTICLE 4.

Section 2.3 Statement of Merger

(a) It is agreed by the Parties that on the Effective Date, as determined under Section 2.1 of this Agreement, Disappearing Corporation shall be merged into Surviving Corporation, the corporate existence of Surviving Corporation shall continue, and the separate corporate existence of Disappearing Corporation shall cease. The corporate identity, existence, purposes, powers, rights, and immunities of Disappearing Corporation shall be merged into and vested in Surviving Corporation and the corporate identity, existence, purposes, powers, rights, and immunities of Surviving Corporation shall continue unaffected and unimpaired by the Merger. Upon the Effective Date, Surviving Corporation will change its name to "WestMed College" (the name of Disappearing Corporation).

(b) Surviving Corporation shall be subject to all Disappearing Corporation's debts, liabilities, and trust obligations in the same manner as if Surviving Corporation had itself incurred them, and all rights of creditors and all liens and trust obligations on or arising from the property of each constituent corporation shall be preserved unimpaired, as long as such liens and trust obligations on the property of Disappearing Corporation, if any, shall be limited to the property affected by such liens and obligations immediately before the Effective Date. Nothing in this Agreement shall require or preclude renegotiation or restructuring of any existing obligations that may be owed by Disappe aring Corporation to National University, System Management Group, or other members of the National University System.

(c) Ownership of all fixed or liquid assets, real or tangible property, and all cash or monetary equivalents of the Disappearing Corporation shall be vested in Surviving Corporation on the Effective Date.

Section 2.4 Articles and Bylaws of Surviving Corporation. Surviving Corporation's articles of incorporation and bylaws in effect immediately preceding the Effective Date shall be and remain its articles of incorporation and bylaws until amended or repealed as provided by law, except to the extent necessary to implement the name change of Surviving Corporation as specified in Section 2.1.

Section 2.5 Trustees and Officers. Surviving Corporation's trustees and officers, from and after the Effective Date until changed in accordance with law and Surviving Corporation's articles and bylaws, shall remain the same as the current trustees and officers of Surviving Corporation.

ARTICLE 3
INTERIM PROVISIONS

Between the date of this Agreement and the Effective Date or date of termination, neither Surviving Corporation nor Disappearing Corporation shall, without the prior written consent of the other, engage in any activity or transaction other than in the ordinary course of its affairs, except as contemplated by this Agreement.

ARTICLE 4
TERMINATION, ABANDONMENT, OR AMENDMENT

Section 4.1 Termination or Abandonment. This Agreement may be terminated and the Merger abandoned at any time before the Effective Date only by the mutual written consent of the respective Boards of Trustees of Disappearing Corporation and Surviving Corporation. If such termination occurs, neither Disappearing Corporation nor Surviving Corporation or their respective Boards of Trustees shall be liable to the other or its Board of Trustees.

Section 4.2 Amendments to Agreement. This Agreement may be amended by the written agreement of the Boards of Trustees of the constituent corporations, and any other individuals or entities whose consent or approval may be required under California Corporations Code Section 6015, only prior to the effective date of the merger.

ARTICLE 5
DEFINITIONS AND RULES OF CONSTRUCTION

Section 5.1 Definitions. Defined terms used in this Agreement have the respective meanings ascribed to them by definition in this Agreement.

Section 5.2 Construction.

(a) This Agreement shall be construed without regard to any presumption or rule requiring construction or interpretation against the Party drafting or causing any instrument to be drafted.

(b) The descriptive headings herein are inserted for convenience only and are not intended to be part of or to affect the meaning or interpretation of this Agreement. References in this Agreement to any gender include references to all genders, and references to the singular include references to the plural and vice versa. The words "include," "includes" and "including" when used in this Agreement shall be deemed to be followed by the phrase "without limitation."

ARTICLE 6
MISCELLANEOUS

Section 6.1 Counterparts. This Agreement may be executed in any number of counterparts (including by means of facsimile or other electronic means), each of which shall be deemed an original and all of which shall, taken together, be considered one and the same

agreement. Delivery of an executed counterpart of a signature page to this Agreement by facsimile or other electronic means shall be effective as delivery of a manually executed counterpart of this Agreement.

Section 6.2 Entire Agreement; No Third Party Beneficiaries. This Agreement (a) constitutes the entire agreement and supersede all prior agreements and understandings, both written and oral, among the Parties with respect to the subject matter hereof and (b) is not intended to confer upon any person other than the Parties, any rights or remedies hereunder.

Section 6.3 Governing Law; Jurisdiction; Venue. This Agreement, and any dispute arising from the relationship between the Parties to this Agreement, shall be governed by California law, excluding any laws that direct the application of another jurisdiction's laws. Any action, suit or other legal proceeding that is commenced to resolve any matter arising under or relating to any provision of this Agreement or the transactions contemplated hereby shall be brought in a federal court of competent jurisdiction located in the County of San Diego, State of California. Each of the Parties hereby consents to the jurisdiction of such court.

Section 6.4 Further Assurances. On request by Surviving Corporation, Disappearing Corporation shall from time to time execute and deliver any documents and instruments and take any actions desirable or necessary to vest in Surviving Corporation the title to and possession of all rights, properties, assets, trusts, and business of Disappearing Corporation or otherwise to carry out the full intent and purpose of this Agreement.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be duly executed as of the day and year first above written.

CALIFORNIA MEDICAL INSTITUTE

By: _____
Troy Roland, President

By: _____
Jerry C. Lee, Chancellor
National University System

WESTMED COLLEGE

By: _____
Troy Roland, President

By: _____
Jerry C. Lee, Chancellor
National University System

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By: _____
Richard Carter, Secretary

By: _____
Richard Carter, Secretary

CERTIFICATE OF APPROVAL

OF

AGREEMENT AND PLAN OF MERGER

Jerry C. Lee and Richard Carter certify that:

1. They are the President and the Secretary, respectively, of California Medical Institute, a California nonprofit public benefit corporation.

2. The Agreement and Plan of Merger in the form attached has been approved by the Board of Trustees of this corporation.

3 This corporation has no members.

4. No additional approval of the Agreement and Plan of Merger is required.

5 The Attorney General of California has been given prior written notice of this merger.

6. The merger shall be effective on December 31, 2009.

Jerry C. Lee and Richard Carter further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of their own knowledge.

Dated: December 23, 2009

Jerry C. Lee, President

Richard Carter, Secretary

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CERTIFICATE OF APPROVAL

OF

AGREEMENT AND PLAN OF MERGER

Troy Roland and Richard Carter certify that:

1. They are the President and the Secretary, respectively, of WestMed College, a California nonprofit public benefit corporation.

2. The Agreement and Plan of Merger in the form attached has been approved by the Board of Trustees of this corporation.

3. This corporation has no members.

4. No additional approval of the Agreement and Plan of Merger is required.

5. The Attorney General of California has been given prior written notice of this merger.

6. The merger shall be effective on December 31, 2009.

Troy Roland and Richard Carter further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of their own knowledge.

Dated: December 22, 2009

Troy Roland, President

Richard Carter, Secretary

OFFICE OF THE SECRETARY OF STATE

4010073963

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State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of this office.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 12 2010

Debra Bowen

DEBRA BOWEN
Secretary of State

A0699456

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

DEC 31 2009

CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION OF CALIFORNIA MEDICAL INSTITUTE

Jerry C. Lee and Richard Carter certify that:

1. They are the president and the secretary, respectively, of California Medical Institute, a California nonprofit public benefit corporation ("CMI").

2. The Board of Trustees of CMI has approved the amendment to the Articles of Incorporation as herein set forth.

3. This corporation has no members.

4. Article I of the Articles of Incorporation of this corporation is hereby revoked in its entirety and the following new Article I inserted in lieu thereof:

"I

The name of this corporation is WestMed College."

5. This amendment shall be effective upon the effective date of the merger into CMI of WestMed College, a California nonprofit public benefit corporation.

Jerry C. Lee and Richard Carter further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of their own knowledge.

Dated: December 22, 2009

Jerry C. Lee, President

Dated: December 22, 2009

Richard Carter, Secretary

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OFFICE OF THE SECRETARY OF STATE

EXTENSION STATEMENT 1

MICHELLE BELLO, ASSOCIATE V.P. FINANCE - 11355 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037-1011

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	WESTMED COLLEGE FORMERLY CALIFORNIA MEDICAL INSTITUTE	90-0171867
	Number, street, and room or suite no. If a P.O. box, see instructions. 11355 NORTH TORREY PINES ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LA JOLLA, CA 92037	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ SEE STATEMENT 1
  Telephone No. ▶ (858) 642-8636 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2011

5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶