Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 07/01 , 2002, and ending 06/30/2003

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

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

C Name of organization CALIFORNIA SCHOOL OF PROFESSIONAL PSYCH (DBA ALLIANT INTERNATIONAL UNIVERSITY)

Number and street (or P O box if mail is not delivered to street address) ONE BEACH STREET, SUITE 200 — Room/suite

City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94133

D Employer identification number 94-1699659

E Telephone number (415) 955-2010

F Accounting method: Cash; X Accrual; Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)

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

G Web site: ▶WWW.ALLIANT.EDU

J Organization type (check only one) ▶ X 501(c) (03) ◀ (insert no) 4947(a)(1) or 527

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

I Enter 4-digit GEN ▶

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 58,298,837.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received.				
	a	Direct public support	1a	514,900.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 497,873. noncash $ 17,027.)			1d	514,900.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	56,483,110.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	194,699.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	1,106,128.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	58,298,837.
Expenses	13	Program services (from line 44, column (B))			13	43,183,120.
	14	Management and general (from line 44, column (C))			14	19,933,805.
	15	Fundraising (from line 44, column (D))			15	797,881.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	63,914,806.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-5,615,969.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	43,579,094.
	20	Other changes in net assets or fund balances (attach explanation) STMT. 1			20	-107,533.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	37,855,592.

RECEIVED MAY 2 0 2004 OGDEN, UT IRS-OSC

ENVELOPE POSTMARK DATE MAY 1 7 2004

SCANNED JUN 1 6 2004

For Paperwork Reduction Act Notice, see the separate instructions.

JSA 2E1010 1 000

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THIS RETURN CONTAINS DONOR INFORMATION
NOT OPEN TO PUBLIC INSPECTION.

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 6,420,786. noncash $)	22	6,420,786.	6,420,786.	STMT 2	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	847,030.	691,177.	143,148.	12,705.
26 Other salaries and wages	26	26,471,215.	21,590,440.	4,464,682.	416,093.
27 Pension plan contributions	27	1,444,470.	1,143,746.	288,614.	12,110.
28 Other employee benefits	28	3,173,353.	2,331,705.	813,773.	27,875.
29 Payroll taxes	29	1,956,134.	1,605,785.	318,406.	31,943.
30 Professional fundraising fees	30				
31 Accounting fees	31	316,877.	83,108.	233,769.	
32 Legal fees	32	52,747.		52,747.	
33 Supplies	33	642,036.	320,862.	317,380.	3,794.
34 Telephone	34	528,143.	74,780.	453,363.	
35 Postage and shipping	35	361,192.	119,048.	223,731.	18,413.
36 Occupancy	36	4,842,560.		4,842,560.	
37 Equipment rental and maintenance	37	810,333.	98,617.	711,716.	
38 Printing and publications	38	138,813.		105,639.	33,174.
39 Travel	39	582,217.	412,081.	151,889.	18,247.
40 Conferences, conventions, and meetings	40	146,308.	125,834.	20,310.	164.
41 Interest	41	432,795.		432,795.	
42 Depreciation, depletion, etc (attach schedule)	42	1,393,307.		1,393,307.	
43 Other expenses not covered above (itemize) STMT 3	43a	13,354,490.	8,165,151.	4,965,976.	223,363.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	63,914,806.	43,183,120.	19,933,805.	797,881.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______, (ii) the amount allocated to Program services $ ______,

(iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? ▶ STMT 4

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	STMT 5 (Grants and allocations $ 6,420,786)	43,183,120.
b	(Grants and allocations $)	
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	43,183,120.

Part IV Balance Sheets (See page 24 of the instructions.)

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

					(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			701,827.	45	642,503.
	46	Savings and temporary cash investments			8,156,243.	46	2,575,441.
	47a	Accounts receivable	47a	3,758,362.			
	b	Less: allowance for doubtful accounts	47b	1,116,299.	3,064,194.	47c	2,642,063.
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable			NONE	49	803,030.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule) STMT 6	51a	12,039,948.			
	b	Less: allowance for doubtful accounts	51b	375,700.	11,175,652.	51c	11,664,248.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			579,280.	53	347,999.
	54	Investments - securities (attach schedule) STMT 7 ▶ [X] Cost [ ] FMV			16,741.	54	10,299.
	55a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	49,649,088.			
	b	Less: accumulated depreciation (attach schedule) STMT 24	57b	9,178,533.	41,276,116.	57c	40,470,555.
	58	Other assets (describe ▶ STMT 8)			NONE	58	73,838.
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			64,970,053.	59	59,229,976.
Liabilities	60	Accounts payable and accrued expenses			2,763,184.	60	2,717,933.
	61	Grants payable				61	
	62	Deferred revenue STMT 9			2,347,262.	62	2,616,306.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) STMT 10			5,576,915.	64b	5,683,733.
	65	Other liabilities (describe ▶ STMT 11)			10,703,598.	65	10,356,412.
	66	**Total liabilities** (add lines 60 through 65)			21,390,959.	66	21,374,384.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			42,272,456.	67	36,354,894.
	68	Temporarily restricted			339,327.	68	450,241.
	69	Permanently restricted			967,311.	69	1,050,457.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			43,579,094.	73	37,855,592.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			64,970,053.	74	59,229,976.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	STMT 25 51,878,051.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) STMT 12 $ -6,420,786.		
	Add amounts on lines (1) through (4)	b	-6,420,786.
c	Line a minus line b	c	58,298,837.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	58,298,837.

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

a	Total expenses and losses per audited financial statements	a	STMT 25 57,494,020.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify). $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	57,494,020.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) STMT 13 $ 6,420,786.		
	Add amounts on lines (1) and (2)	d	6,420,786.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	63,914,806.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENTS 14-17		847,030.	89,458.	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ [ ] Yes [X] No
If "Yes," attach schedule - see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions.)

		Line	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? STMT 18	80a	X	
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is [X] exempt or [ ] nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions — 81a: NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b: N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			

90 a List the states with which a copy of this return is filed ▶NONE

b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90b 1076

91 The books are in care of ▶ CHERYL GARTLAN Telephone no ▶ 858 271-4300

Located at ▶ 10455 POMERADO ROAD, SAN DIEGO, CA ZIP + 4 ▶ 92131

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

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

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION					45,932,183.
b GENERAL FEES					1,666,412.
c SERVICE REVENUE					2,171,185.
d AUXILIARY REVENUE	611310	1,232,790.			1,901,474.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					3,579,066.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	194,699.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS					1,106,128.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,232,790.		194,699.	56,356,448.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 57,783,937.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	STMT 19

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

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

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

Please Sign Here

Under penalties of perjury, I declare that I have examined this [redacted]
and belief, it is true, correct, and complete Declaration of pre[redacted]

▶ [signature] [redacted]
Signature of officer

▶ DAVID M. BROWN, UNIVERS[redacted]
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] [redacted]

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRICEWATERHOUSECOO[redacted]
350 S. GRAND AVENU[redacted]
LOS ANGELES, CA [redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2002

Name of the organization: CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT INTERNATIONAL UNIVERSITY)

Employer identification number: 94-1699659

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees** (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEFINA BALTODANO SAN DIEGO, CA 92131	VP DEVELOPMENT 37.5+HR/WK	175,000.	35.	NONE
ERIC GRAVENBERG SAN DIEGO, CA 92131	VP MARKETING/ENROLL 37.5+HR/WK	160,000.	1,669.	NONE
MEENAKSHI S KRISHNAMOORTHY SAN DIEGO, CA 92131	PROFESSOR 37.5+HR/WK	130,899.	14,948.	NONE
HAMID RAHMAN SAN DIEGO, CA 92131	PROFESSOR 37.5+HR/WK	127,477.	17,470.	NONE
GERALD Y. MICHAELS SAN DIEGO, CA 92131	ASSOC PROFESSOR 37.5+HR/WK	123,109.	12,136.	NONE
Total number of other employees paid over $50,000 . . . . ▶	184			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services** (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PRICEWATERHOUSECOOPERS LLP SAN FRANCISCO, CA 94105	AUDIT & TAX	141,250.
KPMG LLP DALLAS, TX 75312-0922	CONSULTING	157,670.
MADISON ASSOCIATES WASHINGTON, D.C. 20003	LOBBYING	68,549.
SMWM SAN FRANCISCO, CA 94103	CONSULTING	266,527.
Total number of others receiving over $50,000 for professional services . . . . ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 68,549. (Must equal amounts on line 38, Part VI-A, or line i or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3	X	
4	Do you have a section 403(b) annuity plan for your employees?	4	X	

Note: *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments* STMT 20

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

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

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☒ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

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

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return. Enter the sum of such amounts for each year:**

(2001) ______ (2000) ______ (1999) NOT APPLICABLE (1998) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2001) ______ (2000) ______ (1999) ______ (1998) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return. Do not include these grants in line 15.**

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Part V **Private School Questionnaire** (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	X	
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement) STMT 21			
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
c	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		X
e	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g	N/A	
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency? STMT 22	34a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	X	

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	**The lobbying nontaxable amount is -**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes STMT 23	X		68,549.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			68,549.

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule·

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
NET ASSET TRANSFER AND RECLASSIFICATIONS	107,533.
TOTAL	107,533.

GRANTS & ALLOCATIONS

ACCORDING TO UNIVERSITY AND GOVERNMENT GUIDELINES, CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT INTERNATIONAL UNIVERSITY) (THE "UNIVERSITY") PROVIDES SCHOLARSHIPS TO STUDENTS BASED UPON NEED. THE UNIVERSITY AWARDED APPROXIMATELY 2,503 SCHOLARSHIPS, GRANTS AND RESEARCH GRANTS TOTALING $6,420,786 DURING THE 2003 FISCAL YEAR.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ACCREDITATION	34,997.	34,997.		
ADVERTISING	524,643.	388,630.	13,521.	122,492.
BAD DEBTS	1,237,550.		1,237,550.	
CAPITAL EXPENDITURES	118,876.	118,876.		
FOOD SERVICES	1,046,970.	1,046,970.		
BOOKS AND PERIODICALS	371,768.	365,904.	2,363.	3,501.
EXPENDABLE FURNITURE, FIXTURES	411,092.	255,030.	156,062.	
GRANTS AND CONTRACTS	1,921,613.	1,921,613.		
INSURANCE	1,102,617.	222,872.	879,745.	
INSTRUCTIONAL MATERIALS	281,661.	281,661.		
MEMBERSHIPS AND DUES	79,043.	76,805.		2,238.
MISC. DEPARTMENTAL EXPENSES	522,547.	522,547.		
ORIENTATION AND COMMENCEMENT	83,409.	83,409.		
OUTSIDE SERVICES	2,631,274.	734,455.	1,875,572.	21,247.
RECRUITMENT	188,386.	152,039.	36,347.	
SECURITY SERVICES	83,823.		83,823.	
TAXES AND LICENSES	120,960.	111,261.	9,699.	
FACULTY/STAFF DEVELOPMENT	51,706.	51,706.		
UNIVERSITY EVENTS	133,327.	94,403.	5,051.	33,873.
BANK CHARGES	231,762.		231,762.	
AUTO EXPENSES	67,422.	38,106.	22,751.	6,565.
MISCELLANEOUS	1,929,317.	1,484,140.	411,730.	33,447.
FOREIGN SUPPORT - KENYA & MEXICO	179,727.	179,727.		
TOTALS	13354490.	8,165,151.	4,965,976.	223,363.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT UNIVERSITY) ("CSPP") COMBINED WITH THE UNITED STATES INTERNATIONAL UNIVERSITY ("USIU") TO FORM THE CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT INTERNATIONAL UNIVERSITY) (THE "UNIVERSITY"). THE UNIVERSITY IS A NONPROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF CALIFORNIA. THE UNIVERSITY IS AN INDEPENDENT SCHOOL WITH DOMESTIC CAMPUSES LOCATED IN ALAMEDA, FRESNO, LOS ANGELES, IRVINE, SACRAMENTO AND SAN DIEGO, CALIFORNIA, WITH THE PRESIDENT'S OFFICE IN SAN FRANCISCO, CALIFORNIA. THE UNIVERSITY OFFERS A VARIETY OF ACADEMIC PROGRAMS LEADING TO BACHELOR, MASTERS AND DOCTORAL DEGREES IN PSYCHOLOGY, BUSINESS, EDUCATION AND VARIOUS OTHER DISCIPLINES. FUNDING SOURCES GENERALLY INCLUDE TUITION AND FEES CHARGED TO STUDENTS AND GIFTS, GRANTS AND CONTRACTS.

THE UNIVERSITY ALSO OFFERS ITS ACCREDITED PROGRAMS IN NAIROBI, KENYA THROUGH USIU, A KENYAN CHARTERED UNIVERSITY, AND IN MEXICO CITY, MEXICO THROUGH UNIVERSIDAD INTERNACIONAL DE MEXICO, A.C., A MEXICAN CIVIL ASSOCIATION.

AS A MULTI-NATIONAL UNIVERSITY, THE UNIVERSITY'S MISSION IS TO "...EDUCATE CITIZENS OF THE WORLD, ENSURING THE ACQUISITION OF KNOWLEDGE AND COMPETENCIES THAT ARE ESSENTIAL TO LIVE, LEAD AND SOLVE PROBLEMS IN A GLOBAL SOCIETY." THE FULFILLMENT OF THIS MISSION HAS REQUIRED SIGNIFICANT REPOSITIONING THROUGH ACADEMIC PROGRAM REVIEW, ADMINISTRATIVE RESTRUCTURING, FACULTY RETIREMENT INCENTIVES, TECHNOLOGICAL IMPROVEMENTS, AND FACILITIES PLANNING.

ALLIANT INTERNATIONAL UNIVERSITY WILL ACHIEVE INTERNATIONAL RECOGNITION AND RESPECT AS A WORLDWIDE INSTITUTION OF HIGHER EDUCATION WITH A SPECIAL FOCUS ON HUMAN RELATIONS, THE APPLIED BEHAVIORIAL, COGNITIVE, AND ECONOMIC SCIENCES, AND THE HUMANITIES.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OPERATION OF A VARIETY OF ACADEMIC PROGRAMS LEADING TO BACHELOR, MASTERS AND DOCTORAL DEGREES IN PSYCHOLOGY, BUSINESS, EDUCATION AND VARIOUS OTHER DISCIPLINES AT CAMPUSES LOCATED IN ALAMEDA, FRESNO, LOS ANGELES, IRVINE, SACRAMENTO AND SAN DIEGO, CALIFORNIA. SCHOLARSHIPS AWARDED IN FISCAL 2003 WERE 2,503.	6,420,786.	43,183,120.
TOTAL	6,420,786.	43,183,120.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: STUDENT LOANS

BEGINNING BALANCE DUE	11,697,892.
ENDING BALANCE DUE	12,039,948.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	11,697,892.
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	12,039,948.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CORPORATE AND GOVERNMENT BONDS	16,741.	10,299.
TOTALS	16,741.	10,299.

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FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED FINANCIAL AID	NONE	73,361.
OTHER	NONE	477.
TOTALS	NONE	73,838.

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FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED TUITION		2,347,262.	2,616,306.
	TOTALS	2,347,262.	2,616,306.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: HRS EDUCATION SERVICES
ORIGINAL AMOUNT: 7,000,000.
INTEREST RATE: 0.075000
DATE OF NOTE: 07/01/2001
MATURITY DATE: 07/01/2006
REPAYMENT TERMS: 4 INSTLLMNTS OF $250,000 W/PRIN BAL DUE @ MATURITY

BEGINNING BALANCE DUE	5,392,934.
ENDING BALANCE DUE	5,528,654.

LENDER: HRS EDUCATION SERVICES
ORIGINAL AMOUNT: 217,550.
INTEREST RATE: 0.085000
DATE OF NOTE: 09/01/1997
MATURITY DATE: 12/31/2004

BEGINNING BALANCE DUE	183,981.
ENDING BALANCE DUE	155,079.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	5,576,915.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	5,683,733.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
US GOVERNMENT LOANS - POTENTIALLY REFUNDABLE	10,116,225.	9,659,987.
REFUNDABLE DEPOSITS	120,807.	295,135.
CAPITAL LEASES PAYABLE	466,566.	401,290.
TOTALS	10,703,598.	10,356,412.

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FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
STUDENT AID NETTED WITH TUITION		-6,420,786.
	TOTAL	-6,420,786.

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FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION		AMOUNT
STUDENT AID NETTED WITH TUITION		6,420,786.
	TOTAL	6,420,786.

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR. JUDITH E. N. ALBINO	PRESIDENT 37.5+HR/WK	310,000.	53,961.	NONE
MR. CONNELL F. PERSICO	SR. VICE PRESIDENT 37.5+HR/WK	144,430.	13,936.	NONE
JENNIFER T. WILSON, ESQ.	ASST SEC/UNIV CNSL 37.5+HR/WK	87,600.	6,972.	NONE
MR. ROBERT OBANA	VP FINANCE/ADMIN. 37.5+HR/WK	137,000.	7,161.	NONE
DR. SORAYA M. COLEY	VP ACADEMIC AFFAIRS 37.5+HR/WK	168,000.	7,428.	NONE
MR. MARK PISANO	CHAIRMAN 1 HR/WK	NONE	NONE	NONE
MR. PETER CARPENTER	VICE CHAIRMAN 1 HR/WK	NONE	NONE	NONE
PAUL ESCOBOSA, ESQ.	SECRETARY 1 HR/WK	NONE	NONE	NONE
MS. PATRICIA F. SHANKS	TREASURER 1 HR/WK	NONE	NONE	NONE
MS. DAWN ALLEY	TRUSTEE 1 HR/WK	NONE	NONE	NONE
DR. JOANNE CALLEN	TRUSTEE 1 HR/WK	NONE	NONE	NONE

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR. KAREN DONALDSON	TRUSTEE 1 HR/WK	NONE	NONE	NONE
DR. EDDAH GACHUKIA	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. CAROL GALLAGHER	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MR. JOE HARPER	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. JO KRISCHER-WEST	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MR. JORGE ESPINOSA LARREA	TRUSTEE 1 HR/WK	NONE	NONE	NONE
DR. BRYAN LAWTON	TRUSTEE 1 HR/WK	NONE	NONE	NONE
DR. PAUL LEBBY	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. JENNIFER LEWIS	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. GAYLE MARGOLIS	TRUSTEE 1 HR/WK	NONE	NONE	NONE

CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY 94-1699659

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. DENNIS J. PATTERSON	TRUSTEE 1 HR/WK	NONE	NONE	NONE
DR. LYMAN PORTER	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. SUSAN ROBINSON	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MR. STEVE C. SCHOGER	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MR. STEVEN SWIG	TRUSTEE 1 HR/WK	NONE	NONE	NONE
DR. JEFFREY TIRENGEL	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MR. NATHANIEL K. TUM	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. GEE GEE WILLIAMS	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MS. CAROL WALLACE	TRUSTEE 1 HR/WK	NONE	NONE	NONE
MR. ROY WILLIAMS	TRUSTEE 1 HR/WK	NONE	NONE	NONE

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES MAY BE REACHED C/O: ALLIANT INTERNATIONAL UNIVERSITY ONE BEACH STREET, SUITE 200 SAN FRANCISCO, CA 94133				
	GRAND TOTALS	847,030.	89,458.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

ALLIANT UNIVERSITY FOUNDATION	EXEMPT
UNITED STATES INTERNATIONAL UNIVERSITY, NAIROBI, KENYA	EXEMPT
UNIVERSIDAD INTERNACIONAL DE MEXICO, A.C.	EXEMPT

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	OPERATION OF GRADUATE PROGRAMS IN PSYCHOLOGY AT SIX CALIFORNIA CAMPUSES FURTHER PROMOTES THE EDUCATIONAL PURPOSE OF THE UNIVERSITY.
93B 93C 93D 93G	FACULTY AND SPECIFIC GRADUATE STUDENTS TAKE APPOINTMENTS ON CAMPUS AS PART OF A STUDY PROGRAM WHICH FURTHER PROMOTES THE EDUCATIONAL PURPOSE OF THE UNIVERSITY. IN ADDITION, GENERAL FEES AND AUXILIARY REVENUE ALSO CONTRIBUTE TO THE EDUCATIONAL PURPOSE OF THE UNIVERSITY.
103B	MISCELLANEOUS INCOME RELATED TO THE EXEMPT PURPOSE OF THE UNIVERSITY WHICH FURTHER PROMOTES ITS EDUCATIONAL PURPOSE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

ALL SCHOLARSHIPS AND FELLOWSHIPS MADE BY THE UNIVERSITY ARE TO STUDENTS OR FACULTY OF THE SCHOOL WHO HAVE COMPLETED AN APPLICATION PROCESS. THE AWARD IS BASED ON A WRITTEN SELECTION CRITERIA.

SCHEDULE A, PART V - EXPLANATION FOR LINE 31

"...RESOLVED THAT ALLIANT INTERNATIONAL UNIVERSITY PROHIBITS DISCRIMINATION IN EMPLOYMENT AND IN ITS EDUCATIONAL PROGRAMS AND ACTIVITIES, INCLUDING ADMISSION OR ACCESS THERETO, ON THE BASIS OF RACE NATIONAL ORIGIN, COLOR, CREED, RELIGION, SEX, AGE, MARITAL STATUS, DISABILITY, MEDICAL CONDITION, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR ASSOCIATIONAL PREFERENCE. THE UNIVERSITY WILL CONDUCT ITS PROGRAMS, SERVICES AND ACTIVITIES CONSISTENT WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS, REGULATIONS AND ORDERS."

THE ABOVE DISCRIMINATION POLICY IS LISTED IN THE STUDENT HANDBOOK, ON THE UNIVERSITY'S WEBSITE AND IN VARIOUS UNIVERSITY PUBLICATIONS SUCH AS BROCHURES, PAMPHLETS, MANUALS AND GUIDEBOOKS DESCRIBING OR INVITING PARTICIPATION IN PROGRAMS OR EMPLOYMENT AT THE UNIVERSITY.

THIS POLICY IS GOVERNED BY TITLES VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, THE CIVIL RIGHTS ACT OF 1991, TITLE IX OF THE EDUCATION AMENDMENT ACT OF 1972, DISCRIMINATION ACT OF 1975, THE REGULATIONS IMPLEMENTING THESE STATUTES, AND APPLICABLE FEDERAL AND CALIFORNIA LAW.

ALTHOUGH EDUCATIONAL INSTITUTIONS ARE OBLIGATED TO MAKE A STATEMENT CONFIRMING NON-DISCRIMINATION, ALLIANT INTERNATIONAL UNIVERSITY PRACTICES NON-DISCRIMINATION AS A MATTER OF CHOICE AND PHILOSOPHY.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

THE SCHOOL RECEIVED FUNDS FROM VARIOUS U.S. AND STATE GOVERNMENT FUNDED PROGRAMS, INCLUDING FUNDS WHICH ARE SUBJECT TO AUDIT BY COGNIZANT GOVERNMENT AGENCIES.

THE LOAN FUNDS GROUP CONSISTS OF LOANS TO STUDENTS THROUGH THE FEDERAL PERKINS PROGRAM. THE PRINCIPAL SOURCES OF SUCH FUNDS ARE FEDERAL GOVERNMENT CONTRIBUTIONS, AND REPAYMENT OF PRINCIPAL AND INTEREST, WHICH ARE USED FOR ADDITIONAL LOANS. IF THE PROGRAM IS CANCELLED, FEDERAL CONTRIBUTIONS MAY BE RETURNABLE TO THE GOVERNMENT.

SCHEDULE A, PART VI-B - GRANTS TO OTHER ORGANIZATIONS

DURING FISCAL 2003, THE UNIVERSITY PAID $68,549 TO MADISON ASSOCIATES LLC, A WASHINGTON, D.C. LAW FIRM, TO ASSIST WITH GOVERNMENT RELATIONS.

FORM 990, PART II, LINE 42 AND FORM 990, PART IV, LINE 57A AND 57B

	6/30/03
FIXED ASSETS:	
LAND AND LEASEHOLD IMPROVEMENTS	39,486,133.
BOOKS, FURNISHINGS, EQUIPMENT & OTHER	10,162,955.
TOTAL ASSETS	49,649,088.
LESS: ACCUMULATED DEPRECIATION	(9,178,533.)
TOTAL ASSETS AFTER DEPRECIATION	40,470,555.
CURRENT YEAR DEPRECIATION/AMORTIZATION:	1,393,307.

FORM 990, PARTS IV-A AND IV-B, RECONCILIATION OF REVENUE AND EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE AND EXPENSE PER RETURN

THE CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT INTERNATIONAL UNIVERSITY) (THE "UNIVERSITY") PREPARES CONSOLIDATED AUDITED FINANCIALS WITH ITS SUPPORTING ORGANIZATION, ALLIANT UNIVERSITY FOUNDATION, AND ITS RELATED ENTITIES, USIU, A KENYAN CHARTERED UNIVERSITY IN NAIROBI, KENYA, AND UNIVERSIDAD INTERNACIONAL DE MEXICO, A.C., A MEXICAN CIVIL ASSOCIATION IN MEXICO CITY, MEXICO. AUDITED FINANCIAL STATEMENT REVENUE AND EXPENSE TOTALS ARE ADJUSTED TO REFLECT THE REVENUE AND EXPENSE TOTALS THAT SPECIFICALLY RELATE TO THE UNIVERSITY.

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

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

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

Part II **Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT INTERNATIONAL UNIVERSITY)	**Employer identification number** 94-1699659
	Number, street, and room or suite no. If a P.O. box, see instructions. 2728 HYDE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO CA 94109	

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

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

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

• If the organization does **not** have an office or place of business in the United States, check this box .... ▶ [ ]

• If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ____________ . If this is for the **whole** group, check this box ▶ [ ]. If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 17, 20 04 .

5 For calendar year ______ , or other tax year beginning JULY 1 , 20 02 and ending JUNE 30 , 20 03 .

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

7 State in detail why you need the extension ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .... $ N/A

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 .... $ N/A

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .... $ 0.00

Signature and Verification

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

Signature ▶ [signature] Title ▶ E [signature] Date ▶ 2/12/04

Notice to Applicant — To Be Completed by the IRS

[X] We **have** approved this application. Please attach this form to the organization's return

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

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

[ ] Other EXTENSION APPROVED

Director ____________ By ____________ MAR 0 2 2004 Date

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

IRS FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Type or print	**Name** PricewaterhouseCoopers LLP, ATTN: TED BUDGE
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 350 S. GRAND AVENUE
	City or town, province or state, and country (including postal or ZIP code) LOS ANGELES, CA 90071

STF FED9056F 2

Form **8868** (December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

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

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

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

Note: *Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only . . .* ▶ [ ]

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

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY (DBA ALLIANT INTERNATIONAL UNIVERSITY)	94-1699659
	Number, street, and room or suite no If a P O box, see instructions. 2728 HYDE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN FRANCISCO CA 94109	

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

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

- If the organization does **not** have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the **whole** group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 17 , 20 04 , to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning JULY 1 , 20 02 , and ending JUNE 30 , 20 03

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $ N/A

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

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . $ NONE

Signature and Verification

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

Signature ▶ [signature] Title ▶ E.A. Date ▶ 11/14/03