

Return of Organization Exempt From Income Tax

1999

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1999 calendar year, OR tax year period beginning JUL 1, 1999 and ending JUN 30, 2000

B Check if Change of address Initial return Final return Amended return (required also for state reporting) C Name of organization THE UNIVERSITY OF WEST LOS ANGELES D Employer identification number 95-2458679 E Telephone number (310) 342-5200 F Check application is pending

G Type of organization Exempt under 501(c) (3) section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) J Accounting method: Cash Accrual

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 3,017,900. Total expenses: 3,628,964. Net assets at end of year: 3,627,899.

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule) cash \$ 14,630 noncash \$; 23 Specific assistance to individuals; 24 Benefits paid to or for members; 25 Compensation of officers, directors, etc. 205,000; 26 Other salaries and wages 1,683,109; 27 Pension plan contributions 46,177; 28 Other employee benefits 118,240; 29 Payroll taxes 133,177; 30 Professional fundraising fees; 31 Accounting fees 33,732; 32 Legal fees 19,818; 33 Supplies 74,124; 34 Telephone 21,669; 35 Postage and shipping 27,076; 36 Occupancy; 37 Equipment rental and maintenance 79,281; 38 Printing and publications 61,809; 39 Travel 8,616; 40 Conferences, conventions, and meetings; 41 Interest 252,194; 42 Depreciation, depletion, etc. (attach schedule) 191,669; 43 Other expenses (itemize); 44 Total functional expenses (add lines 22 through 43) 3,628,964.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [ ] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

Table with 2 columns: Description, Amount. Row a: SEE STATEMENT 7 (Grants and allocations \$) 1,670,671. Row b: (Grants and allocations \$). Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (attach schedule) (Grants and allocations \$). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,670,671.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	132,263.	46 173,920.
	47 a Accounts receivable	47a 146,898.	
	b Less: allowance for doubtful accounts	47b	47c 146,898.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	12,932.	53 27,444.
	54 Investments - securities	STMT 9 1,041,328.	54 294,914.
	55 a Investments - land, buildings, and equipment: basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 8,332,726.		
b Less: accumulated depreciation	57b 1,887,301.	57c 6,445,425.	
58 Other assets (describe )		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	7,837,445.	69 7,088,601.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	462,424.	60 468,084.
	61 Grants payable		61
	62 Deferred revenue	196,131.	62 156,287.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	STMT 10 2,915,735.	64b 2,793,292.
65 Other liabilities (describe OTHER LIABILITIES )	22,165.	65 43,039.	
66 <b>Total liabilities</b> (add lines 60 through 65)	3,596,455.	66 3,460,702.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,698,012.	67 3,060,865.
	68 Temporarily restricted	175,020.	68 199,076.
	69 Permanently restricted	367,958.	69 367,958.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	4,240,990.	73 3,627,899.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	7,837,445.	74 7,088,601.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 90 regarding organizational activities, financials, and compliance.

91 The books are in care of BUSINESS OFFICE Telephone no. 310-342-5200
Located at SAME AS UNIVERSITY ZIP +4 90301-2902

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) TUITION AND FEES					2,714,389.
(b) LIBRARY INCOME					89,335.
(c)					
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	90,071.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property			30	54,782.	
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		144,853.	2,803,724.
105 TOTAL (add line 104, columns (B), (D), and (E))					2,948,577.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
97A	INCOME FROM AN EDUCATIONAL INSTITUTION SPECIALIZING IN AEROSPACE ENGINEERING.
93A	THE TUITION AND FEES HELP DEFRAY THE COSTS OF PROVIDING CLASSROOM INSTRUCTION AT THE UNIVERSITY LEVEL TO LEGAL AND PARALEGAL STUDENTS.
93B	UNIVERSITY'S LIBRARY CONTAINS AN EXTENSIVE REFERENCE SECTION OF BOOKS, MICROFICHE AND PERIODICALS. THE LIBRARY ALSO HAS COMPUTER ASSISTED LEGAL RESEARCH SYSTEM. INCOME FROM THE LIBRARY IS FROM THE FEES COLLECTED FOR COPYING SERVICES FOR THE STUDENTS AND FACULTY.

**Part IX Information Regarding Taxable Subsidiaries** (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

I am preparing this return on behalf of the organization and I am not the preparer. I am certifying that the information on this return is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would require the preparer to file this return as a preparer. (Important: See General Instruction U.)

5/5/01 Robert W. Brown  
 Date Type or print name and title

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

1999

Department of the Treasury  
Internal Revenue Service

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

THE UNIVERSITY OF WEST LOS ANGELES

Employer identification number  
95 2458679

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRUCE G. LANDAU ----- 11260 OVERLAND AVE. #14G	DEAN  40	92,500.		11,292.
KATHI CERVI ----- 6368 W. 80TH ST. LOS ANGELES, CA	ASST DEAN  40	66,950.	3,358.	
RAE G. CHESNER ----- 6640 COLGATE AVE. LOS ANGELES, CA	DEAN  40	67,500.	3,375.	
DAVID L. WOLFF ----- 9465 CAMBRIDGE ST. CYPRESS, CA	CFO VICE PRES  40	70,000.		1,500.
ROBERT W. BROWN ----- 5350 AMBERWOOD DR. INGLEWOOD, CA	PRESIDENT  40	135,000.		7,500.
Total number of other employees paid over \$50,000 ▶	8			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities**

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	X	
4 a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)	SEE STATEMENT 12	

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)



Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting. N/A
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (1998, 1997, 1996, 1995) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	X	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>NONDISCRIMINATORY POLICY STATEMENTS ARE CONTAINED IN ALL ADVERTISEMENTS, BULLETINS, CATALOGUES AND APPLICATIONS.</b>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....		X
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  a If the organization belongs to an affiliated group.  
 Check here  b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(a))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(a))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, 51b(i) Sales of assets, 51b(ii) Purchases of assets, 51b(iii) Rental of facilities, 51b(iv) Reimbursement arrangements, 51b(v) Loans or loan guarantees, 51b(vi) Performance of services, and 51c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ...

Yes No (X) No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE  
INCLUDED ON PART I, LINE 1D

STATEMENT 1

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMOUNT

15,976.

FORM 990 RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
CLASSROOM SPACE AND COMPUTER LAB SERVICES	1	78,143.
TOTAL TO FORM 990, PART I, LINE 6A		78,143.

FORM 990 RENTAL EXPENSES STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MORTGAGE EXPENSE		13,273.	
DEPRECIATION		10,088.	
- SUBTOTAL -	1		23,361.
TOTAL TO FORM 990, PART I, LINE 6B			23,361.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	<2,027.>
TOTAL TO FORM 990, PART I, LINE 20	<2,027.>

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	115,641.	410.	115,231.	
GRADUATION	8,234.	8,234.		
INSURANCE	53,709.		53,709.	
PROFESSIONAL SERVICES	33,087.	150.	32,937.	
PROPERTY TAXES	7,822.		7,822.	
TRAINING	8,835.	3,577.	5,258.	
UTILITIES	134,894.		134,894.	

SECURITY	16,233.		16,233.	
OPEN HOUSE	300.		300.	
MISC	28,952.	27,707.	1,245.	
FUNDRAISING	32,886.			32,886.
MEMBERSHIPS AND				
SUBSCRIPTIONS	22,456.	2,068.	20,388.	
LIBRARY EXPENSES	166,778.	166,778.		
OUTREACH	14,672.	1,212.	13,460.	
COMPUTER EXPENSE	6,644.		6,644.	
REFINANCING-PROPERTY	7,500.		7,500.	
<b>TOTAL TO FM 990, LN 43</b>	<b>658,643.</b>	<b>210,136.</b>	<b>415,621.</b>	<b>32,886.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

TO PROVIDE AN OPPORTUNITY FOR INDIVIDUALS FROM VARIOUS BACKGROUNDS TO OBTAIN A QUALITY LEGAL AND PARALEGAL EDUCATION AT A MODERATE COST. IN 1971, THE UNIVERSITY ALSO CONDUCTS NON-DEGREE, PROFESSIONAL EDUCATION COURSES IN LAW AND RELATED FIELDS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDED AN OPPORTUNITY FOR MEN AND WOMEN FROM DIVERSE EDUCATIONAL, OCCUPATIONAL, CULTURAL, ETHNIC AND AGE BACKGROUNDS TO OBTAIN A QUALITY LEGAL AND PARALEGAL EDUCATION AT A MODERATE COST. FOR THE YEAR ENDED JUNE 30, 2000, APPROXIMATELY 310 STUDENTS ATTENDED BOTH THE SCHOOL OF LAW AND PARALEGAL.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,670,671.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	JASON WALLACE		UNRELATED	750.
SCHOLARSHIP	DENNIS GORWIN		UNRELATED	1,000.
SCHOLARSHIP	ANNETTA MCDANIEL		UNRELATED	1,000.
SCHOLARSHIP	GENEVA BROUSSA		UNRELATED	500.
SCHOLARSHIP	GERALD EGBASE		UNRELATED	250.
SCHOLARSHIP	CEOLA MCDONAL		UNRELATED	2,500.
SCHOLARSHIP	JASON WALLACE		UNRELATED	2,500.
SCHOLARSHIP	MOJGAN MALEK		UNRELATED	1,000.
SCHOLARSHIP	LAVELLE LEVERETTE		UNRELATED	1,000.
SCHOLARSHIP	BABK HAKIM		UNRELATED	1,000.
SCHOLARSHIP	VICKY TARLET		UNRELATED	750.
SCHOLARSHIP	MAUREEN MURRY		UNRELATED	750.
SCHOLARSHIP	MEL BAILEY		UNRELATED	630.
SCHOLARSHIP	CHARLES THOMAS		UNRELATED	1,000.



TOTAL INCLUDED ON FORM 990, PART II, LINE 22

14,630.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMERICA SECURITIES (INVESTMENT	MKT VAL				291,939.	291,939.
IBM STOCK	MKT VAL				2,974.	2,974.
TROJAN ENERGY SHARES	MKT VAL				1.	1.
TO FM 990, LN 54 COL B					294,914.	294,914.

FORM 990 MORTGAGES PAYABLE STATEMENT 10

DESCRIPTION	BALANCE DUE
MORTGAGE LOAN - COMERICA	2,793,292.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	2,793,292.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GEORGE D. TAYLOR 260 S. LAKE AVE. #244 PASADENA, CA 91101	CHAIR 8 TO 30	0.	0.	0.
DEXTER A. HENDERSON 2160 W. ADAMS BLVD. LOS ANGELES, CA 90019	TREASURER 8 TO 30	0.	0.	0.
JANET SCHULMAN 2627 ARMSTRONG AVE. LOS ANGELES, CA 90039	VICE-CHAIR 8 TO 30	0.	0.	0.
MELINDA WILSON JD 1011 LINDENCLIFFS ST. TORRANCE, CA 90502	SECRETARY 8 TO 30	0.	0.	0.
RONALD D. CHATMAN 1172 CARTAGENA DR. LONG BEACH, CA 90807	TRUSTEE 8 TO 30	0.	0.	0.
RICHARD DAUM 11601 WILSHIRE BLVD. LOS ANGELES, CA 90025	TRUSTEE 8 TO 30	0.	0.	0.
MARCIA GONZALES-KIMBROUGH 1800 CITY HALL EAST LOS ANGELES, CA 90012	TRUSTEE 8 TO 30	0.	0.	0.
G. TIMOTHY HAIGHT, PH.D. 5151 STATE UNIVERSITY DRIVE LOS ANGELES, CA 90032	TRUSTEE 8 TO 30	0.	0.	0.
PATRICK HARRIS 3111 HUTTON DRIVE BEVERLY HILLS, CA 90210	TRUSTEE 8 TO 30	0.	0.	0.
EDWARD J. KORMONDY, PH.D. 1388 LUCILE AVE. LOS ANGELES, CA 90026	TRUSTEE 8 TO 30	0.	0.	0.
ELBERT T. HUDSON 4727 WILSHIRE BLVD.#202 LOS ANGELES, CA 90010	TRUSTEE 8 TO 30	0.	0.	0.

CARLTON J. JENKINS 4272 HILLCREST DRIVE LOS ANGELES, CA 90008	TRUSTEE 8 TO 30	0.	0.	0.
GAIL L. MORAGOLIS, J.D. 714 P STREET, DIRECTORS OFFICE, 12TH FLOOR SACRAMENTO, CA 95814	TRUSTEE 8 TO 30	0.	0.	0.
JULIE S. PAIK, J.D. 4578 DON MIGUEL DRIVE LOS ANGELES, CA 90008	TRUSTEE 8 TO 30	0.	0.	0.
WARREN W. VALDR, J.D. 533 LUCERNE BLVD. LOS ANGELES, CA 90020	TRUSTEE 8 TO 30	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT 12  
PART III, LINE 4

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ALL SCHOLARSHIPS ARE AWARDED TO STUDENTS BASED ON ACADEMIC MERIT AND/OR ECONOMIC NEED.

Application for Extension of Time To File  
Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

OMB No. 1545-0148

Please type or  
print. File the  
original and one  
copy by the due  
date for filing  
your return.

Name <b>THE UNIVERSITY OF WEST LOS ANGELES</b>	Employer identification number <b>95 2458679</b>
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>1155 W. ARBOR VITAE STREET</b>	
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90301-2902</b>	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until **MAY 15**, **2001**, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec. 407(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 1999** and ending **JUN 30, 2000**

b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 Has an extension of time to file been previously granted for this tax year?  Yes  No

4 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$ \_\_\_\_\_

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ **N/A**

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 **Kathy J. Ma** Title **CPA** Date **1/31/01**

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

We HAVE approved your application. Please attach this form to your return.

We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.

We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider your application because it was filed after the due date.

Other: \_\_\_\_\_

**IN THE FUTURE EXTENSIONS FOR FORMS 990PF, 990, 990EZ, 990T, 990BL, 4720, 5227, 1041A, 6069, AND 8870 MUST FILE USING FORM 8868.**

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name <b>SINGER LEWAK GREENBAUM &amp; GOLDSTEIN LLP</b>
	Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>10960 WILSHIRE BLVD., SUITE 1100</b>
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90024-3783</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No 1545-0148

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Name: THE UNIVERSITY OF WEST LOS ANGELES; Employer identification number: 952458679; Address: 1155 W. ARBOR VITAE STREET, LOS ANGELES, CA 90301-2902

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until FEBRUARY 15, 2001 to file (check only one): Form 706-GS(D), Form 706-GS(T), Form 990 or 990-EZ, Form 990-BL, Form 990-PF, Form 990-T (sec.401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041 (estate), Form 1041-A, Form 1042, Form 1120-ND (sec. 4951 taxes), Form 3520-A, Form 4720, Form 5227, Form 6069, Form 8612, Form 8613, Form 8725, Form 8804, Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year JUL 1, 1999 and ending JUN 30, 2000; b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 3 Has an extension of time to file been previously granted for this tax year? No

4 State in detail why you need the extension: ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits; b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made; c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

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: Kathy Mat; Title: CPA; Date: 10/26/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

Check boxes for IRS approval status: We HAVE approved your application, We HAVE NOT approved your application (with 10-day grace period), We HAVE NOT approved your application (no grace period), We cannot consider your application because it was filed after the due date, Other:

EXTENSION APPROVED DEC 14 2000 LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

By: Director

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent

Name: SINGER LEWAK GREENBAUM & GOLDSTEIN LLP; Address: 10960 WILSHIRE BLVD., SUITE 1100, LOS ANGELES, CA 90024-3783