

Return of Organization Exempt From Income Tax

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **THE UNIVERSITY OF WEST LOS ANGELES**
 Number and street (or P.O. box if mail is not delivered to street address): **1155 W. ARBOR VITAE STREET**
 City or town, state or country, and ZIP + 4: **LOS ANGELES, CA 90301-2902**

D Employer identification number: **95-2458679**
E Telephone number: **(310) 342-5200**
F Accounting method: Cash Accrual
 Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **▶**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN **▶**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

G Web site: **WWW@UWLA.EDU**

J Organization type (check only one): 501(c) (3) (insert no) 4947(a)(1) or 527

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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **4,615,519.**

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

SCANNED JUN 19 2004

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	435,397.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 284,701. noncash \$ 150,696.)	1d		435,397.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,648,399.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		211,613.	
	6a	Gross rents SEE STATEMENT 1	6a	320,110.		
	b	Less rental expenses SEE STATEMENT 2	6b	4,230.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		315,880.	
7	Other investment income (describe ▶)	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
		8a				
		8b				
c	Gain or (loss) (attach schedule)	8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9	Special events and activities (attach schedule)					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,611,289.		
Expenses	13	Program services (from line 44, column (B))	13	2,284,369.		
	14	Management and general (from line 44, column (C))	14	3,126,244.		
	15	Fundraising (from line 44, column (D))	15	61,417.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		5,472,030.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<860,741.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,517,711.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		<354,367.>		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,302,603.		

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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 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 17,160. noncash \$	17,160.	17,160.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	370,320.	219,532.	150,788.	0.
26	Other salaries and wages	2,216,047.	1,313,713.	902,334.	
27	Pension plan contributions	85,399.	46,441.	38,958.	
28	Other employee benefits	272,763.	152,657.	120,106.	
29	Payroll taxes	170,829.	103,048.	67,781.	
30	Professional fundraising fees				
31	Accounting fees	34,620.		34,620.	
32	Legal fees	21,187.		21,187.	
33	Supplies	55,700.	6,996.	48,704.	
34	Telephone	32,082.	1,200.	30,882.	
35	Postage and shipping	19,702.	14,493.	5,209.	
36	Occupancy	531,953.		531,953.	
37	Equipment rental and maintenance	113,919.	33,677.	80,242.	
38	Printing and publications	8,346.	541.	7,805.	
39	Travel	34,703.	9,223.	25,480.	
40	Conferences, conventions, and meetings				
41	Interest	54,445.		54,445.	
42	Depreciation, depletion, etc. (attach schedule)	80,360.		80,360.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	1,352,495.	365,688.	925,390.	61,417.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	5,472,030.	2,284,369.	3,126,244.	61,417.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes 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 5		Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others)</small>
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)		
a	SEE STATEMENT 6	
b	(Grants and allocations \$ 17,160.)	2,284,369.
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,284,369.

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
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	271,755.	46	70,530.
	47 a Accounts receivable	47a 188,260.		
	b Less: allowance for doubtful accounts	47b	47c	188,260.
	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 2,657,758.		
	b Less: allowance for doubtful accounts	51b	51c	2,657,758.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	759,250.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	86,731.
	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 1,562,876.			
b Less: accumulated depreciation	57b 970,220.	57c	592,656.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	4,166,351.	59	4,355,185.	
Liabilities	60 Accounts payable and accrued expenses	399,279.	60	958,103.
	61 Grants payable		61	
	62 Deferred revenue	202,708.	62	292,367.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)	46,653.	65	802,112.
66 Total liabilities (add lines 60 through 65)	648,640.	66	2,052,582.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,966,746.	67	1,108,697.
	68 Temporarily restricted	1,183,007.	68	825,948.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,517,711.	73	2,302,603.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,166,351.	74	4,355,185.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 5 columns (a-e) and rows for revenue reconciliation. Total revenue per audited statements is 4,884,752. Total revenue per Form 990 is 4,611,289.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 5 columns (a-e) and rows for expense reconciliation. Total expenses per audited statements is 6,099,860. Total expenses per Form 990 is 5,472,030.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 11, 370,320, 44,342, 0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. [] Yes [X] No Form 990 (2002)

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
81a Enter direct or indirect political expenditures See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85a Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85b If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86a Gross receipts, included on line 12, for public use of club facilities
86b 501(c)(12) organizations. Enter: a Gross income from members or shareholders
86a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)
87a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
87b If "Yes," complete Part IX
88a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
88b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
88c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
88d Enter Amount of tax on line 89c, above, reimbursed by the organization
89a List the states with which a copy of this return is filed
89b Number of employees employed in the pay period that includes March 12, 2002
90a The books are in care of
90b Telephone no.
91 Located at
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

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note: 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					3,627,871.
b LIBRARY INCOME					20,528.
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	211,613.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			30	315,880.	
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.		527,493.	3,648,399.
105 Total (add line 104, columns (B), (D), and (E))					4,175,892.

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 (See page 32 of the instructions.)

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).
▼	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ... Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... Yes No

Note: If "Yes" to (a), file Form 9870 and Form 4790 (see instructions).

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, and correct, and I am not aware of any information of which preparer has any knowledge.

5/14/04 Date Preparer's signature: Robert W. Brown, Jr.

Type or print name and title

Date: Check if: Preparer's SSN or PTIN:

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **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 page 1 of the 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
KATHI CERVI ----- 115 W. ARBOR VITAE ST. LOS ANGELES CA 40	ASSOC. DEAN	73,959.	7,536.	
ARVIN ANNE ----- 6458 CAVALLERI ROAD, MALIBU CA 90265	DEAN 40	100,000.	11,360.	
RAE G. CHESNER ----- 6640 COLGATE AVE. LOS ANGELES, CA	DEAN 40	114,398.	8,800.	
GEORGE DEZES ----- 115 W. ARBOR VITAE ST. LOS ANGELES CA 40	ASSOC. DEAN	71,422.	4,219.	
RALPH NOVOTNEY ----- 115 W. ARBOR VITAE ST. LOS ANGELES CA 40	PROFESSOR	67,400.	7,996.	
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the 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
DAN KELSAY DBA COASTLINE CONCEPTS ----- 138 AVENIDA PRESIDIO, SAN CLEMENTE, CA 92672	CLASSROOM INSTRUCTION	123,008.
PRACTICAL ACADEMIC SUPPORT ----- 8306 WILSHIRE BLVD.#1803, BEVERLY HILLS, CA 90211	CLASSROOM INSTRUCTION	108,000.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)	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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: 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 STATEMENT 13		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the 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.)
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 5 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 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **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.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

(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? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	X	
<p>NONDISCRIMINATORY POLICY STATEMENTS ARE CONTAINED IN ALL ADVERTISEMENTS, BULLETINS, CATALOGUES AND APPLICATIONS.</p>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	X	
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
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 (See page 9 of the instructions)

N/A

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

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)		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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				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) (See page 11 of the instructions)

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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
CLASSROOM SPACE AND COMPUTER LAB SERVICES		1	320,110.
TOTAL TO FORM 990, PART I, LINE 6A			320,110.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE		4,230.	
- SUBTOTAL -	1		4,230.
TOTAL TO FORM 990, PART I, LINE 6B			4,230.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION			AMOUNT
IN-KIND RENT INCOME			<354,367.>
TOTAL TO FORM 990, PART I, LINE 20			<354,367.>

FORM 990	OTHER EXPENSES	STATEMENT	4	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	186,453.		186,453.	
GRADUATION	11,423.	11,423.		
INSURANCE	79,350.	460.	78,890.	
PROFESSIONAL SERVICES	247,449.	118,600.	115,124.	13,725.
PROPERTY TAXES	359.		359.	
TRAINING	4,048.	1,946.	2,102.	
UTILITIES	230,469.		230,469.	
SECURITY	21,604.		21,604.	

OPEN HOUSE	444.		444.	
MISC	102,305.	22,928.	79,377.	
FUNDRAISING	47,692.			47,692.
MEMBERSHIPS AND SUBSCRIPTIONS	10,729.	516.	10,213.	
LIBRARY EXPENSES	142,215.	142,215.		
OUTREACH	27,032.	6,041.	20,991.	
COMPUTER EXPENSE	8,907.		8,907.	
PAYROLL FEES	23,768.		23,768.	
TUITION	10,507.	10,507.		
RELOCATION	77,314.		77,314.	
ACCREDITATION EXPENSE	30,498.	15,601.	14,897.	
EMPLOYMENT AGENCY	40,135.		40,135.	
WEBSITE	14,343.		14,343.	
COMPLIANCE	35,451.	35,451.		
TOTAL TO FM 990, LN 43	1,352,495.	365,688.	925,390.	61,417.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

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, 2003, APPROXIMATELY 292 STUDENTS ATTENDED BOTH THE SCHOOL OF LAW AND PARALEGAL.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	17,160.	2,284,369.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP			UNRELATED	17,160.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				17,160.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CD				18,750.	18,750.
IBM STOCK	2,082.				2,082.
TROJAN ENERGY SHARES	1.				1.
MONEY MARKET				65,898.	65,898.
TO 990, LN 54 COL B	2,083.			84,648.	86,731.

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
OTHER LIABILITIES		52,260.	
LINE OF CREDIT		749,852.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		802,112.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
AMORTIZATION OF DISCOUNT ON DEFERRED RENT		77,633.	
RENTAL		4,230.	
TOTAL TO FORM 990, PART IV-A		81,863.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TIMOTHY HAIGHT PH.D 1155 W. ARBOR VITAE STREET LOS ANGELES, CA 90301	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.
COZETTE VERGARI ESQ 5959 WEST CENTURY BLVD. #950 LOS ANGELES, CA 90045	VICE-CHAIR 8 TO 30	0.	0.	0.
LAJETTA Y. WRIGHT, ESQ 535 MAGNOLIA AVE, LONG BEACH, CA 90802 LOS ANGELES, CA 90802	SECRETARY 8 TO 30	0.	0.	0.

MARÇIA 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.
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.
ROBERT BROWN 1155 W. ARBOR VITAE STREET LOS ANGELES, CA 90301	PRESIDENT 40+	175,000.	23,279.	0.
DAVID WOLFF 1155 W. ARBOR VITAE STREET LOS ANGELES, CA 90301	CFO 40+	110,000.	10,795.	0.
SHELLEY GLICKSTEIN 1155 W. ARBOR VITAE STREET LOS ANGELES, CA 90301	V.P. 40+	85,320.	10,268.	0.
TALMADGE C. TILLMAN, JR 4578 DON MIGUEL DRIVE LOS ANGELES, CA 90008	TRUSTEE 8 TO 30	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>370,320.</u>	<u>44,342.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 12

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

- 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.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 13 PART III, LINE 3

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

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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 - Must file Original and One Copy.

Name of Exempt Organization: THE UNIVERSITY OF WEST LOS ANGELES
Employer identification number: 95-2458679
Number, street, and room or suite no.: 1155 W. ARBOR VITAE STREET
City, town or post office, state, and ZIP code: LOS ANGELES, CA 90301-2902

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

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

- 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 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 17, 2004
5 For calendar year, or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003
6 If this tax year 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 TIME IS NECESSARY TO GATHER INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX 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 \$
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 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 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: Peter Fu Title: CRA Date: 1-27-04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

EXTENSION APPROVED

MAR 01 2004

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: SINGER LEWAK GREENBAUM & GOLDSTEIN LLP
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 10960 WILSHIRE BLVD., SUITE 1100
City or town, province or state, and country (including postal or ZIP code): LOS ANGELES, CA 90024-3783

223832 05-22-02

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	THE UNIVERSITY OF WEST LOS ANGELES	95-2458679
	Number, street, and room or suite no. If a P.O. box, see instructions. 10960 WILSHIRE BLVD. SUITE 1100	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90024	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2002, and ending JUN 30, 2003.

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

3a 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 \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 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 ▶ Peter Au Title ▶ CPA Date ▶ 11/13/03

LHA For Paperwork Reduction Act Notice, see instruction