

Form **990EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

1990

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year
Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.For the calendar year 1990, or fiscal year beginning JANUARY 28, 1990, and ending JUNE 30, 1991

Use IRS label. Otherwise, please print or type.	Name of organization <u>ECONOMIC ROUNDTABLE</u>	A Employer identification number (see instruction R2) <u>9514313202</u>
	Number, street, and room (if P.O. box number, see instruction R1) <u>315 WEST 9TH STREET #310</u>	B State registration number(s) (see instruction E)
	City or town, state, and ZIP code <u>LOS ANGELES, CA 90015</u>	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section ☒ 501(c) (3) (insert number), OR ☐ section 4947(a)(1) trust (see instruction C7 and question 42)E Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____F Check here ☐ If your gross receipts are normally not more than \$25,000. You need not file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instructions A4 and B11). Some states require a completed return.G Enter your 1990 gross receipts (add lines 5b, 6b, 7b, and 9) ► \$ 59704
If \$100,000 or more, you must file Form 990 instead of Form 990EZ.**Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received (attach schedule—see instructions)	1	<u>59704</u>
	2 Program service revenue	2	
	3 Membership dues and assessments (see instructions)	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) (line 5a less line 5b) (attach schedule)	5c	
	6 Special events and activities (attach schedule—see instructions):		
	a Gross revenue (not including \$_____ of contributions reported on line 1)	6a	
b Less: direct expenses	6b		
c Net income or (loss) (line 6a less line 6b)	6c		
7a Gross sales less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) (line 7a less line 7b)	7c		
8 Other revenue (describe _____)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	<u>59704</u>	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	<u>42022</u>
	13 Professional fees and other payments to independent contractors	13	<u>6389</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>3787</u>
	15 Printing, publications, postage, and shipping	15	<u>2304</u>
	16 Other expenses (describe ► <u>STATEMENT #1</u>)	16	<u>2026</u>
17 Total expenses (add lines 10 through 16)	17	<u>56528</u>	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	<u>3176</u>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>0</u>
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20) (must agree with line 27, column (B))	21	<u>3176</u>

Part II Balance Sheets—If Total assets on line 25, Column (B) are \$250,000 or more, you must file Form 990 instead of Form 990EZ.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>0</u>	<u>3889</u>
23 Land and buildings		
24 Other assets (describe ► <u>FURNITURE (1987) DEPRECIATION (199) DEPOSIT (516)</u>)		<u>2404</u>
25 Total assets	<u>0</u>	<u>6293</u>
26 Total liabilities (describe ► <u>PAYROLL TAXES</u>)		<u>3117</u>
27 Net assets or fund balances (Column (B) must agree with line 21.)	<u>0</u>	<u>3176</u>

Part III Statement of Program Service Accomplishments—(See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

Expenses

Required for section 501(c)(3) and (4) organizations; optional for others.

28	LABOR MARKET INFORMATION REPORTS, CONSISTING OF AND OCCUPATIONAL SURVEY OF 1,100 EMPLOYEES, WITH POLICY RECOMMENDATIONS TO MATCH JOB SEEKERS WITH WORK FORCE OF EMPLOYERS (Grants \$)	56294
29	(Grants \$)	
30	(Grants \$)	
31	Other program services (attach schedule) (Grants \$)	
32	Total program service expenses (add lines 28 through 31)	56294

Part IV List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
DANIEL FLANNIGAN 100 BLUE TERNACE PASADENA, CA	PRESIDENT- 40 HRS+/WK	20806	0	0
ELIZABETH REID 3143 So. BAYVIEW BLVD LOS ANGELES, CA	VICE PRESIDENT- 40 HRS+/WK	12796	0	0

Part V Other Information—Section 501(c)(3) organizations and section 4947(a)(1) charitable trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		X
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
38a Did you borrow from or make any loans to any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the instructions and enter the amount involved ▶ 38b		X
39 Section 501(c)(7) organizations.—Enter:		X
a Initiation fees and capital contributions included on line 9 ▶ 39a		X
b Gross receipts, included on line 9, for public use of club facilities (see instructions) ▶ 39b		X
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (see instructions)		X
40 List the states with which a copy of this return is filed. ▶ CALIFORNIA		
41 The books are in care of ▶ DANIEL FLANNIGAN Telephone no. ▶ 213-390-4721 Located at ▶ 315 W. 9TH STREET #310 LOS ANGELES, CA		
42 Section 4947(a)(1) charitable trusts filing Form 990EZ in lieu of Form 1041, U.S. Fiduciary Income Tax Return.—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 42		

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title
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Paid
Preparer's
Use Only

Preparer's signature	Date	Check if self-employed ▶ <input type="checkbox"/>
Firm's name (or yours if self-employed) and address	ZIP code	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(a), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust
Supplementary Information
▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1990

Name ECONOMIC ROUNDTABLE

Employer identification number
95-4313202

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

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$30,000 ▶				

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$30,000 for professional services ▶		

Part III Statements About Activities

	Yes (1)	No (2)
1 During the year, have you 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 legislative activities. \$ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		<input checked="" type="checkbox"/>
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		<input checked="" type="checkbox"/>
b Lending of money or other extension of credit?		<input checked="" type="checkbox"/>
c Furnishing of goods, services, or facilities?		<input checked="" type="checkbox"/>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<input checked="" type="checkbox"/>
e Transfer of any part of your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		<input checked="" type="checkbox"/>
3 Do you make grants for scholarships, fellowships, student loans, etc.?		<input checked="" type="checkbox"/>
4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)The organization is not a private foundation because it is (please check only **ONE** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 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 name, city, and state of hospital ▶
- 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 Support Schedule.)
- 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 Support Schedule.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 ☐ An organization that normally receives: (a) no more than 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, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 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 instructions for Part IV, box 13.)

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

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

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(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 not a business unrelated to the organization's charitable, etc., purpose		N/A - FIRST YEAR OF OPERATIONS			
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 your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you 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 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 in box 10 or 11:

- a Enter 2% of amount in column (e), line 24
- b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶

(Continued on page 3)

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

- | 51. Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|--|--|-----|----|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | | |
| (i) Cash | | | X |
| (ii) Other assets | | | X |
| b Other Transactions: | | | |
| (i) Sales of assets to a noncharitable exempt organization | | | X |
| (ii) Purchases of assets from a noncharitable exempt organization | | | X |
| (iii) Rental of facilities or equipment | | | X |
| (iv) Reimbursement arrangements | | | X |
| (v) Loans or loan guarantees | | | X |
| (vi) Performance of services or membership or fundraising solicitations | | | X |
| c Sharing of facilities, equipment, mailing lists or other assets, or paid employees | | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, the column should also indicate the value of the goods, other assets, or services received. | | | |

[illegible]

- 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.

[illegible]

95-431322

A STATEMENT ATTACHED TO AND
MADE A PART OF FEDERAL AND STATE
TAX RETURNS FOR THE YEAR
ENDED 6/30/91

I.D. NUMBER

STATEMENT #1 - "OTHER EXPENSES"

[illegible]

YEAR

1990

Exempt Organization Annual Information Statement or Return

CALIFORNIA FORM

199

For calendar or fiscal year beginning		MONTH	DAY	YEAR	and ending		MONTH	DAY	YEAR
		JAN	28	1990			JUNE	30	1991
Attach Preaddressed Label									
California corporation number				Federal employer identification number					
1492728				95-4313202					
Corporation/Organization name									
ECONOMIC ROUNDTABLE									
Address									
315 WEST 9TH STREET #310									
City		State		ZIP code					
LOS ANGELES		CA		90015					
A Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____ B Check forms filed this year. State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 5227 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120 C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. (See Instruction D. No filing fee required.) <input type="checkbox"/>									

Organizations with gross receipts of less than \$25,000, churches and religious orders, see instructions below.

1 Enter the organization's gross receipts. This line must be completed •	1	59704
Caution: See the instructions for federal Form 990 to determine the organization's gross receipts. Homeowners' associations, see Instruction C.		
2 Filing fee - \$10 (see Instruction D)	2	10
3 Penalty for failure to file on time (see Instruction H)	3	
4 Balance Due. Add line 2 and line 3	4	10
5 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "yes," complete and attach form FTB 3509 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7 Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "yes," enter amount of gross receipts from nonmember sources \$ _____		
Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "yes," enter amount of total income reported \$ _____		

Please Sign Here	Important: You must attach a copy of federal Form 990 and the federal income tax return and schedules the organization filed with the Internal Revenue Service. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours, if self-employed) and address	Check if self-employed <input type="checkbox"/>
	FEIN	Preparer's social security no.
	Daytime telephone ()	

A General Information

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 1990, and to the California Revenue and Taxation Code (R&TC).

Complete Form 199 and attach a copy of your federal Form 990, Return of Organization Exempt from Income Tax. If the organization is exempt under R&TC Section 23701t, attach federal Form 1120, U.S. Corporation Income Tax Return, or federal Form 1120H, U.S. Income Tax Return for Homeowners' Associations, in lieu of federal Form 990.

Important

Beginning with calendar year 1988, the following exempt organizations are not required to file:

- churches, interchurch organizations of local association units of a church, conventions or associations of churches or integrated auxiliaries of churches;
- religious orders; and
- other organizations with gross receipts normally less than \$25,000.

Exception: Private foundations are required to file Form 199 even if gross receipts are normally less than \$25,000.

Filing a return without errors will speed up processing. Before mailing the return, make sure an entry has been made at line 1.

Caution: Homeowners' associations exempt under R&TC Section 23701t have separate filing requirements. See Instruction C.

B Purpose of Form

Form 199 is used by tax exempt organizations, organized and operated under R&TC Section 23701, to provide the Franchise Tax Board with required information. Except for those organizations excluded from filing under General Instruction A, an annual return on Form 199 is required from every organization exempt from tax under IRC Section 501(c).

C Homeowners' Associations

Homeowners' associations exempt under R&TC Section 23701t include condominium management associations, residential real estate management associations and cooperative housing corporations.

FORM **CT-2** (REV. 12-90)
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone (916) 445-2021

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
 Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of \$800 plus interest.

ACCOUNTING PERIOD — For the Year Beginning JANUARY 28, 19 91 and Ending JUNE 30, 19 91

If address changed check here ☐ and show changes below ☒

State Charity registration number

(NONE YET ASSIGNED)
 CT

File Form with label. Otherwise, print or type.	Name of organization
	<u>ECONOMIC ROLLOUTABLE</u>
	Address (number and street)
	<u>315 WEST 9TH STREET #310</u>
	City or town, State, and ZIP code
	<u>LOS ANGELES, CA 90015</u>

Corporate or Organization No. 1492728

A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Is this entity a split-interest trust?

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

- ☒ This entity is not a private foundation. We have attached a completed copy of IRS Form 990 or 990EZ, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Omit Part III below.
- ☐ This entity is a private foundation. We have attached a completed copy of IRS Form 990-PF and related attachments. Complete all Parts below.

PART IA ACTIVITIES

Are the program activities of this entity limited solely to grantmaking? ☐ Yes ☒ No

Gross receipts \$ _____ Total assets \$ _____

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Was 50% or more of your total revenue from government agencies? (See line 1 instructions) 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant or payments and the amounts. List only the four different government agencies that provide the largest amounts. <u>LA COUNTY - \$59304</u> | | |
| 2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", attach a copy of the audit report(s), and enter here the total amount involved. 2a \$ _____ | | |
| 3 Did an independent public accountant issue a report on your financial statements? 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", enter here: Accountant's Name _____ Telephone () _____ | | |
| 4 Is any of your property held in the name of or commingled with the property of any other organization or person, other than Pooled Investment Funds? 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", attach justification, including value of assets commingled. | | |
| 5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", attach a detailed explanation and enter here the total amount involved 5a \$ _____ | | |
| 6 Did you donate anything to an organization that is not tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC? 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", attach explanation and enter here the fair market value of the donation 6a \$ _____ | | |
| 7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10. 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation. 8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Were any organization funds used to pay any penalty, fine or judgment? 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", attach an explanation and enter here the total amount involved. 9a \$ _____ | | |

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions)

Printed Name

Title

Date

10	Did you receive \$10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, Part I, line 1)?	10	Yes	No
	If "yes", enter the following amounts:			
	(a) Direct support from the general public, contributions from individuals	10a		
	(b) Foundation and trust grants, gifts, contributions	10b		
	(c) Corporate and other business grants, gifts, contributions	10c		
	(d) Bequests from wills and estates	10d		
	(e) Total direct public support (add lines a through d. Should equal Form 990, line 1(a))	10e		
11	Did you contract with or use the services of a commercial fund raiser? If "yes", complete Part IV (Form CT-2).	11		
12	Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)	12		
13	Did you receive any income from any bingo game?	13		
	If "yes", enter here the gross revenue obtained from the bingo game(s) whether or not all such monies were received by your organization.	13a		
14	Employee compensation of the five highest paid employees:			
	(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense account or other allowance in excess of \$100,000?	14a		
	(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of \$10,000, or more, paid any employee?	14b		
	(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization?	14c		
	(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest?	14d		
	If "yes", enter here the total amount involved	14d		
	(e) Did the organization make any loans in excess of \$5,000 to any employee?	14e		
	If any of questions 14(a), (b), (c), (d), or (e) are answered "yes", attach specific details to fully explain any "yes" response and fully complete Part I, Schedule A (Form 990).			
15	Did you make any payments to independent consultants or contractors other than for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees?	15		
	If "yes", attach a fully completed Part II of Schedule A (Form 990) for the five highest paid and enter here the total of all such payments	15a		
16	If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the blanks provided.			
	a Payroll	16a		
	b Sales (on items you sold)	16b		
	c Personal Property	16c		
	d Real Estate	16d		
	e Unrelated Business Income	16e		
17	Were you named as a beneficiary to receive a portion of commercial transactions (commercial co-ventures, joint venture marketing, or cause-related marketing)?	17a		
	If "yes", enter here the gross amount received	17a		

ECONOMIC ROUNDTABLE

315 West Ninth Street, Suite 310
Los Angeles, California 90015
(213) 892-8104

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Economic Roundtable
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Los Angeles, CA 90015

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Community Resources
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Pasadena, CA 91104

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Long Beach, CA 90801

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Economic Roundtable
315 West Ninth Street, Suite 310
Los Angeles, CA 90015

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University of Southern California
3009 Linda Lane
Sanata Monica, CA 90405

Goetz Wolff
Economist
Resources for Employment and Economic
Development
1221 Olancho Drive
Los Angeles, CA 90065