

# Short Form

OMB No. 1545-1150

Form **990EZ**

## Return of Organization Exempt From Income Tax

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 the end of the year.

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

**1991**

This Form is  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

A For the calendar year 1991, or fiscal year beginning July 1, 1991, and ending June 30, 1992

Please use IRS label or print or type. See Specific Instructions.	B Name of organization <u>ECONOMIC ROUNDTABLE</u>		C Employer identification number <u>95-4313202</u>
	Number and street (or P.O. box no., if mail is not delivered to street address) <u>315 WEST 9TH STREET</u>	Room/suite <u>310</u>	D State registration number <u>CT-81006</u>
	City, town, or post office, state, and ZIP code <u>LOS ANGELES, CA 90015</u>		E Enter four-digit group exemption number (GEN)

F Check type of organization—Exempt under section ► ☒ 501(c) (3) (insert number), OR ☐ section 4947(a)(1) trust

G Check ☐ if exemption application pending.

H Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ► I Check ☐ if address changed.

J Check ☐ 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. Some states require a completed return.

K Enter your 1991 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ► \$ 58321

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) <u>3171 *</u>	1	<u>58321</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	
Expenses	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>58321</u>
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
Expenses	12 Salaries, other compensation, and employee benefits	12	<u>22185</u>
	13 Professional fees and other payments to independent contractors	13	<u>12923</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>7475</u>
	15 Printing, publications, postage, and shipping	15	<u>4167</u>
	16 Other expenses (describe ► <u>STATEMENT #2</u> )	16	<u>6010</u>
	17 Total expenses (add lines 10 through 16)	17	<u>52760</u>
	18 Excess or (deficit) for the year (line 9 less line 17)	18	<u>5561</u>
Net Assets	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>3176</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>8737</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>3889</u>	22 <u>4309</u>
23 Land and buildings <u>FURNITURE + FIXTURES, NET OF DEPRECIATION</u>	<u>1888</u>	23 <u>4240</u>
24 Other assets (describe ► <u>RENT DEPOSIT</u> )	<u>516</u>	24 <u>516</u>
25 Total assets	<u>6293</u>	25 <u>9065</u>
26 Total liabilities (describe ► <u>PAYROLL TAXES</u> )	<u>3117</u>	26 <u>328</u>
27 Net assets or fund balances (column (B) must agree with line 21.)	<u>3176</u>	27 <u>8737</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.

**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	PILGRIMAGE LABOUR MARKET SURVEY AND PREPARE REPORTS IDENTIFYING AEROSPACE FIRMS IN L.A. COUNTY WHO CAN OBTAIN TRANSPORTATION & OTHER TYPES OF CONTRACTS (Grants \$ )	47484
29	(Grants \$ )	
30	(Grants \$ )	
31	Other program services (attach schedule) (Grants \$ )	
32	Total program service expenses (add lines 28 through 31)	47484

**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
SEE LISTING ATTACHED		0	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:		
a Initiation fees and capital contributions included on line 9 . . . . . 39a		
b Gross receipts, included on line 9, for public use of club facilities (see instructions). . . . . 39b		
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.) . . . . .		
40 List the states with which a copy of this return is filed. ▶ CALIFORNIA		
41 The books are in care of ▶ DANIEL FLAMING Telephone no. ▶ (213) 390-4721 Located at ▶ 315 WEST 9TH STREET #310 LOS ANGELES, CA 90015		
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(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust  
Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

**1991**

Name ECONOMIC ROUNDTABLE Employer identification number 9514313202

**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
None				
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
None		
Total number of others receiving over \$30,000 for professional services		

**Part III Statements About Activities**

	Yes	No
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. \$ . . . . . Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities AND either complete Part VI-B or attach a classified schedule of the expenses paid or incurred.	1	X
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? . . . . .	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)? . . . . .	2d	X
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.	2e	X
3 Do you make grants for scholarships, fellowships, student loans, etc.? . . . .	3	X
4 Attach a statement explaining how you determine that individuals or organizations receiving grants or loans 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) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	59704	N/A - OUT YET IN	OPERATION		59704
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					
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	59704				59704
24 Line 23 minus line 17	59704				59704
25 Enter 1% of line 23	597				
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24					1194
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 1987 through 1990 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here					0

(Continued on page 3)





95-4313202

I.D. NUMBER

JAMES IRVINE FOUNDATION	8375	
LOS ANGELES COUNTY	49946	
TOTAL	58321	
STATEMENT #2 - "OTHER EXPENSES"		
DIRECTORS MEETINGS	436	
DUES + SUBSCRIPTIONS	265	
INSURANCE	726	
STAFF EXPENSES	1869	
TELEPHONE	1258	
CONFERENCES	484	
DEPRECIATION	882	
MISCELLANEOUS	90	
TOTAL	6010	

## ECONOMIC ROUNDTABLE BOARD OF DIRECTORS

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

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Resigned August 22, 1992

Jennifer Wolch  
3009 Linda Lane  
Santa Monica, CA 90405

Secretary, Treasurer  
Effective August 22, 1992

YEAR

# California Exempt Organization Annual Information Statement or Return

FORM

1991

199

For calendar or fiscal year beginning		MONTH	DAY	YEAR	and ending		MONTH	DAY	YEAR
		JULY	1	1991,			JUNE	30	1992.
Call	D-1492728 ER8**		L 06		A Final return?				
Corp	ECONOMIC ROUNDTABLE				<input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date				
Address	NO 310				B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S				
	315 W 9TH ST				Federal: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120				
	LOS ANGELES CA 90015				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 General Instruction F. No filing fee is required.) <input type="checkbox"/>				
City	State		ZIP code						

**Part I All organizations complete Part I unless not required to file this form. See General Instruction C.**

Receipts and Revenues	1	Gross sales and receipts from other sources. From Side 2, Part II, line 8.	1		
	2	Gross dues and assessments from members and affiliates	2		
	3	Gross contribution, gifts, grants, and similar amounts received. See instructions.	3	58321	
	4	Total gross receipts for filing requirement tests. Add lines 1 through 3. This line must be completed. See instructions.	4	58321	
Expenses	5	Cost of goods sold	5		
	6	Cost or other basis and sales expenses of assets sold	6		
	7	Total costs. Add line 5 and line 6	7		
	8	Total gross income. Subtract line 7 from line 4	8	58321	
Filing Fee	9	Expenses and disbursements. From Side 2 Part II, line 18	9	52760	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	5561	
	11	Filing Fee - \$10. See General Instruction F.	11	10	
	12	Penalty for failure to file on time. See General Instruction L.	12		
	13	Balance Due. Add line 11 and line 12.	13	10	

- 14 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 ☐ Yes ☒ No
- 15 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? ☐ Yes ☒ No
- 16 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
If "yes," enter amount of gross receipts from nonmember sources \$
- 17 Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No  
If "yes," enter amount of total income reported \$
- 18 Is this a group return filed on behalf of affiliated organizations? See General Instruction M. ☐ Yes ☒ No
- 19 The books are in care of DAVID FLAMING Daytime telephone (213) 390-4721

 located at 315 W. 9TH ST #310 LOS ANGELES, CA 90015

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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Title
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
	Firm's name (or yours, if self-employed) and address		FEIN	
			Daytime telephone ( )	



**Part II** Organization with gross receipts of more than \$25,000 and private foundation regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See Instructions.	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule.	7	
	8	Total gross sales or receipts from other sources. Add lines 1 through 7. Enter here and on Side 1, Part I, line 1	8	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amount paid. Attach schedule.	9	SEE PAGE 1
	10	Disbursements to or for members	10	FORM 990 E2
	11	Compensation of officers, directors and trustees. Attach schedule.	11	ATTACHED
	12	Other salaries and wages	12	}
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule.	17	
	18	Total. Add lines 9 through 17. Enter here and on Side 1, Part I, line 9	18	52760

**Schedule L Balance Sheets**

	Beginning of income year		End of income year	
Assets	(a)	(b)	(c)	(d)
1 Cash		3339		4307
2 Accounts receivable net				
3 Notes receivable net. Attach schedule(s)				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans _____)				
9 Other investments. Attach schedule(s)				
10 a Depreciable assets	1988		5221	
b Less accumulated depreciation	( 99 )	1889	( 981 )	4240
11 Land				
12 Other assets. Attach schedule(s) <i>REAL ESTATE</i>		516		516
13 Total assets		6294		9065
<b>Liabilities and net worth</b>				
14 Accounts payable				
16 Contributions, gifts, grants payable				
16 Bonds and notes payable. Attach schedule(s)				
17 Mortgages payable				
18 Other liabilities. Attach schedule(s) <i>PROPERTY TAXES</i>		318		328
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3176		8737
22 Total liabilities and net worth		6294		9065

**Schedule M-1 Reconciliation of income per books with income per return**

This schedule does not have to be completed if the amount on Schedule L, line 13, column (d), is less than \$25,000.

1	Net income per books	5561	7	Income recorded on books this year not included in this return. Attach schedule.	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Taxable income not recorded on books this year. Attach schedule.		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule.			Subtract line 9 from line 6.	5561
6	Total.				
	Add lines 1 through 5.				

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.

If address changed check here . . . ☐ and show changes below ▼

State Charity registration number CT 321816

81006 YEAR ENDED JUN 30,1992  
ECONOMIC ROUNDTABLE  
C/O DANIEL J. FLAMING  
100 GRACE TERRACE  
PASADENA CA 91105

Corporate or  
Organization No. D-1492728

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

Yes	No
X	
	X

☒ 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.

Are the program activities of this entity limited solely to grantmaking?

Gross receipts \$ 58321 Total assets \$ 9065

1 Was 50% or more of your total revenue from government agencies? (See line 1 instructions) . . . . .  
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. STMT #1, Fol. 990-62

2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? .....  
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? \_\_\_\_\_  
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? .....  
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?  
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? . . . . .  
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. . . . .

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.

9 Were any organization funds used to pay any penalty, fine or judgment? .....  
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.

