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DLN: 93493074007852

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)

2010

OMB No 1545-0047

Form **990**

| | enue Service | ► The organization may hav | ve to use a copy of this return to satisfy | state reporting | requiren | nents | Open to Public Inspection |
|-----------------------------|-----------------------------------|---|---|---------------------|-------------------------|---|-------------------------------------|
| A Forth | ne 2010 ca | lendar year, or tax year begin | nning 08-01-2010 and ending 07-31-20 | 011 | | | • |
| B Check | ıf applıcable | C Name of organization CALIFORNIA WESTERN SCHOOL (| OF LAW | | D Emp | loyer i | dentification number |
| Address | s change | | 51 EAW | | 95- | 2944! | 594 |
| Name (| change | Doing Business As | | | E Telej | hone | number |
| Initial r | eturn | | ıf mail is not delivered to street address) | Room/suite | (619 | 9)525 | 5-7073 |
| Termin | ated | 225 CEDAR ST | | | | | |
| Amend | ed return | City or town, state or country, ar SAN DIEGO, CA 92101 | nd ZIP + 4 | | G Gross | s receip | ts \$ 46,808,221 |
| Applica | tion pending | SAN DIEGO, CA 92101 | | | | | |
| | | F Name and address of p | orincipal officer | H(a) Is this | a group returi | n for affili | ates? Yes No |
| | | PAMELA DUFFY 225 CEDAR STREET | | 11/1-2 | | | · [, [, |
| | | SAN DIEGO,CA 92101 | | H(b) Are all | | | 7 |
| . Tay o | xempt status | | # (manuface) | | p exemp | | |
| | · | | ◀ (insert no) | \perp | | | |
| J Webs | site: 🕨 www | v cwsl edu | | <u> </u> | | | |
| | | Corporation Trust Associa | ation Other ► | L Year of fo | rmation 1 | 975 | M State of legal domicile CA |
| Part | I Sum | mary | | | | | |
| Governance | | | discontinued its operations or disposed | | 5% of its | s net a | assets |
| | | • | erning body (Part VI, line 1a) | | | 3 | 23 |
| Activities & | 1 Number | of independent voting membe | rs of the governing body (Part VI, line 1 | b) | | 4 | 23 |
| <u> </u> | 5 Total nui | nber of individuals employed | ın calendar year 2010 (Part V, lıne 2a) | | | 5 | 638 |
| - I | | mber of volunteers (estimate | | | | 6 | 30 |
| | | | Part VIII, column (C), line 12 | | | 7a | 0 |
| | b Net unre | lated business taxable incom | e from Form 990-T, line 34 | Deia | r Year | 7b | -12,546 Current Year |
| | 3 Contri | butions and grants (Part VIII | , line 1h) | | 2,249 | 733 | 1,347,220 |
| | | - ' | , line 2g) | | 39,528 | - | 41,876,635 |
| Beyenue 10 |) Invest | ment income (Part VIII, colu | mn (A), lines 3, 4, and 7d) | | 785 | 626 | 1,110,564 |
| 11 | | | A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 233 | 143 | 224,816 |
| 12 | | | 11 (must equal Part VIII, column (A), l | ine | 42,797 | 342 | 44,559,235 |
| 13 | | | art IX, column (A), lines 1-3) | | 7,257 | | 9,150,866 |
| 14 | 1 Benefit | ts paid to or for members (Pai | t IX, column (A), line 4) | | | | 0 |
| တ 15 | | s, other compensation, emplo | oyee benefits (Part IX, column (A), lines | 5 5 – | 20,083 | 101 | 19,929,243 |
| 9 ⊊ 16 | 10) | sional fundraising fees (Part I | X, column (A), line 11e) | | | 900 | 19,929,243 |
| <u>₹</u> | | ndraising expenses (Part IX, column | | | 12, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Ш 17 | | |), lines 11a-11d, 11f-24f) | | 10,483 | 783 | 10,667,485 |
| 18 | | | nust equal Part IX, column (A), line 25) | | 37,837 | 567 | 39,747,594 |
| 19 | Reven | ue less expenses Subtract lii | ne 18 from line 12 | | 4,959 | 775 | 4,811,641 |
| Net Assets of Fund Balances | | | | Beginning Y | g of Curre ear | ent | End of Year |
| 항 함 함 함 | | assets (Part X, line 16) | | | 75,529 | | 82,001,047 |
| 21 0 5 7 5 | | | | | 20,568 | | 20,223,866 |
| 深道 22 Part I | | sets or fund balances Subtra ature Block | ct line 21 from line 20 | | 54,961 | 453 | 61,777,181 |
| Under pe | enalties of pege and believed ge. | erjury, I declare that I have exam f, it is true, correct, and comple ** ture of officer | nined this return, including accompanying te. Declaration of preparer (other than offi | cer) is based on | | | |
| | <u> </u> | or print name and title | | | | | |
| | Print/Type preparer's | | Preparer's signature CHERYL RHODE | | Check if se employed | | PTIN |
| Paid | Fırm's nar | ne West Rhode & Roberts | 1 | 1 | | • | Firm's EIN |
| Prepare Use Onl | i Firm's add | Iress 3104 Fourth Ave | | | | | Phone no (619) 615-5380 |

San Diego, CA 92103

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

┌Yes ┌No

| Par | t III | Statement of Program Service Check if Schedule O contains a response | | 11 | ୮ |
|---|---|--|---|--|--|
| 1 | Briefl | y describe the organization's mission | | | |
| MISS WHO PRAC SYST TO D COM MAT | CAN I CAN I CTICE EM AN EVISE MUNITERS A | A WESTERN SCHOOL OF LAW IS CONTAIN ETHICAL, COMPETENT USE THE LAW EFFECTIVELY AND CREAM, WE SEEK TO GRADUATE CREAM ID SOCIETY OUR GRADUATES WILD INNOVATIVE AND RESPONSIBLE STANDING TO SERVING AS A COMMUNITY LENT, MEASURABLE CONTRIBUTIONS | AND COMPASSIONATE LAWYE EATIVELY WHILE CONTINUIN TIVE PROBLEM SOLVERS COM L NOT MERELY REACT TO PROE SOLUTIONS TO SERVE THE NE D LEGAL SCHOLARSHIP, PARTI GAL EDUCATION RESOURCE, (| RS, REPRESENTATIVE OF C G TO GRADUATE LAWYERS MITTED TO THE IMPROVE BLEMS, BUT WILL ANTICIPA EDS OF THEIR CLIENTS AN CIPATING IN PUBLIC DELI CALIFORNIA WESTERN SCH | OUR DIVERSE SOCIETY, WELL-EQUIPPED TO MENT OF OUR LEGAL TE THEM AND BE READY D THE BROADER BERATIONS ABOUT LEGAL OOL OF LAW WILL MAKE |
| | | | | | |
| | | | | | |
| 2 | the pr | e organization undertake any significa ior Form 990 or 990-EZ? | | ar which were not listed on | ┌ Yes ┌ No |
| | | s," describe these new services on Sch | | | |
| 3 | servi | e organization cease conducting, or mes? | | conducts, any program | ┌ Yes ┌ No |
| 4 | Desci Section | tibe the exempt purpose achievements on 501(c)(3) and 501(c)(4) organizations to others, the total expenses, an | for each of the organization's thre | are required to report the an | • |
| 4a | PRING WEST THEIF MAS A ANAL BEHIN POLIT |) (Expenses \$ ORNIA WESTERN SCHOOL OF LAW IS THE INDE CIPLED ADVOCATES - LAWYERS WHO FRAME THE ERN HAS EDUCATED LAWYERS WITH CLASSRO- CLIENTS AND THE QUALITY OF THE LEGAL SYS IND JOINT J D /PH D , J D /MSW AND J D /MB/ TICAL THINKING SKILLS THIS BROAD SKILL-B D A WIDE ARRAY OF LEGAL PROBLEMS IN ORD ICAL AND JUDICIAL CENTER, CALIFORNIA WES LTY AND STAFF MEMBERS | HE PRACTICE OF LAW AS A HELPING, COL OM PREPARATION AND REAL-WORLD EXP STEM CALIFORNIA WESTERN PROVIDES A DEGREES - WITH AN EMPHASIS ON DEV ASE ALLOWS OUR STUDENTS TO SEE THE JER TO FIND THE BEST POSSIBLE OUTCO | LABORATIVE PROFESSION FOR MOI ERIENCE, AND WHO ARE DEDICATE RIGOROUS, TRADITIONAL LEGAL EL 'ELOPING PROBLEM-SOLVING, COMN' BIG PICTURE, AND EVALUATE THE: 'IE FOR THEIR CLIENT LOCATED AT | RE THAN 80 YEARS, CALIFORNIA D TO IMPROVING THE LIVES OF DUCATION - INCLUDING J D , LLM, MUNICATION, WRITING, AND SOCIAL AND ECONOMIC CONTEXT THE HEART OF SAN DIEGO'S LEGAL, |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| 4d | | r program services (Describe in Sche enses \$ inclu | dule O) ding grants of \$ |) (Revenue \$ |) |

4e Total program service expenses►\$

29,312,440

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘 | 2 | Yes | |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 8 | | No |
| 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 | | No |
| 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 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | | Νο |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | Νο |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| Ь | 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, Parts I and IV | 14b | Yes | |
| 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 U S ? If "Yes," complete Schedule F, Parts II and IV | 15 | | Νο |
| 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 U S ? If "Yes," complete Schedule F, Parts III and IV. | 16 | | No |
| 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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions) | 17 | | N o |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | Νο |
| 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 | | N o |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | Νo |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 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 | Yes | |
| 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 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | Yes | |
| 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-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 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 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete <i>Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | Νο |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No | | | |
| 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 | | N o |
| 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 | | No |
| 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 | Yes | |
| | | F | orm 990 | (2010) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | . [| |
|-----|--|--------------|-----|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | 1a 1,137 | | | |
| Ь | 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? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | , | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| за | year? | 3a | | Νo |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | Νo |
| 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 | Yes | |
| ь | If "Yes," enter the name of the foreign country \blacktriangleright^{CJ} | | | |
| | See instructions for 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 | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | Νo |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | N o |
| | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6b | | N - |
| 7 | were not tax deductible? | OD | | No |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | Yes | |
| _ | services provided to the payor? | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | 7c | | No |
| d | file Form 8282? | | | IN O |
| - | The rest, indicate the number of forms of the daring the year 1.1.1. | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | 7- | | N |
| f | contract? | 7e 7f | | No No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | 110 |
| 9 | required? | 7g | | Νo |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | No |
| 8 | Form 1098-C? | / ''' | | NO |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | Νo |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| U | facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | Νο |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | Νo |
| | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| _ | In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | | | |
| С | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νο |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | Νο |

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

| Se | ection A. Governing Body and Management | | | |
|----------|--|-------------------|-----|----|
| | | \longrightarrow | Yes | No |
| | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 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 | Yes | |
| 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 | | Νο |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | Νο |
| 6 | Does the organization have members or stockholders? | 6 | | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νο |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νο |
| | ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.) | | | |
| | | | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | Νο |
| 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 | | Νo |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | 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 | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| 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? | | | |
| <u> </u> | | 16b | | Νο |
| Se 17 | ection C. Disclosure 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 Form 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. A nother'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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PAMELA J DUFFY CFO

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See 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 neither the organ | • | elated o | rganı | zatio | on co | ompen | sate | d any current office | r, director, or trust | ee | | | | | | |
|-------------------------------------|---|---|-------|--------|-------------------------------------|-------|--|----------------------|-----------------------|----|--|--|--|---|--|--|
| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | Position (check all | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other |
| | per week (describe hours for related organizations in Schedule O) | Highest compensated employee Key employee Officer Institutional Trustee or director | | Former | organization (W-2/1099-MISC) WISC) | | compensation from the organization and related organizations | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | (B) Average hours | I | tion (that a | (che | | П | | (D) Reportable compensation from the | (E) Reportable compensatior from related | | (F) Estima amount o | ated fother |
|-------|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|------------|--|---|---|--|---------------------|
| | | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) (W-2/1099-MISC) | | | compens from t rganizati relati organiza | :he on and ed |
| See A | ddıtıonal Data Table | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | • | | ٠ | ► | | | | | |
| С | Total from continuation sheets | to Part VII, Sec | tion A | | | | F | | | | | | |
| d | | | | | | | • | • | 2,974,059 | 3,00 | 0 | | 114,374 |
| 2 | Total number of individuals (incl \$100,000 in reportable compens | | | | | | above |) who | received more thai | n | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fori on line 1a? <i>If</i> " <i>Yes," complete Sch</i> | | | | | | | ee, o | r highest compensa | ated employee | 3 | Yes | |
| 4 | For any individual listed on line 1 organization and related organization and related organization. | ations greater th | | | | | | | | | | V | |
| 5 | Did any person listed on line 1a | | e comr | • oensa | atıon | fror | n anv | - unrel | | rindividual for | 4 | Yes | |
| - | services rendered to the organiz | | | | | | - | | = | | 5 | | No |
| Se | ection B. Independent Con | tractors | | | | | | | | | | | |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| HERITAGE SERCURITY SERVICES PO BOX 84540 SAN DIEGO, CA 92138 | SECURITY SERVICES | 419,513 |
| GOSS KELLER 5150 AVENIDA ENCINAS CARLSBAD, CA 92008 | DESIGN & MARKETING | 272,905 |
| GMI BUILDING SERVICES INC 8001 VICKERS STREET SAN DIEGO, CA 92110 | BUILDING MAINTENANCE | 220,809 |
| BARBRI 3280 MOTOR AVE 200 LOS ANGELES, CA 90034 | BAR EXAM REV COURSE | 490,000 |
| ALLIANT INSURANCE PO BOX 120670 SAN DIEGO, CA 92112 | INSURANCE BROKER | 291,513 |
| 2 Total number of independent contractors (including but not limited to the | nose listed above) who received more than | |

| Form 9 | | • | 10 | | | | Pa | ge 9 |
|--|-------------|---|------------------------------------|---------------|----------------------|---|---|--|
| Part V | V1111 | Statement of Revenu | 16 | | (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 | | Federated campaigns | 1a | | | | | |
| gen | | Membership dues | | | | | | |
| ع ≓ ∓ | | Fundraising events | | 2,648 | | | | |
| 9, G | | Related organizations | | 75,000 | | | | |
| <u>≅</u> .≅ | | Government grants (contributions) | 1e | 947,752 | | <u> </u> | | |
| <u>ë</u> ‡ | f | All other contributions, gifts, grants similar amounts not included above | , and 1f | 321,820 | | | | |
| 돌 | g | Noncash contributions included in li | nes 1a-1f \$ | 4,395 | | | | |
| ္မ | h | Total. Add lines 1a-1f | | | 1,347,220 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | TUITION AND FEES | | 611600 | 41.655.579 | 41,655,579 | | |
| <u>æ</u> | ь | | | 611600 | 90,692 | | | |
| Š | С | LAW REVIEW / LAW JOURNAL | | 611600 | 15,842 | 15,842 | | |
| À | d | <u> </u> | | 611600 | 61,648 | | | |
| Ē | | FEDERAL WORK STUDY All other program service rev | venue | 611600 | 51,374 | 51,374 1,500 | | |
| ွို | | | | | 1,500 | · | | |
| | д 3 | Total. Add lines 2a-2f | | | 41,876,635 | | | |
| | | Investment income (including and other similar amounts) | | | 387,086 | | | 387,086 |
| | 4 | Income from investment of tax-ex | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | | Gross Rents | | | | | | |
| | | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | 0 | | | |
| | | | (i) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | 2,327,807 | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less cost or other basis and | 1,604,329 | | | | | |
| | _ | sales expenses Gain or (loss) | 723,478 | | | | | |
| | | Net gain or (loss) | | | 723,478 | | | 723,478 |
| d١ | | Gross income from fundraisii | | | · · | | | |
| Other Revenue | | (not including | | | | | | |
| ۵ د | | \$ 2,648 of contributions reported on | line 1c) | | | | | |
| Ϋ́. | | See Part IV, line 18 | | | | | | |
| | | | a | | | | | |
| δ | | Less direct expenses | | | 0 | | | |
| | - | | ctivities See Part IV, line 19 . a | | | | | |
| | | Less direct expenses | | ь | | | | |
| | С | Net income or (loss) from ga | ming activities 🏲 | | 0 | | | |
| | 10 a | Gross sales of inventory, les returns and allowances | s | | | | | |
| | | returns and anowances . | a | 826,678 | | | | |
| | ь | Less cost of goods sold . | . b | 644,657 | | | | |
| | | Net income or (loss) from sa | | | 182,021 | | | 182,021 |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | VENDING MACHINE REVE | NUE | 611600 | 2,154 | | | 2,154 |
| | b | OTHER REVENUE | | 611600 | 9,639 | | | 9,639 |
| | C | FIXED-PRICE CONTRACT | REV | 611600 | 31,002 | 31,002 | | |
| | | d All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 42,795 | | | |
| | 12 | Total revenue. See Instructi | ons • | | | | | |
| | | . Jean revenue, Jee Instructi | | | 44,559,235 | 41,907,637 | | 1,304,378 |
| | | | | | | 1.2,501,057 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Α | Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c | - | | (D). | |
|----|--|-----------------------|------------------------------|-------------------------------------|---|
| | ot include amounts reported on lines 6b, b, 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 | 20,000 | 20,000 | | · · |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 9,130,866 | 9,130,866 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,570,490 | 577,027 | 940,148 | 53,315 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 14,323,724 | 12,350,212 | 1,781,127 | 192,385 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,154,705 | 933,826 | 205,316 | 15,563 |
| 9 | Other employee benefits | 1,864,921 | 1,439,234 | 406,500 | 19,187 |
| 10 | Payroll taxes | 1,015,403 | 815,795 | 184,151 | 15,457 |
| а | Fees for services (non-employees) Management | 0 | | | |
| b | Legal | 150,609 | | 150,609 | _ |
| c | Accounting | 69,500 | | 69,500 | |
| d | Lobbying | 90,000 | | 90,000 | |
| е | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 98,983 | | 98,983 | |
| g | Other | 2,253,533 | 804,569 | 1,433,175 | 15,789 |
| 12 | Advertising and promotion | 458,480 | 113,955 | 315,236 | 29,289 |
| 13 | Office expenses | 435,405 | 299,730 | 124,082 | 11,593 |
| 14 | Information technology | 168,731 | | 168,731 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 676,183 | | 676,183 | |
| 17 | Travel | 643,790 | 482,746 | 134,856 | 26,188 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 92,440 | 54,094 | 34,020 | 4,326 |
| 20 | Interest | 612,505 | | 612,505 | |
| 21 | Payments to affiliates | 0 | | | • |
| 22 | Depreciation, depletion, and amortization | 1,726,422 | 2,114 | 1,724,308 | |
| 23 | Insurance | 298,167 | | 298,167 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | STUDENT PROF ACTIVITIES | 223,175 | 223,175 | | |
| b | Printing and Publications | 313,073 | 232,367 | 70,747 | 9,959 |
| c | MISCELLANEOUS | 338,650 | 300,491 | 37,249 | 910 |
| d | LIBRARY CONTINUATION EXPENSE | 792,642 | 792,642 | | |
| e | ADMINISTRATIVE EXPENSE | 325,910 | 155,259 | 160,464 | 10,187 |
| f | All other expenses | 899,287 | 584,338 | 314,864 | 85 |
| 25 | Total functional expenses. Add lines 1 through 24f | 39,747,594 | 29,312,440 | 10,030,921 | 404,233 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | rm 990 (2010) |

| Pa | rt X | Balance Sheet | | | | | |
|--------------|------|---|-----------|----------------|--------------------------|------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 1,332,229 | 1 | 2,156,121 |
| | 2 | Savings and temporary cash investments | | | 4,575,638 | 2 | 3,195,822 |
| | 3 | Pledges and grants receivable, net | | | 1,150,416 | 3 | 850,671 |
| | 4 | Accounts receivable, net | | | 196,386 | 4 | 238,969 |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of | , key | employees, and | | | |
| | | Schedule L | | | 50,000 | 5 | 40,000 |
| | 6 | Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B), and contributing er sponsoring organizations of section 501(c)(9) voluntary employ organizations (see instructions) | nploye | ers, and | | | |
| Assets | | Schedule L | | | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 4,085,501 | 7 | 3,795,329 | |
| 4 | 8 | Inventories for sale or use | | 273,367 | 8 | 301,014 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | 0 | |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D | 10a | 50,139,512 | | | |
| | ь | Less accumulated depreciation | 10b | 24,066,832 | 26,808,935 | 10c | 26,072,680 |
| | 11 | Investments—publicly traded securities | | 33,318,394 | 11 | 41,415,263 | |
| | 12 | Investments—other securities See Part IV, line 11 | 2,571,123 | 12 | 2,699,753 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | 0 | |
| | 14 | Intangible assets | | | 14 | 0 | |
| | 15 | Other assets See Part IV, line 11 | | | 1,167,867 | 15 | 1,235,425 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 75,529,856 | 16 | 82,001,047 |
| | 17 | Accounts payable and accrued expenses . | | | 2,829,461 | 17 | 3,001,395 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 1,498,723 | 19 | 1,313,579 |
| | 20 | Tax-exempt bond liabilities | | | 12,373,361 | 20 | 11,968,983 |
| es | 21 | Escrow or custodial account liability Complete Part IV of Schedul | eD. | • | | 21 | |
| bilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| Lia | | 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 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 3,866,858 | 25 | 3,939,909 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 20,568,403 | 26 | 20,223,866 |
| 5 | | Organizations that follow SFAS 117, check here ▶ 🔽 and comp | lete li | nes 27 | | | |
| ē. | | through 29, and lines 33 and 34. | | | | | |
| lan | 27 | Unrestricted net assets | | | 50,662,114 | 27 | 57,078,878 |
| Ba | 28 | Temporarily restricted net assets | | | 1,674,590 | 28 | 2,000,393 |
| пd | 29 | Permanently restricted net assets | | | 2,624,749 | 29 | 2,697,910 |
| Fund Balance | | Organizations that do not follow SFAS 117, check here ► ┌ an | d com | plet e | | | |
| or | | lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | nds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 54,961,453 | 33 | 61,777,181 |
| | 34 | Total liabilities and net assets/fund balances | | | 75,529,856 | 34 | 82,001,047 |

| Pa | Check if Schedule O contains a response to any question in this Part XI | • | | | |
|-----|---|---------|----|------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 44 - | 559,23! |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 747,594 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 4,8 | 311,641 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 54,9 | 961,453 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | 2,0 | 004,087 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 61,7 | 777,181 |
| Pai | Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | | No. |
| 1 | Accounting method used to prepare the Form 990 | | | res | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both | ssued | | | |
| | ▼ Separate basis | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | |

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization CALIFORNIA WESTERN SCHOOL OF LAW

| САШІО | IXIVDA I | WESTERN SCHOOL OF DAW | 95-2944594 | | | |
|-------|----------|--|-------------------------------|-------------|---------|--------|
| Par | tΙ | Reason for Public Charity Status (All organizations must complete this par | | tions | | |
| | | zation is not a private foundation because it is (For lines 1 through 11, check only one box | | | | |
| 1 | Γ | A church, convention of churches, or association of churches described in section 170(b)(| 1)(A)(i). | | | |
| 2 | 굣 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | |
| 3 | \sqcap | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A |)(iii). | | | |
| 4 | Γ | A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state | on 170(b)(1)(A) | (iii). Ente | r the | |
| 5 | Γ | An organization operated for the benefit of a college or university owned or operated by a g | overnmental uni | t describe | d ın | |
| | | section 170(b)(1)(A)(iv). (Complete Part II) | | | | |
| 6 | Γ | A federal, state, or local government or governmental unit described in section 170(b)(1)(| A)(v). | | | |
| 7 | Γ | An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II) | al unit or from th | e general | public | |
| 8 | \sqcap | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | |
| 9 | | An organization that normally receives (1) more than 331/3% of its support from contribut | tions, membersh | ıp fees, ar | nd gros | ss |
| | • | receipts from activities related to its exempt functions—subject to certain exceptions, and | | | _ | |
| | | its support from gross investment income and unrelated business taxable income (less se | ction 511 tax) fr | om busine | sses | |
| | | acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I | II) | | | |
| 10 | \sqcap | An organization organized and operated exclusively to test for public safety. See section 50 | | | | |
| 11 | | An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated | 9(a)(2) See sec 11h | | a)(3). | Check |
| e | Γ | By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2) | | | | |
| f | | If the organization received a written determination from the IRS that it is a Type I, Type I check this box | I or Type III su | oporting o | rganız | ation, |
| g | | Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons? | | | | |
| | | (i) a person who directly or indirectly controls, either alone or together with persons descr | ıbed ın (ıı) | | Yes | No |
| | | and (III) below, the governing body of the the supported organization? | | 11g(i) | | |
| | | (ii) a family member of a person described in (i) above? | | 11g(ii) | | |
| | | (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | 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 | (iv) Is the organizati col (i) list your gove docume | on in ed in rning nt? | (v) Did you not organizati col (i) of suppor | on in your t? | (vi) Is the organizati col (i) orga in the U | on in anized S ? | (vii) A mount of support |
|---|----------------|---|--|--------------------------------|--|---------------------|--|------------------------|--------------------------------|
| | instructions)) | 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | dider rate III. If the | organización i | ans to quanty t | maci the tests | iisted below, pic | case complet | c raic III. |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S | ection A. Public Support | | _ | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude 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 | | | | | | |
| | 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 | | | | | | |
| Ü | line 4 | | | | | | |
| S | ection B. Total Support | 1 | | | | I | |
| | endar year (or fiscal year beginning | | | | | | |
| Cur | in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| 0 | 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 | es, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organization | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | nızatıon, |
| | check this box and stop here | _ | r | | • | . , . , - | ▶ ┌॔ |
| | | | | | | | |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2010 | (lıne 6 column (| f) divided by line | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2009 | Schedule A Par | rt II line 14 | | | 15 | |
| | | | | | | | |
| 16a | 33 1/3% support test—2010. If the | | | | line 14 is 33 1/3% | or more, chec | |
| | and stop here. The organization qua | • | | | | 2.2.4.204 | ▶ [|
| b | 33 1/3% support test—2009. If the | | | | oa, and line 15 is : | 1/3% or mor کد | . - |
| 17- | box and stop here. The organization | | | | 12 16 1C | handler - 4.4 | ▶ |
| r/a | 10%-facts-and-circumstances test- | | | | | | ın. |
| | is 10% or more, and if the organization made | | | • | | | |
| | in Part IV how the organization mee | is the facts and | circumstances" | test ine organiz | acion quanifies as | a publicly supp | orted F |
| L | organization 10%-facts-and-circumstances test- | _2000 Ifthe era | anization did not | chack a hay an lu | no 13 165 166 5 | or 17a and line | F1 |
| ט | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | • | | <u>-</u> | clv |
| | supported organization | aon meets the 16 | aces and circuitis | tances test life | . organization qual | iiiies as a publi | LIY ▶ |
| 18 | Private Foundation If the organizati | on did not check | a box on line 13 | . 16a. 16b. 17a o | r 17b. check this | box and see | - 1 |
| | instructions | a.a not eneck | | , , 0 0 , 7 0 0 | . 2. 2, 511558 61115 | | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f)) | 15 | |
|----|--|----|--|
| 16 | Public support percentage from 2009 Schedule A, Part III, line 15 | | |
| | | | |
| S | ection D. Computation of Investment Income Percentage | | |
| 17 | Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 | Investment income percentage from 2009 Schedule A , Part III, line 17 | 18 | |

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

| Schedule A (Fo | orm 990 or 990-EZ) 2010 | Pag |
|----------------|---|-----|
| Part IV | Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions). | • |

| Facts And | Circumstances | Test |
|-----------|---------------|------|
| | | |
| | | |
| | | |
| | | |

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000105 **Software Version:** 2010v3.2

EIN: 95-2944594

Name: CALIFORNIA WESTERN SCHOOL OF LAW

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|---|---|------------------------------------|-----------------------------------|--|--------|---|---------------------------------------|---|--|
| (B) A verage hours | | tıon (| che |) | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
| per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |
| 60 00 | | | х | | | | 256,049 | 0 | 22,549 | |
| 40 00 | | | | | х | | 242,865 | 3,000 | 35,793 | |
| 80 00 | | | х | | | | 480,119 | 0 | 39,193 | |
| 4 00 | Х | | | | | | 0 | 0 | 0 | |
| 4 00 | Х | | | | | | 0 | 0 | 0 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 50 00 | | | | х | | | 197,368 | 0 | 27,555 | |
| 50 00 | | | х | | | | 192,591 | 0 | 37,535 | |
| 5 00 | Х | | | | | | 0 | 0 | 0 | |
| 40 00 | | | | | х | | 229,014 | 0 | 44,801 | |
| 40 00 | | | | | | х | 180,414 | 0 | 29,801 | |
| 4 00 | Х | | | | | | 0 | 0 | 0 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 55 00 | | | х | | | | 249,089 | 0 | 33,983 | |
| 10 00 | X | | | | | | 0 | 0 | 0 | |
| 40 00 | | | | | х | | 254,132 | 0 | 36,275 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 4 00 | X | | | | | | 0 | 0 | 0 | |
| 8 00 | X | | | | | | 0 | 0 | 0 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 40 00 | | | | | | х | 176,865 | 0 | 34,593 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| 1 00 | Х | | | | | | 0 | 0 | 0 | |
| | (B) Average hours per week 60 00 40 00 40 00 4 00 50 00 50 00 50 00 40 00 40 00 40 00 40 00 1 00 40 00 1 00 40 00 1 00 1 | (B) A verage hours per week Post per Qriector 60 00 Individual 40 00 X 4 00 X 50 00 X 50 00 X 40 00 X 40 00 X 40 00 X 10 0 X 40 00 X 40 00 <td>(B) A verage hours per week 60 00</td> <td>(B) A verage hours per week 6000</td> <td> C Position (check a that apply) Rep employee Position (check a t</td> <td> C</td> <td> C Position (check all that apply) Position (check all that apply) </td> <td> C</td> <td> CB Average Hours per Week Position (check all state pelly) Position (check all state pell) Position (check all state pelly) Position (check all state pell) Position (check all state pelly) Position (check all state pellips) Position</td> | (B) A verage hours per week 60 00 | (B) A verage hours per week 6000 | C Position (check a that apply) Rep employee Position (check a t | C | C Position (check all that apply) Position (check all that apply) | C | CB Average Hours per Week Position (check all state pelly) Position (check all state pell) Position (check all state pelly) Position (check all state pell) Position (check all state pelly) Position (check all state pellips) Position | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Trustee

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|-------------------------|---|-----------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------|--|---|--|--|--|
| (A) Name and Title | (B) Average hours | verage Position (check all hours that apply) | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | | | | | | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | |
| HAN P CHING ESQ Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| EUGENE L STEP ESQ Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| DR RICHARD C ATKINSON Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| DR NANCY MARLIN Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| CONNIE L CLAPP ESQ VICE CHAIR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| CHRISTOPHER LAWSON Trustee | 1 00 | х | | | | | | 0 | 0 | 0 | | |
| CHARLES R GREBING ESQ Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| BRYAN LIANG PROF OF LAW | 40 00 | | | | | Х | | 246,868 | 0 | 36,102 | | |
| BARBARA COX PROF OF LAW | 40 00 | | | | | Х | | 268,685 | 0 | 36,194 | | |
| ARNOLD W WINSTON Trustee | 1 00 | х | | | | | | 0 | 0 | 0 | | |

DLN: 93493074007852

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

| | me of the organization IFORNIA WESTERN SCHOOL OF LAW | | | Employer i | dentification number | | | | | | |
|-------------|---|---|---|---|---|--|--|--|--|--|--|
| CAL | I OKNIA WESTERN SCHOOL OF DAW | | | 95-29445 | 94 | | | | | | |
| ar | I-A Complete if the or | ganization is exempt und | er section 501(| c) or is a section 5 | 27 organization. | | | | | | |
| L | Provide a description of the org | anızatıon's dırect and ındırect po | litical campaign act | ivities in Part IV | | | | | | | |
| 2 | Political expenditures | | | ▶ | \$ | | | | | | |
| 3 | V olunteer hours | | | | | | | | | | |
| ar | t I-B Complete if the or | ganization is exempt und | er section 501(| c)(3). | | | | | | | |
| L | Enter the amount of any excise | tax incurred by the organization | under section 4955 | 5 | • \$ | | | | | | |
| 2 | Enter the amount of any excise | tax incurred by organization mai | nagers under sectio | n 4955 | • \$ | | | | | | |
| 3 | If the organization incurred a s | | ┌ Yes | | | | | | | | |
| 1a | Was a correction made? | | | | ┌ Yes | | | | | | |
| b | If "Yes," describe in Part IV | | | | | | | | | | |
| ar | t I-C Complete if the or | ganization is exempt und | er section 501(| c) except section 5 | 501(c)(3). | | | | | | |
| L | Enter the amount directly expe | nded by the filing organization foi | r section 527 exem | pt function activities 🕨 | - \$ | | | | | | |
| 2 | Enter the amount of the filing o exempt funtion activities | rganızatıon's funds contributed to | o other organization: | s for section 527 | s | | | | | | |
| | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | | | | | | | | | | |
| 3 | Total exempt function expendit | ures Add lines 1 and 2 Enter he | ere and on Form 112 | .0-POL, line 17b ► | - \$ | | | | | | |
| 3 4 5 | Did the filing organization file F Enter the names, addresses an | orm 1120-POL for this year? d employer identification number | · (EIN) of all section | . 527 political organizati | _ | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution | orm 1120-POL for this year? | (EIN) of all section the amount paid fro d directly delivered | 527 political organizati om the filing organization to a separate political o | ons to which the filing n's funds Also enter the irganization, such as a | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution | orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an | (EIN) of all section the amount paid fro d directly delivered | 527 political organizati om the filing organization to a separate political o | nons to which the filing on's funds Also enter the organization, such as a ormation in Part IV (e) A mount of political contributions received | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |
| 1 | Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a | orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC) | r (EIN) of all section r the amount paid fro id directly delivered If additional space | s 527 political organization the filing organization to a separate political organization is needed, provide inform (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, | | | | | | |

| Sc | hedule C (Form 990 or 990-EZ) 2010 | | | | | | Page 2 |
|------------|---|----------|----------------------|------------------------|--------------|---|--|
| P | art II-A Complete if the organization under section 501(h)). | is ex | cempt under | section 501(c |)(3) and fi | led Form 5768 | |
| A B | Check If the filing organization belongs to a Check If the filing organization checked bo | | | " provisions apply | / | | |
| | Limits on Lobbying E (The term "expenditures" means a | | |) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| <u>1</u> a | Total lobbying expenditures to influence public o | pinion | (grass roots lob | oyıng) | | | |
| b | Total lobbying expenditures to influence a legisl | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | | | |
| d | Other exempt purpose expenditures | | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and : | Ld) | | | | |
| f | Lobbying nontaxable amount Enter the amount columns | from th | e following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The | lobbying nontaxa | ble amount is: | | | |
| | Not over \$500,000 | 20% | of the amount on lin | e 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100 | ,000 plus 15% of the | excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175 | ,000 plus 10% of the | excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225 | ,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,00 | 00,000 | | | | |
| | Grassroots nontaxable amount (enter 25% of lir | ne 1 f) | | | | | |
| _ | Subtract line 1g from line 1a If zero or less, ent | - | | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h d | or line 11, did the | organization file F | orm 4720 rep | orting | ┌ Yes ┌ No |
| | 4-Year Av (Some organizations that made a columns below. See t | secti | on 501(h) ele | | havè to co | | ne five |
| | Lobbying Exp | endit | ures During 4 | l-Year Averag | jing Period | | |
| | Calendar year (or fiscal year | | | | | | |

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|--|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total | | | | |
| 2a | Lobbying non-taxable amount | | | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | | | |
| С | Total lobbying expenditures | | | | | | | | | |
| d | Grassroots non-taxable amount | | | | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | | |

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

| | (election under section 501(h)). | 1. | -1 | | /h\ | |
|--------|--|----------|-------|------|---------------|--------|
| | | Yes | No | | (b) A mour | nt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | V olunteers? | | Νo | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | | | |
| c | Media advertisements? | | Νo | | | |
| d | Mailings to members, legislators, or the public? | | Νo | | | |
| е | Publications, or published or broadcast statements? | | Νo | | | |
| f | Grants to other organizations for lobbying purposes? | | Νo | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | | ġ | 90,000 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Νo | | | |
| i | Other activities? If "Yes," describe in Part IV | | Νo | | | |
| j | Total lines 1c through 1i | | • | | ç | 90,000 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Νo | | | |
| Ь | If "Yes," enter the amount of any tax incurred under section 4912 | | | 1 | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | No | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 501(c |)(5), | or s | ectio | n |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | | |
| | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". | II-À, | | | ectio | n |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a b | Current year Carryover from last year | 2a 2b | | | | |
| c | Total | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | | |
| | art IV Supplemental Information | | | | | |

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493074007852

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number Name of the organization CALIFORNIA WESTERN SCHOOL OF LAW 95-2944594 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during | |
|--|---|
| the taxable year 🛌 | |
| Number of states where property subject to conservation easement is located ► | |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | ┌ No |
| Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌 | |
| A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ | |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | ┌ No |
| 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 | |
| | Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes 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 |

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

- 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
- 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

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2010

| Part | 411 Organizations Maintaining Co | llections of Art | , His | torical Tre | eası | ires, or Ot | <u>her</u> | Similar Ass | sets (co | ntınued) |
|------|---|-------------------------------|---------|---------------------------------|--------|-----------------------------|------------|----------------------------------|----------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | e following th | nat ar | e a sıgnıfıcan | nt us | e of its collecti | on | |
| а | Public exhibition | | d | ┌ Loan o | rexc | hange progra | ms | | | |
| b | Scholarly research | | e | ┌ Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | v they further | the | organization's | exe | mpt purpose ır | ו | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | • | | | | | _ Yes | ┌ No |
| Par | t IV Escrow and Custodial Arrang | | | | | n answered | "Ye | s" to Form 9 | 90, | |
| _ | Part IV, line 9, or reported an an | | | • | | | | | | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | ions | or other asse | ts no | r | _ Yes | Г No |
| b | If "Yes," explain the arrangement in Part XIV | V and complete the | follow | ing table | | | | | | |
| | | | | | | | | Am | ount | |
| с | Beginning balance | | | | | | LC | | | |
| d | Additions during the year | | | | | <u> </u> | ld | | | |
| e | Distributions during the year | | | | | <u> </u> | le | | | |
| f | Ending balance | | | | | 1 | f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | e 21? | | | | | Г | Yes | ┌ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | IV, line 10. Three Years Back | (a)Four V | oars Pack |
| la | Beginning of year balance | (a)Current Year 18,289,414 | (D |)Prior Year 16,757,410 | | wo Years Back 19,498,989 | | Three fears back | (e)rour t | ears back |
| b | Contributions | 92,986 | | 192,222 | | 173,21 | + | | | |
| c | Investment earnings or losses | 3,052,532 | | 2,334,463 | | -1,816,622 | + | | | |
| d | Grants or scholarships | 59,195 | | 62,496 | | 62,496 | 6 | | | |
| e | Other expenditures for facilities | 999,946 | | 912,967 | | 962,570 | 0 | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | 19,475 | | 19,218 | | 73,102 | _ | | | |
| g | End of year balance | 20,356,316 | | 18,289,414 | | 16,757,410 | 0 | | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | 84 000 % | | | | | | | | |
| ь | Permanent endowment 🕨 13 000 % | | | | | | | | | |
| c | Term endowment ► 3 000 % | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiz | atıon t | that are held | and a | dministered | for th | ne | | |
| | organization by (i) unrelated organizations | | | | | | | 20/ | Yes | No No |
| | | | | | • | | • | 3a(i | | No |
| ь | (ii) related organizations | | | | | | | 3b | - | No |
| 1 | Describe in Part XIV the intended uses of th | • | | | | | | | | |
| Par | t VI Investments—Land, Buildings | s, and Equipme | nt. S | ee Form 99 | 0, P | art X, line 1 | .0. | | | |
| | Description of investment | | | (a) Cost or o basis (investm | | (b) Cost or other) | | (c) Accumulated depreciation | (d) Bo | ok value |
| la I | and | | | | | 1,010,3 | 318 | | | 1,010,318 |
| b I | Buildings | | | | | 26,488,2 | - | 8,437,622 | + | 8,050,62 |
| c I | Leasehold improvements | | | | | 89,4 | 176 | 89,476 | | - |
| d I | Equipment | | | | | 10,063,9 | 95 | 9,204,147 | | 859,848 |
| e (| Other | | | | | 12,487,4 | 180 | 6,335,587 | | 6,151,893 |

26,072,680

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | | <u>-</u> |
|--|--------------------------------|---|----------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year | |
| (1)Financial derivatives | | Cost of end-of-year | illarket value |
| (2)Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See | | <u> </u> | |
| | | (c) Method of va | luation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, III (a) Descrip | | |) Book value |
| (a) beschip | 7.11011 | (. | book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | (5.) | | |
| Part X Other Liabilities. See Form 990, Part > | (, line 25. | | |
| 1 (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
| GOVERNMENT LOAN PROGRAM | 3,939,909 | | |
| | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 3,939,909 | | |
| | t of the feetnets to the organ | | |

| | The state of the s | | 44.550.225 |
|------|--|------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 44,559,235 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 39,747,594 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 4,811,641 |
| 4 | Net unrealized gains (losses) on investments | 4 | 2,077,136 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -73,049 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 2,004,087 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 6,815,728 |
| Par | t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 37,352,761 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 2,077,136 |
| 3 | Subtract line 2e from line 1 | 3 | 35,275,625 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 98,983 | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 9,283,610 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 44,559,235 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 | 30,537,033 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 30,537,033 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 98,983 | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 9,210,561 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 39,747,594 |

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

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, 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

| Ident if ier | Ret urn Reference | Explanation |
|--------------------|--|---|
| Part X | Part X FIN48 Footnote | The School is exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code and is also exempt from state income tax. The Financial Accounting Standards Board (FASB) issued Accounting Standards. Codification No. 740-10, Accounting for Uncertainties in Income Taxes, which sets a minimum threshold for financial statement recognition of the benefit of a tax position taken or expected to be taken in a tax return. The School reviewed its positions for all open tax years and has determined that no provision for uncertain tax positions is required. |
| Part XIII, Line 4b | Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S | SCHOLARSHIPS RECLSD FROM EXP TO TUITION \$8913933 BOOKSTORE EXP RECLSD FROM EXP TO NET REV \$179288 PERKINS LOAN FUND EXPENSE RECLASS \$18357 |
| Part XII, Line 4b | Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S | SCHOLARSHIPS RECLSD FROM EXP TO TUITION \$8913933 BOOKSTORE EXP RECLSD FROM EXP TO NET REV \$179288 PERKINS LOAN FUND REVENUE RECLASS \$91406 |
| Part XI, Line 8 | Part XI, Line 8 Other Changes in Net Assets or Fund Balances | PERKINS LOAN FUND RECLASS(NET-REV LESS EXP) \$ - 73049 |
| Part V, Line 4 | Part V, Line 4 Intended uses of the endowment fund | California Western School of Law's endowment consists of a number of funds established for a variety of purposes. The endowment assets provide a predictable stream of funding for these purposes including scholarships for students, studies in select legal programs, research funds for professors and other operational costs as determined by the Board of Trustees. |

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Employer identification number

| ALIF | ORNIA WESTERN SCHOOL OF LAW | | | |
|--------|--|----------------|-----|----|
| Pa | rt I 95-294459 | 3 4 | YES | NO |
| 1 | | bylaws, | | |
| | other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media of | | | |
| | the period of solicitation for students, or during the registration period if it has no solicitation program, in a w | | | |
| | that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "N please explain If you need more space use Part II | | | |
| | | 3 | Yes | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimi basis? | 4b | Yes | |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| | If you answered "No" to any of the above, please explain If you need more space, use Part II | | | |
| 5 a | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | 5a | | No |
| | | | | |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | Νο |
| d | Scholarships or other financial assistance? | 5d | | Νο |
| e | e Educational policies? | 5е | | Νο |
| f | Use of facilities? | 5f | | Νο |
| g | Athletic programs? | 5 <u>g</u> | | Νο |
| h | Other extracurricular activities? | 5h | | Νo |
| | If you answered "Yes" to any of the above, please explain If you need more space, use Part II | | | |
| | | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Yes | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | Νo |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through | 4 0 5 | | |

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

| Identifier | Return Reference | Explanation |
|---|---------------------|---|
| Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized | | CALIFORNIA WESTERN SCHOOL OF LAW (THE SCHOOL) CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE AND FROM A LARGE GEOGRAPHIC SECTION OF CALIFORNIA, AS WELL AS DRAWS MANY INTERNATIONAL STUDENTS THE SCHOOL FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS AND CURRENTLY ENROLLS MEANINGFUL NUMBERS OF RACIAL MINORITY STUDENTS THE SCHOOL DOES NOT PUBLISH ITS RACIALLY NONDISCRIMINATORY POLICY IN A NEWSPAPER OF GENERAL CIRCULATION DUE TO THE LARGE GEOGRAPHIC REGION FROM WHICH APPLICANTS ARE DRAWN HOWEVER, THE SCHOOL'S BULLETIN, BROCHURES, PROMOTIONAL LITERATURE AND WEBSITE CLEARLY SET FORTH THE SCHOOL'S RACIALLY NONDISCRIMINATORY POLICY Statement of Non-Discrimination The School does not discriminate on the basis of race, color, creed, religion, gender, national origin, age, disability, or sexual orientation. The School is an equal opportunity employer, committed to a policy of equal opportunity for all individuals. |
| Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency | | THE SCHOOL PARTICIPATES IN THE FEDERAL WORK-STUDY AND PERKINS LOAN FUND PROGRAMS IN ADDITION, THE SCHOOL PARTICIPATES IN THE FEDERAL DIRECT STUDENT LOAN PROGRAM WHICH INCLUDES SUBSIDIZED AND UNSUBSIDIZED FEDERAL STAFFORD LOANS, AS WELL AS GRAD PLUS FEDERAL LOANS |

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493074007852

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CALIFORNIA WESTERN SCHOOL OF LAW **Employer identification number**

95-2944594

| Part I | General Information on | Activities Outside the United States. | Complete if the organization answered |
|--------|----------------------------|--|---------------------------------------|
| | "Yes" to Form 990, Part IV | line 14b. | |

| 1 | For grantmakers. Does the | organization i | maintain record | ds to substantiate the | amount of the grants o | r |
|---|--|-------------------------------------|--|---|--|---|
| _ | assistance, the grantees' elig | | | | | |
| | the grants or assistance? | | | | | │ Yes │ No |
| 2 | For grant makers. Describe in Pa United States | art V the organi | zatıon's procedu | res for monitoring the us | e of grant funds outside th | е |
| 3 | Activites per Region (Use Part | V ıf addıtıonal : | space is needed |) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
| | SOUTH AMERICA | 0 | 0 | Program Services | INTL LEG STUD | 30,059 |
| | SOUTH AMERICA | 0 | 0 | Program Services | ACCESO CAP | 1,22 |
| | SOUTH AMERICA | 0 | 0 | PROGRAM SERVICE | POST GRAD | 12,86 |
| | SOUTH AMERICA | 0 | 2 | Program Services | PROBSOLV | 17,30 |
| | SOUTH AMERICA | 0 | 0 | Program Services | CONF/MTNG | 8,55 |
| | SOUTH AMERICA | 0 | 3 | PROGRAM SERVICES | CHILE PROG | 117,76 |
| | NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | CONF/MTNG | 3: |
| | EUROPE | 0 | 0 | PROGRAM SERVICES | CONF/MTNG | 48,698 |
| | CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENT | NO RELATED EXPENDITURES | 1,229,23 |
| | ASIA & PACIFIC | 0 | 0 | PROGRAM SERVICES | CONF/MTNG | 1,23 |
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| _ | | | _ | | | |
| | Sub-total Total from continuation sheets | | 5 | | | 1,466,966 |

1,466,966

| Part | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 | | | | | | | | | | |
|------|--|---|--|------------------------------|---|--|---|--|--|--|--|
| | a) Name of rganization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | |
| | | | | | | | | | | | |
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| 2 | Enter total num tax-exempt by | nber of recipie the IRS, or fo | ent organizations lis or which the grante | ted above that are i | recognized as chari ovided a section 50: | ties by the foreign o 1(c)(3) equivalency | country, recognized letter | as . ► | | | |
| 3 | tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | | | |

| Part III | Grants and Ot | her Assistance to | Individuals | Outside the Unit | ed States. Complete i | f the organization a | nswered "Yes" to Form ! | 990, Part IV, line 16. |
|----------|-------------------|-----------------------|-------------|------------------|-----------------------|----------------------|-------------------------|------------------------|
| | Use Part V if add | ditional space is nee | eded. | | · | | | |
| | | | | | | | | |

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash | (g) Description of non-cash | (h) Method of valuation |
|---------------------------------|------------|--------------------------|--|------------------------------------|-------------------------|-----------------------------|----------------------------------|
| | | | ! | | assistance | assistance | (book, FMV, appraisal, other) |
| | | | <u>. </u> | | | | |
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Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | Γ | Yes | <u> </u> | Νo |
|---|--|---|-----|----------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | <u> </u> | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Г | Yes | ┍ | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | ┍ | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | 굣 | Yes | Γ | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ᅜ | Νo |

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Additional Supplemental Information | | Conference/Meetings - Our faculty and employees travel to various foreign locations to attend or present at conferences and meetings, as well as perform research. The expenses incurred by our employees related to these activities are disclosed herein Chile Summer Program - The School, acting on behalf of the Consortium for Innovative Legal Education, offers a summer abroad program in Santiago, Chile. The Consortium for Innovative Legal Education (CILE) is a separate 501(c)(3) entity composed of 4 American Bar Association (ABA) accredited, independent law schools including California Western School of Law, New England Law [Boston, South Texas College of Law and William Mitchell College of Law Each law school within CILE administers at least one summer abroad program each year in which students take legal course work exposing them to international and comparative law and culture. The School tracks the program revenue and expenses for CILE. Any excess revenue over expenses is paid to CILE and any excess expenses over revenue are reimbursed by CILE to the School. The activity listed for this program will also be included on the separate Consortium for Innovative Legal Education's Form 990 and includes all program expenses. Creative Problem Solving. The Center for Creative Problem Solving develops curriculum, research, and projects to educate students and law yers in methods for preventing problems where possible, and creatively solving those problems that do exist. The expenses disclosed herein represent costs incurred in various foreign countries while working on such programmatic services International Legal Studies. Several of the School's faculty members specialize in international legal study specialists. All expenses related to these trips are disclosed herein Post-Graduate Programs. The Center for Creative Problem Solving and the International Legal Studies program develops, staffs and presents continuing legal and graduate level education for foreign law yers. These programs are conducted in partnership wit |

Schedule F (Form 990) 2010

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General Information on Grants and Assistance

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493074007852

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

CALIFORNIA WESTERN SCHOOL OF LAW

Employer identification number

95-2944594

| Form 990, Part I | V, line 21 for any | o Governments and received eded. | more than \$5,000. | Check this box if no | o one recipient rece | ived more than \$5,0 | |
|--|--------------------|------------------------------------|------------------------------|---|--|--|-------------------------------------|
| . (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gra or assistance |
| L) CONSORTIUM FOR NNOV875 SUMMIT VENUE T PAUL, MN 55105 | 41-1884496 | 501(C)(3) | 20,000 | 0 | | | CAPITAL CONTRI TO RELATED ORG |
| | | | | | | | |
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| Enter total number of sect | | | | | | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d) A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|---|--|---------------------------------------|
| (1) STIPENDS | 144 | 193,632 | | | |
| (2) SCHOLARSHIPS | 584 | 39,300 | 8,897,934 | BASED UPON THEN CURRENT TUITION RATES | TUITION REMISSION |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier | Return Reference | Explanation |
|--|------------------|---|
| Grantmaker's Description of How Grants are Used | | JD Admission Scholarships Admission scholarships are granted based on merit. This includes, but is not always limited to LSAT score and undergraduate grade point average. Some scholarships are also awarded based on merit and diversity. There is no separate application beyond the admissions application required for most of the scholarships. Merit Based. Scholarships California Western School of Law (the School) offers two forms of merit based scholarships that are awarded to students at the completion of their first year of law school. The Academic Merit Scholarship is typically awarded to students at the completion of their first year of law school. The Academic Merit Scholarship is typically awarded to students with GPAs from 85 to 95. It is awarded through a competitive application process. The number of scholarships offered each year varies, based on the number of eligible students and the availability of funds MCL Scholarships. These scholarships are awarded to the School's most academically outstanding LL M /M C. L. applicants based upon academic credentials, relevant work experience, impressive academic and professional recommendations, and strong command of English (as evidenced by quality writing on the applicant's personal statement and by the applicant's "Test of English as a Foreign Language" score) |
| · | | |

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DLN: 93493074007852

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule J

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| • | | |
|---|--------------------------------|---|
| Name of the organization | Employer identification number | |
| CALIFORNIA WESTERN SCHOOL OF LAW | 95-2944594 | |
| Part I Questions Regarding Compensation | | _ |
| | | |

| | | | | 1 63 | NO | |
|----|--|---|----|------|-----|--|
| 1a | Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov | | | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | | |
| | Travel for companions | Payments for business use of personal residence | | | | |
| | □ Tax idemnification 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 in line 1a are checked, did the organizat reimbursement orprovision of all the expenses described ab | | 1b | Yes | | |
| 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? | | | | | |
| 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 or a related organization | I, Section A, line 1a with respect to the filing organization | | | | |
| а | Receive a severance payment or change-of-control payment from the organization or a related organization? | | | | | |
| Ь | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | | |
| c | Participate in, or receive payment from, an equity-based co | mpensation arrangement? | 4c | | Νο | |
| | If "Yes" to any of lines $4a-c$, list the persons and provide the | ne applicable amounts for each item in Part III | | | | |
| | 0.1. 504/-1/2) 504/-1/4) | detailines 5.0 | | | | |
| 5 | Only 501(c)(3) and 501(c)(4) organizations only must comp For persons listed in form 990, Part VII, Section A, line 1a, | | | | | |
| 5 | compensation contingent on the revenues of | , did the organization pay of accide any | | | | |
| а | The organization? | | 5a | | Νo | |
| b | Any related organization? | | 5b | | Νo | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of | , did the organization pay or accrue any | | | | |
| а | The organization? | | 6a | | Νo | |
| Ь | Any related organization? | | | | | |
| | 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 | | | | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured 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 | | | | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebutt section 53 4958-6(c)? | able presumption procedure described in Regulations | 9 | | N o | |
| | | | | | | |

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

For each individual whose compensation must be reported 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-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| (1) WILLIAM ACEVES (1) | 242,629 | 12,500 | 920 | 19,600 | 2,949 | 278,598 | |
| (2) THOMAS BARTON (1) | 229,765 3,000 | 12,500 | 600 | 19,600 | 16,193 | 278,658 3,000 | |
| (3) STEVEN SMITH (1) | | 80,000 | 50,754 | 19,600 | 19,593 | 519,312 | |
| (4) PHYLLIS MARION (I) | | 7,000 | | 16,240 | 11,315 | 224,923 | |
| (5) PAMELA DUFFY (1) | | 12,500 | | 16,168 | 21,367 | 230,126 | |
| (6) MICHAL BELKNAP | | 7,000 | | 19,360 | 25,441 | 273,815 | |
| (7) MARK WEINSTEIN | | 12,500 | | 15,080 | 14,721 | 210,215 | |
| (8) LAURA PADILLA (I) | | 12,500 | 880 | 19,600 | 14,383 | 283,072 | |
| (9) JOHN NOYES | 245,932 | 7,000 | 1,200 | 19,600 | 16,675 | 290,407 | |
| (10) J BO WERMASTER (II) | | 5,500 | | 15,000 | 19,593 | 211,458 | |
| (11) BRYAN LIANG (1) | | 7,000 | 11,603 | 19,440 | 16,662 | 282,970 | |
| (12) BARBARA COX | | 12,500 | 2,320 | 19,600 | 16,594 | 304,879 | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |

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

| Ident if ier | Return Reference | Explanation |
|---------------------------|---|---|
| Sch J, Part I, Line 7 | Part I, Line 7 Non-Fixed payments not listed above | The School did provide for performance bonuses or non-fixed payments to selected employees during the calendar year 2010 |
| Sch J, Part I, Line 1a | ınformatıon ın regards to | The Dean/President receives an expense and housing allowance annually per the terms of his employment contract A portion of his housing allowance is reimbursed to him on a non-taxable basis for business meetings and School events held at his residence based upon the estimated fair value of such usage All of the expense allowance and the taxable portion of the housing allowance are paid via payroll on a semi-monthly basis and are included as W-2 reportable wages. In addition, the School pays for the Dean's monthly membership fees to a social club (the University Club) where various business meetings are regularly held. The total annual cost of the membership is \$1,100 and is reported as a business expense. |

Schedule J (Form 990) 2010

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DLN: 93493074007852

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number**

| Complete if the organizat | | | ection 501(c)(3) ai es" on Form 990, P | | | | | | ıne 40b | |
|--|--|---|--|--|------------------|-----------|-------------------------------------|---------------------|---------------------------|----------|
| 1 (a) Name of disqu | | | | (b) Desc | | | | · | | orrected |
| 1 (3) | | | | (b) Desc | iiption (| or trails | | | Yes | No |
| | | | | | | | | | | |
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| 2 Enter the amount of tax impos | | _ | | | | | ear unde | r | | |
| section 4958 | | | | | | | | · \$ —— | | |
| 3 Enter the amount of tax, if any | , on line | ∠, abov | e, reimbursed by the | e organization . | | | | \$ | | |
| Part III Loans to and/or F | rom I | interes | sted Persons. | | | | | | | |
| | | | | | | | | | | |
| Complete if the organiz | | | | Part IV, line 26, | or Forn | n 990-E | | | a T | |
| Complete If the organiz | (b) Lo | nswered oan to | "Yes" on Form 990, | Part IV, line 26, | | | (f) | | | ten: |
| Complete if the organiz | (b) Lo | nswered oan to m the | "Yes" on Form 990, (c)O riginal | Part IV, line 26, | or Forn (e) I | In | (f) Appro- by boar | ved d or | (g)Writ | |
| Complete If the organiz | (b) Lo or fro | oan to m the zation? | "Yes" on Form 990, | | (e) I defau | in It? | (f) Appro- by boar commit | ved d or tee? | (g) Writ | ent? |
| Complete if the organiz (a) Name of interested person and purpose | (b) Lo | nswered oan to m the | "Yes" on Form 990, (c)O riginal | | (e) I | In | (f) Appro- by boar | ved d or | (g) Wrıt | |
| Complete if the organiz (a) Name of interested person and purpose | (b) Lo or fro | oan to m the zation? | "Yes" on Form 990, (c)O riginal | (d)Balance due | (e) I defau | in It? | (f) Appro- by boar commit | ved d or tee? | (g) Writ | ent? |
| Complete if the organiz (a) Name of interested person and purpose | (b) Lo or fro | oan to m the zation? | "Yes" on Form 990, (c)O riginal principal amount | (d)Balance due | (e) i defau | In It? | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete if the organiz (a) Name of interested person and purpose | (b) Lo or fro | oan to m the zation? | "Yes" on Form 990, (c)O riginal principal amount | (d)Balance due | (e) i defau | In It? | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete if the organiz (a) Name of interested person and purpose | (b) Lo or fro | oan to m the zation? | "Yes" on Form 990, (c)O riginal principal amount | (d)Balance due | (e) i defau | In It? | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete if the organiz (a) Name of interested person and purpose | (b) Lo or fro | oan to m the zation? | "Yes" on Form 990, (c)O riginal principal amount | (d)Balance due | (e) i defau | In It? | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete If the organiz (a) Name of Interested person and purpose 1) BRYAN LIANG - RELOCATION | (b) Lo or fro organiz | pan to m the zation? | "Yes" on Form 990, (c)Original principal amount 100,000 | (d) Balance due | (e) i defau | In It? | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete If the organiz (a) Name of Interested person and purpose (1) BRYAN LIANG - RELOCATION | (b) Lo or fro organiz | pan to m the zation? | "Yes" on Form 990, (c)Original principal amount 100,000 | (d)Balance due | (e) i defau | In It? | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete If the organiz (a) Name of Interested person and purpose 1) BRYAN LIANG - RELOCATION Total | (b) Lo or fro organiz | pan to m the zation? From X nefitti | (c)Original principal amount 100,000 | (d)Balance due 40,000 40,000 ersons. | (e) i defau | No No | (f) A pproby boar commit Yes | ved d or tee? | (g)Writ | ent? |
| Complete If the organiz (a) Name of Interested person and purpose 1) BRYAN LIANG - RELOCATION otal | To cation ai (b) Lo or fro organi: To | pan to m the zation? From X nefittiin answ | (c)Original principal amount 100,000 100 principal amount | (d)Balance due 40,000 40,000 40,000 ersons. m 990, Part IV | (e) i defau | No No 7. | (f) A pproby by boar commit Yes Yes | ved rd or tee? No | (g)Writ agreeme Yes | No No |
| Complete If the organiz (a) Name of Interested person and purpose 1) BRYAN LIANG - RELOCATION Total | To cation ai (b) Lo or fro organi: To | pan to m the zation? From X nefittiin answ | (c)Original principal amount 100,000 | 40,000 40,000 ersons. m 990, Part IV en interested pers | (e) i defau | No No 7. | (f) A pproby by boar commit Yes Yes | ved rd or tee? No | (g)Writ | No No |
| Complete If the organiz (a) Name of Interested person and purpose 1) BRYAN LIANG - RELOCATION otal | To cation ai (b) Lo or fro organi: To | pan to m the zation? From X nefittiin answ | (c)Original principal amount 100,000 100,000 Interested Pered "Yes" on For principal amount | 40,000 40,000 ersons. m 990, Part IV en interested pers | (e) i defau | No No 7. | (f) A pproby by boar commit Yes Yes | ved rd or tee? No | (g)Writ agreeme Yes | No No |
| Complete If the organiz (a) Name of Interested person and purpose 1) BRYAN LIANG - RELOCATION Total | To cation ai (b) Lo or fro organi: To | pan to m the zation? From X nefittiin answ | (c)Original principal amount 100,000 100,000 Interested Pered "Yes" on For principal amount | 40,000 40,000 ersons. m 990, Part IV en interested pers | (e) i defau | No No 7. | (f) A pproby by boar commit Yes Yes | ved rd or tee? No | (g)Writ agreeme Yes | No No |

| Part TV Bus | iness Transact | tions Involving T | nterested Persons |
|-------------|----------------|-------------------|-------------------|

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| Complete if the organization | il aliswered Tes Oil | TOTH 550, Turciv, III | 1C 200, 200, 01 20C. | | | |
|-------------------------------|--|----------------------------|--------------------------------|---------|---|--|
| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | organız |) Sharing of ganization's revenues? | |
| | organization | | | Yes | No | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Ident if ier Re | et urn Reference | Explanation |
|-----------------|------------------|--------------------|
|-----------------|------------------|--------------------|

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493074007852

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
CALIFORNIA WESTERN SCHOOL OF LAW

Employer identification number

95-2944594

| ldentifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART XI - OTHER CHANGES IN NET ASSETS | This figure includes amounts that are not reflected in the tax return detail of revenues and expenses as follows. Net Unrealized gains (losses) on investments \$2,077,136Perkins Loan Fund Revenue reclass (91,406). Perkins Loan Fund Expense reclass 18,357Total Other Changes in Net Assets \$2,004,087Net unrealized gain (losses) on investments are excluded from reporting on the tax return as a revenue or expense item per the instructions and therefore must be included as an adjustment to Net Assets. The School serves as an agent for the federal government in administering the Perkins Student Financial Aid Program. Therefore, the Perkins Loan fund program activity is not reflected in the School's revenue and expense totals. The activity is recorded on the balance sheet of the School and must therefore be reflected as an adjustment to the tax return net asset reconciliation hereon. |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---|---|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|---|--|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | The compensation of the officers of the organization (Dean, Associate Deans and CFO) and key employees are reviewed and approved by the Executive Committee (serving as the Compensation Committee) of the Board of Trustees Various comparability data is used to determine the reasonableness of the recommended compensation. The comparability data includes salary surveys from various sources, Form 990 compensation data from other comparable organizations and other industry specific articles/publications. The minutes of this meeting of the Executive Committee detail the members present, their vote on compensation, the documents reviewed to determine reasonableness of the compensation, the terms of the approved compensation, the date approved, the independence of the committee members, and any deliberation. The minutes are completed and approved in a timely fashion. |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|---|---|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | Each year, the officers, trustees, key employees and certain budget managers of CWSL are asked to review the conflict of interest policy and to complete the annual conflict of interest disclosure form A checklist is maintained to monitor completion of the form and to track attempts to obtain the disclosure forms from all listed individuals. The completed forms are reviewed by the Chairman of the Audit Committee of the Board of Trustees and the CFO. Any disclosed conflict of interest or potential for the appearance of a conflict of interest is discussed with the applicable parties. If any action is required, a plan is developed to address the issue. In addition, our conflict of interest policy requires immediate disclosure of any new / modified conflict of interest or appearance of a conflict of interest to an appropriate party at the organization. The new information is then reviewed and any applicable action plan developed as discussed above. |

| ldentifier | Return Reference | Explanation |
|----------------------------------|--|---|
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process | The draft Form 990 is distributed to, and reviewed by, the Finance Committee of the Board of Trustees This review consists of individual committee member review, an overview of the draft by the CFO and a question and answer period during a committee meeting. A final draft with any applicable changes from the Finance Committee review is distributed to the Board of Trustees before being submitted to the IRS. |

| ldentifier | Return Reference | Explanation |
|------------------------------|---|---|
| Form 990, Part VI, Line 2 | Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | DEAN STEVEN SMITH AND TRUSTEE JOHN O'BRIEN BOTH SERVE AS BOARD MEMBERS OF THE CONSORTIUM FOR INNOVATIVE LEGAL EDUCATION, A RELATED ORGANIZATION |

| ldentifier Return Reference | | Explanation |
|--------------------------------|--|---|
| | | Client Note 1 - 990-TThe information on this return is based on K-1s provided. This is the best information available at the time of filing. Upon the discovery of additional or more detailed information an amended return will be filed. |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493074007852

2010

Open to Public Inspection

95-2944594

SCHEDULE R (Form 990)

Name of the organization

CALIFORNIA WESTERN SCHOOL OF LAW

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.

Department of the Treasury Internal Revenue Service

Employer identification number

| Part I Identification of Disregarded Entities (Com | plete if the organizati | on answered "Yes" | on Form 990, Pa | rt IV, line 33.) | | | |
|---|---|---|-------------------------------|--|--|---------------|--|
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) e Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
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| Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during | nizations (Complete g the tax year.) | ıf the organization | answered "Yes" (| on Form 990, Part | IV, line 34 becaus | se it had | one |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | | g) 12(b)(13 rolled ization |
| (1) CONSORTIUM FOR INNOVATIVE LEGAL ED | | | | | | Yes | No |
| 875 SUMMIT AVENUE | EDUCATIONAL PROCESANC | DE. | F04/C)/2) | T H 500(A) | NA | | |
| ST PAUL, MN 55105 41-1884496 | EDUCATIONAL PROGRAMS | DE | 501(C)(3) | T II 509(A) | | | No |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Instruc | tions for Form 990. | Cat No 50 | <u> </u> 135Y | 1 | Schedule R (I | Form 990) | 2010 |

| (a) ame, 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) end-of-year sssets | (h Disprop allocat | ortionate | (i) Code V— amount in bo Schedule (Form 10 | x 20 of K-1 | (j Gener mana partr | al or ging | (k) Percentage ownership |
|--|----------------------------------|--|--|--|------------------------------|-----------|--|--------------------------|-----------|--|----------------|-------------------------------------|---------------|--|
| | | | | | | | | Yes | No | | | Yes | No | |
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| | | | | ble as a Corpora zations treated as a | | | | | | nswered "Y | es" on | Form | 990, | Part IV, |
| Name, address, ar | (a) nd EIN of related organiz | zation | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct cor enti | ntrolling | (e) Type of e (C corp, S or trust | corp, | Share of | (f) f total income | Shai end-o | y) re of f-year sets | | (h) Percentage ownership |
| | | | | | | | | | | | | | | |
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| Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, 35, 35A, or 36.) Note. Complete line 1 if any entity is listed in Parts II, III or IV Receipt of (i) interest (ii) annuities (iii) royalites (iv) rent from a controlled entity b (ift, grant, or capital contribution to other organization(s)) c (ift, grant, or capital contribution from other organization(s)) d (Loans or loan guarantees to or for other organization(s)) f Sale of assets to other organization(s) f Sale of assets to other organization(s) f Exchange of assets i Lease of facilities, equipment, or other assets from other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) 10 In | age 3 | | | |
|--|---|------------|-----|-----|
| Part V Transactions With Related Organizations (| Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.) | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III or I | v | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following | lowing transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from | n a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to other organization(s) | | 1b | Yes | |
| c Gift, grant, or capital contribution from other organization(s) | | 1 c | Yes | |
| d Loans or loan guarantees to or for other organization(s) | | 1d | | No |
| e Loans or loan guarantees by other organization(s) | | 1e | | No |
| f Sale of assets to other organization(s) | | 1 f | + | No |
| g Purchase of assets from other organization(s) | | 1 g | | No |
| h Exchange of assets | | 1h | | No |
| i Lease of facilities, equipment, or other assets to other organiza | ation(s) | 1i | | No |
| j Lease of facilities, equipment, or other assets from other orgar | nization(s) | 1j | +- | No |
| k Performance of services or membership or fundraising solicita | tions for other organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitat | :ions by other organization(s) | 11 | | No |
| m Sharing of facilities, equipment, mailing lists, or other assets | | 1m | 1 | No |
| n Sharing of paid employees | | 1 n | | No |
| • Reimbursement paid to other organization for expenses | | 10 | — | No |
| · | | - | | No |
| p Reimbursement paid by other organization for expenses | | 1р | + | 140 |
| q Other transfer of cash or property to other organization(s) | | 1 q | Yes | + |
| r Other transfer of cash or property from other organization(s) | | 1r | | No |

| 2 | fthe 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 | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|--|------------------------|---|
| (1) CONSORTIUM FOR INNOVATIVE LEGAL ED | q | 6,728 | PROGRAM SURPLUS |
| (2) CONSORTIUM FOR INNOVATIVE LEGAL ED | с | 75,000 | CASH |
| (3) CONSORTIUM FOR INNOVATIVE LEGAL ED | b | 20,000 | CASH |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d Are parti sect 501(d organiz | ners :ion :)(3) :ations? | (e) Share of end-of-year assets | | rtionate cions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (I Gene mana part | ag ing tner? |
|---|--------------------------------|---|--|-----------------------------------|---|-----|--------------------|---|----------------------------|-----------------|
| | | | Yes | No | | Yes | No | | Yes | No |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| ı | Ident if ier | Return Reference | Explanation |
|---|--------------|------------------|-------------|
| | | | |

Schedule R (Form 990) 2010