- Form <b>990-T</b>	F	EXTENDED TO JUST Exempt Organization Bus		•		av Beturn	1	OMB No 1545-0687	
Form OOO - I		(and proxy tax und	er se	ction 6033(e)	)	1900		2018	
ð	Forca	elendar year 2018 or other tax year beginning JUL 1,  Go to www.irs.gov/Form990T for in					<u> </u>	ZU 10	
Department of the Treasury Internal Revenue Service	:"3 <b>&gt;</b>							Open to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address changed	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Name of organization ( Check box if name changed and see instructions.)							yer identification number byees' trust, see	
B Exempt under section	Print	SOUTHWESTERN LAW SCHOO		5-1246140					
X 501(c Q3 )	or	Number, street, and room or suite no. If a P.O. bo	E Unrela	ted business activity code					
408(e) 220(e)	Type	3050 WILSHIRE BOULEVAR	(See in	structions }					
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code							
529(a)	_	LOS ANGELES, CA 90010		<u> </u>			8129	930	
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>						
118,618,1						401(a)		Other trust	
	-	ation's unrelated trades or businesses.   ALIFIED FRINGE BENEFITS	1			the only (or first) un complete Parts I-V.		than and	
		ace at the end of the previous sentence, complete Pa	rte I an			•		=	
business, then complete						io. ouon addition	., ., ., ., ., .	••	
		poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled gr	oup?	<b>&gt;</b>	Yes	X No	
If "Yes," enter the name a	nd ident	tifying number of the parent corporation.							
J The books are in care of					eleph		<u>213</u>		
		de or Business Income		(A) Income	_	(B) Expenses		(C) Net	
1 a Gross receipts or sale			١. ا						
b Less returns and allow		c Balance	1c						
<ul><li>2 Cost of goods sold (S</li><li>3 Gross profit. Subtract</li></ul>		•	3						
4a Capital gain net incom			48						
• •	•	art II, line 17) (attach Form 4797)	4b					_ <del></del>	
c Capital loss deduction			4c						
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5			3155			
6 Rent income (Schedu	le C)		6_	R	EC	EIVE			
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7						
· -		nd rents from a controlled organization (Schedule F)	8	18 C33	<del>J6 (</del>	3 20%			
		on 501(c)(7), (9), or (17) organization (Schedule G)		0			+		
10 Exploited exempt active 11 Advertising income (S	•	,	10	00	<u> </u>		+		
								<del></del>	
·	· · · · · · · · · · · · · · · · · · ·							<del></del>	
		ot Taken Elsewhere (See instructions for	or limita	ations on deducti	ons)				
(Except for o	ontribu	utions, deductions must be directly connected	with t	he unrelated bus	iness	income )			
	cers, du	rectors, and trustees (Schedule K)					14		
15 Salaries and wages							15		
16 Repairs and mainten	ance						16		
<ul><li>17 Bad debts</li><li>18 Interest (attach sched)</li></ul>	dulo\ (ce	no instructions)					17	<del></del>	
19 Taxes and licenses	uuie) (St	ee msu ucuons)					19		
	ons (See	e instructions for limitation rules)					20		
21 Depreciation (attach	•	•		21	1				
22 Less depreciation cla	imed or	Schedule A and elsewhere on return		22a			22b		
23 Depletion							23		
24 Contributions to defe	rred cor	mpensation plans					24		
25 Employee benefit pro	•						25		
26 Excess exempt exper	•	•				વ	26		
27 Excess readership co	•	•					27	<del></del>	
<ul><li>28 Other deductions (att</li><li>29 Total deductions. At</li></ul>		•					28	0.	
			t line 20	from line 13			30	$\frac{0}{0}$ .	
<ul> <li>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</li> <li>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</li> </ul>							31		
		ncome. Subtract line 31 from line 30	, , _0		_		32	0.	
		work Reduction Act Notice see instructions			_			Form <b>990-T</b> (2018)	

Form 990-T		<u>95-124</u>	6140	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34 -	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
•	lines 33 and 34	_	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	20	37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	50	<del>-                                    </del>	
38	enter the smaller of zero or line 36		38	0.
Part I	The state of the s		30	
			39	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_	<del></del>	
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		]	
b	Other credits (see instructions) 45b		]	
С	General business credit. Attach Form 3800 45c		]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		ll	
_			45e	
46	Subtract line 45e from line 44		46	0.
47		attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	,	48	0.
48			49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		13	
	Payments: A 2017 overpayment credited to 2018		<b>†</b>	
	2018 estimated tax payments	2 000	<b>∤</b>	
	Tax deposited with Form 8868	2,000.	<b>{</b>	
d	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		<b>.</b>	
	Backup withholding (see instructions) 50e		1 1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		] }	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ <b>50g</b>			
51	Total payments. Add lines 50a through 50g		\$1	2,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>ار</b> ر	53	
54	Overnowment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55	54	2,000.
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax	unded 🗸 🗸	55	2,000.
Part \		tions)		<u> </u>
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1 1 1 1
	FinceN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
				X
	here >			$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		<del> -^-</del> -
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
0:-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowled	ige and belief, it is	rue,
Sign			ay the IRS discuss	this return with
Here	7-14-20 CFO		e preparer shown b	
	Signature of officer Date Title	ins	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check r	f PTIN	
Paid		self- employed	İ	
	TATTERN A HAVERTOCK HAVERTOCK 07/08/20		P0054	15829
Prepa	arer - NOGG ADAMG LID	Firm's EIN		89318
Use (	10960 WILSHIRE BLVD SUITE 1100			
	Firm's address ► LOS ANGELES, CA 90024	Phone no. 3	10-477-	-0450
823711 01				990-T (2018)
				,— - · <del>-</del> /

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation ► N/A		<u></u>			
1 Inventory at beginning of year	1			Inventory at end of yea			6	<u> </u>	
2 Purchases 2			7 Cost of goods sold. Subtract line 6			line 6			
3 Cost of labor	from line 5. Enter here				I				
4a Additional section 263A costs			7	line 2		j	7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No	
b Other costs (attach schedule)	4b			property produced or a	cquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Propo	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued		· · · <del>- · · · · · · · · · · · · · · · ·</del>		O(a) Dadivetions disastiv			
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percentage columns in the based on profit or income)				ectly connected with the income in (a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.		-		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>.</b>	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
				2. Gross income from		<ol><li>Deductions directly conn to debt-finance</li></ol>	sected with or allocated property	ible	
1. Description of debt-financed property				or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other (attach s	deductions schedule)	
(1)	-					<u> </u>			
(2)			1						
(3)									
(4)									
debt on or allocable to debt-financed of or a property (attach schedule) debt-fina		adjusted basis illocable to nced property n schedule)	(	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%_					
(4)				%					
				·		nter here and on page 1, Part I, line 7, column (A)		nd on page 1, , column (B)	
Totals				<b>▶</b> !		0.		0.	
Total dividends-received deductions in	cluded in column	18				<b></b>		0.	
				·			Forr	n <b>990-T</b> (2018)	

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0

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circ inco		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)			0.	<u></u>	_			
Totals from Part i	0.	0.				-	1	0.
	Enter here and on page 1, Part I, line 11, col (A)	page	re and on 1, Part I, , col (B)		•			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.	<u> </u>				0.
Schedule K - Compensation	n of Officers, I	Directo	rs, and	Trustees (see in	struction	s)		
1. Name	2. Title			<ol><li>Percent of time devoted to business</li></ol>		ensation attributable related business		
(1)	<u></u>			•		%		
(2)						%	b	
(3)								
(4)				,		%		
Total. Enter here and on page 1, Part II, I	ine 14					•		0.

FOOTNOTES

STATEMENT 1

THE EXTENSION FOR FORM 990-T WAS FILED IN ANTICIPATION OF THE ORGANIZATION OWING TAX FOR QUALIFIED TRANSPORTATION FRINGE UBI, BUT WHICH HAS SINCE BEEN RETROACTIVELY REVERSED IN ACCORDANCE WITH THE SIGNING OF THE "FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020" ON DECEMBER 20, 2019. THE 990-T IS BEING FILED AS A FINAL YEAR RETURN FOR FISCAL YEAR ENDING JUNE 30, 2019.