# 990EZ

Department of the Treasury internal Revenue Service

A For the calendar year 1991, or fiscal year beginning

#### **Short Form**

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, and ending

JUNE

30

JULY

OMB No. 1545-1150

This Form is Open to Public Inspection

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label	or Economic Remother	15 : 4313		
print type.		D State registrat		
See Spec	315 WEST 9TH STREET 310	CT- 8	001	)
Instr	uc-	E Enter four-digi		p exemption
tions		number (GEN)		
_		ion 4947(a)(1) trust		
	neck ► if exemption application pending.		0.7000	
	counting method:  ☐ Cash ☐ Accrual ☐ Other (specify) ►			ess changed.
	neck 🕨 🗌 if your gross receipts are normally not more than \$25,000. You need not file a completed			ou received a
1 1 1 1 1 1 1	rm 990 Package in the mail, you should file a return without financial data. Some states require a			
K En	ter your 1991 gross receipts (add back lines 5b, 6b, and 7b, to line 9)	100000000000000000000000000000000000000	333	-1
Par				
			1	14882
	Contributions, gifts, grants, and similar amounts received (attach schedule—see instruct     Program service revenue		2	20341
	3 Membership dues and assessments (see instructions)		3	
	4 Investment income		4	
	5a Gross amount from sale of assets other than inventory			
	b Less: cost or other basis and sales expenses			
	c Gain or (loss) (line 5a less line 5b) (attach schedule)		ic	
ne ne	6 Special events and activities (attach schedule—see instructions):			
Revenue	a Gross revenue (not including \$ of contributions			
Re	reported on line 1)			
	b Less: direct expenses			
			ic	
	7a Gross sales less returns and allowances			
	b Less: cost of goods sold		M	
	c Gross profit or (loss) (line 7a less line 7b)		7c	7
	8 Other revenue (describe ▶		8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	72337/
	10 Grants and similar amounts paid (attach schedule),		10	
	11 Benefits paid to or for members		11	
ses	12 Salaries, other compensation, and employee benefits		2	37182
Expenses	13 Professional fees and other payments to independent contractors		13	17473
꿃	14 Occupancy, rent, utilities, and maintenance		15	7475
	15 Printing publications, postage, and shipping.		16	6010
	16 Other expenses (describe ► STATEMENT キュー 17 Total expenses (add lines 10 through 16)		17	52760
	18 Excess or (deficit) for the year (line 9 less line 17)	The state of the s	18	1422
Sts	19 Net assets or fund balances at beginning of year (from line 27, column (A))			
Net Assets	(must agree with end-of-year figure reported on prior year's return)		19	3176
T.	20 Other changes in net assets or fund balances (attach explanation)		20	
2	21 Net assets or fund balances at end of year (combine lines 18 through 20)	W		2/5/252
	(must agree with line 27, column (B))	🕨 🗄	21	8737
Par	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, you re	must file Form 990	) inste	ad of Form 990EZ.
	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	3880	22	<u> ყვი</u> უ
23	Land and buildings Functive + FIRTURES, OF OF DEPRECIATION	1888	23	4740
24	Other assets (describe ► 1LENT DEPOLIT	516	24	212
25	Total assets	6243	25	9065
26	Total liabilities (describe PATILOL TIMES	3117	26	3+8
27	Net assets or fund balances (column (B) must agree with line 21.)	3176	27	8,13,7

- 1	D	u	-	í,	

	atement of Program Service Accom				Expenses Required for 501(c)(3)	S nord (4)
escribe what imber of pers	was achieved in carrying out your exen- ions benefited, or other relevant informati-	npt purposes. Fully desi on for each program title	cribe the services : 3.	provided, the	organizations and 49 trusts: optional for of	47(a)(1)
TOENT!	REPARCYO LABOIZ MATERIT SU FYING ARTIOSPACE FIREDS IN POLITATION of OTHER TYPES OF	LA COUNTY 4	me Reports		47484	
			(Grants \$	)		
			(Grants \$			
Other progra	am services (attach schedule)			j		
	am service expenses (add lines 28 throu	The second secon			47484	
rt IV Lis	st of Officers, Directors, and Truste		The second second second		1	
	(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) Expen account a other allowa	nd
SE	E LISTING ATTACHUO		0	0	0	
			}	3	)	
	/		+ ( -	<del></del>	+	
			1 1			
	(		T	7	1	
rt V Ot	ther Information—Section 501(c)(3) of	unanization and anoti	n= 40.47(=)(1) =h-	alkeble karata a		
	so complete and attach Schedule A ( rganization engage in any activity not pre	viously reported to the Ir	nternal Revenue Se	rvice?		X
If "Yes," a Were any If "Yes," a If the orgal reported of Did you fill Commade in a Did you fill Gross recommended for the	rganization engage in any activity not pre- attach a detailed description of each activi- changes made to the organizing or gove- attach a conformed copy of the changes. Inization had income from business activities on Form 990-T, attach a statement explaining ganization have unrelated business gross in have you filed a tax return on Form 990-T or a liquidation, dissolution, termination, or attach a statement as described in the instruct of political expenditures, direct or indi- tile Form 1120-POL, U.S. Income Tax Ret corrow from, or make any loans to, any or a prior year and still unpaid at the start of attach the schedule specified in the instructi- O1(c)(7) organizations.—Enter: fees and capital contributions included or ceipts, included on line 9, for public use of club's governing instrument or any writte-	viously reported to the Invity.  rning documents but not a such as those reported of your reason for not reported of your reason for not reported of your reason for not reported of the substantial contraction structions.  If exempt Organization Brown for Certain Political in the turn for Certain Political in the period covered by the period covered b	t reported to IRS?  on lines 2, 6, and 7 (a porting the income on during the year coverage income Table during the year? (Significant of the year) of the year of	among others), but Form 990-T, and by this return Return, for this see instructions.  Ta   Ohis year?  Return were any such the see instructions.	year?	×
If "Yes," a Were any If "Yes," a If the orgal reported or Did the orgal reported or Did the orgal reported or Enter amo Did you fi Did you fi Did you b made in a Section 56 Initiation fi Gross rec Does the because of	rganization engage in any activity not pre- attach a detailed description of each activi- changes made to the organizing or gove- attach a conformed copy of the changes. Inization had income from business activities on Form 990-T, attach a statement explaining ganization have unrelated business gross in have you filed a tax return on Form 990-T a a liquidation, dissolution, termination, or attach a statement as described in the instruct of political expenditures, direct or indi- tile Form 1120-POL, U.S. Income Tax Ret porrow from, or make any loans to, any or a prior year and still unpaid at the start of attach the schedule specified in the instruction of (7) organizations.—Enter: fees and capital contributions included or ceipts, included on line 9, for public use of ceipts, included on line 9, for public use of ceipts, included on line 9, for public use of ceipts, included on line 9, for public use of ceipts, included on line 9, for public use of ceipts, with which a copy of this return is feater.	viously reported to the Invity.  rning documents but not such as those reported to go your reason for not reported to go your reason of the substantial contraction structions.  In the go your reason for not reported to the period covered by the period covered by the period covered by the period covered by the period for the amount of the go your reason your your reason your reas	t reported to IRS?  on lines 2, 6, and 7 (a pring the income on during the year coverusiness Income Table during the year? (Sinstructions.   Organizations, for the key employee, Of this return?  I involved	among others), but Form 990-T, and by this return Return, for this see instructions.)  Ta Consider Among the constructions of the constructions of the constructions of the constructions of the construction	person	× × ×
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#### SCHEDULE A (Form 990)

### Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust Supplementary Information

OMB No. 1545-0047

nternal	Revenue Service	▶	Attach to Form 990 (or Form	m 990EZ).		N.S		-
lame	r.				Employer Identifica		ber	
	ECONOMIC	L ROLLOTABLE			95:43132	ـدن		
Par	Comper	nsation of the Five Highe				ind Tri	ustee	S
	(See spe	ecific instructions.) (List ea	ach one. If there are no	ne, enter "None			-	
(a) N	ame and address of e	imployees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	accour	Expense of and contracts owance:	other
	Α.	2010E						
						_	_	
44441								
Total	number of other	er employees paid over						
30,0		▶						
Par		nsation of the Five Higher ecific instructions.) (List ea					April 1990 Control	
		e and address of persons paid more			at service	(c) Co	mpensa	ition
		NONE			TIMES S. IN		00000000	
					5-6-3-6			
						_		
						-		_
Ental	number of others	receiving over \$30,000 for						
		ents About Activities					Yes	No
t car	t till Ottateini							
1		have you attempted to influe		legislation, include	ng any attempt to			
		ppinion on a legislative matter				777777	mm	
		total expenses paid or incurred						
		it made an election under sect						
		ecking "Yes," attach a statem Part VI-B or attach a classified			tive activities AND			
		nave you, either directly or indir			a samuelos attornesas			
2		nave you, either directly or indic or creator of your organization,						
	is affiliated as an	officer, director, trustee, major			Willett Sdorf person			
а	: 이번 출연한 (1.12명 1.15) : (1.12명 1.13명 1.17명 1.12명 1	or leasing of property?	CERESBEES.	9 9 109 10 1		2a 2b	-	×
b		y or other extension of credit?		* ****	CERT CET	2c	-	X
C		ods, services, or facilities?				2d	-	×
d		pensation (or payment or reim				20 2e	1	_
e		art of your income or assets?				7/////	XIIIII	m
		any question is "Yes," attach				3	WIIIII	3
3	Do you make gra	ants for scholarships, fellowshi	ps, student loans, etc.? .			777777		
4	Attach a stateme you in furtherance	ent explaining how you determine of your charitable programs	ne that individuals or organi qualify to receive payments	s. (See specific ins	tructions.)			

APPENDING TOPING	and if your deep teat					- 10
	t IV Reason for Non-Private Foundate				ns.)	
The -	organization is not a private foundation because i	it is (please check	only ONE app	olicable box):		
5	A church, convention of churches, or associ	ation of churches	. Section 170(b	o)(1)(A)(i).		
6	A school. Section 170(b)(1)(A)(ii). (Also comp	lete Part V, page	3.)			
7	A hospital or a cooperative hospital service	organization. Sect	tion 170(b)(1)(A	)(iii).		
8	A Federal, state, or local government or gov	ernmental unit. Si	ection 170(b)(1)	(A)(v).		
9	A medical research organization operated in	conjunction with	a hospital. Sec	tion 170(b)(1)(A)	iii). Enter name,	, city, and state of
	hospital >				*********	
10	<ul> <li>An organization operated for the benefit of a c (Also complete Support Schedule.)</li> </ul>	ollege or universit	y owned or ope	rated by a govern	mental unit. Sec	tion 170(b)(1)(A)(iv),
11a	An organization that normally receives a su Section 170(b)(1)(A)(vi). (Also complete Supp		its support fro	m a government	tal unit or from	the general public,
116	A community trust. Section 170(b)(1)(A)(vi). (	Also complete Su	pport Schedule	9.)		
12	An organization that normally receives: (a) no taxable income (less section 511 tax) from be its support from contributions, membership for to certain exceptions, See section 509(a)(2).	usinesses acquire ees, and gross rec (Also complete S	ed by the organ eipts from activ support Schedu	nization after Jun lities related to its lite.)	e 30, 1975, and scharitable, etc.,	(b) more than 1/3 of functions—subject
13	An organization that is not controlled by any described in: (1) boxes 5 through 12 above section 509(a)(3).					
Prov	ride the following information about the supported	d organizations. (S	See instructions	for Part IV, box	13.)	
	(a) Name(s) o	f supported organ	nization(s)			(b) Box number
	(ta) (talifold) o	· dapportua organ	maximi day			from above
_						-
		and for with the and	ate: Caption 50	0/eV/A) (C++ +++	attent and a second	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14	An organization organized and operated to t					
	Support Schedule (Complete only if yo		(b)		(d)	(e)
	Calendar year (or fiscal year beginning in)	(a) 1990	1989	(c) 1988	1987	Total
		1990	1903	1340	1901	Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	59704	NA-	OUT YET	100	59704
16	Membership fees received			opener	CN	
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 1B					
20	Tax revenues levied for your benefit and					
1211	either paid to you or expended on your behalf			1 1		
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				59304
25	Enter 1% of line 23	-597				
26	Organizations described in box 10 or 11:			The first of the second		
8	Enter 2% of amount in column (e), line 24	swing the name of	t and amount of	contributed by ea	ich person (othe	1194
	than a governmental unit or publicly supported the amount shown in the 26s. Enter the sum of	nonanization) wh	lose lotal ditts	TOTE REMET INTOUGH	I Japan excession	

Par	Information Regarding Exempt Organizations	Transfers To and Transacti	ons and Relationships With Noncharit	able
51	Did the reporting organization directly	or indirectly engage in any of the 501(c)(3) organizations) or in sec	e following with any other organization describ- tion 527, relating to political organizations?	ed in section
а	Transfers from the reporting organizat		이 없는 하다 그 마음 경기가 있는 것이 없는 이번 기계를 보면 하는 것이 되었다. 그런 그리고 하는 사람들이 되었다면 하는데 가지 않는데 되었다고 있다.	Yes No
	(i) Cash			
	(ii) Other assets , , .		A SECOND OF SECOND SECOND SECOND	
b				
u	(i) Sales of assets to a noncharitable	a avagent pragnization	b(i)	×
	(ii) Purchases of assets from a nond	bestehle averet sereleties	b(il)	
	(iii) Rental of facilities or equipment		the state of the s	
	(iv) Reimbursement arrangements			1
	(v) Loans or loan guarantees			
	(vi) Performance of services or memi-			
	Sharing of facilities, equipment, mailin			X
	the fair market value of the goods, other	assets, or services given by the re	The "Amount involved" column below should alw porting organization. If the organization received is (d) the value of the goods, other assets, or service	ess than fair
700000	The second secon	noncharitable exempt organization	Description of transfers, transactions, and sharing a	arrangements
		in the state of th	Sacription of transfers, transactions, and analing a	arangaments
552a	Is the organization directly or indirect described in section 501(c) of the Cool		one or more tax-exempt organizations	es 🔀 No
b	If "Yes," complete the following scheo (a)  Name of organization	(b) Type of organization	(c) Description of relationship	
	Castro or Viggo reduction	- She at sellingwares.		
		NIA		

#### ELONOMIC ROUNDIABLE

A STATEMENT ATTACHED TO AND MADE A PART OF FEDERAL AND STATE TAX RETURNS FOR THE YEAR ENDED 6/30/12

I.D. NUMBER

STATEMENT \$1- " CONTRIBUTIONS"

STATEMENT #1- " CONTRIBUTIONS"	
JAMES IEVINE FOUNDATION	8375
LOS ANGUES COLUNTY	प्राप्
コンナイト	78371
STATEMENT #2- "OTHER EXPENSES"	
DIRECTURS MEETINGS	436
Dues & Subscill Prioris	7.62
INSURANCE	726
STAFF EXPENSES	(869
TELEPHONE	(728)
CONFOLENCES	<u> </u>
DEPILECIATION	881
MISLELLANEOUS	<u> </u>
TOTAL	6010

#### ECONOMIC ROUNDTABLE BOARD OF DIRECTORS

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

President

Stuart A. Gabriel
Dept. of Finance and Business Economics
School of Business Administration
University of Southern California
Los Angeles, CA 90089-1429

Paul Hunt 2399 Brigden Road Pasadena, CA 91104

Chairman

Wilbur Jacobs 6922 La Presa Drive San Gabriel, CA 91775

Alex McEachern 675 Calle Miramar Redondo Beach, CA 90277

Gordon Palmer 5299 Paoli Way Long Beach, CA 90803 Vice Chairman

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

Jennifer Wolch 3009 Linda Lane Santa Monica, CA 90405 Resigned August 22, 1992

Vice President, Secretary, Treasurer

Secretary, Treasurer Effective August 22, 1992 YEAR

1991

# California Exempt Organization Annual Information Statement or Return

FORM

199

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	ndar or fiscal year beginning	JULY	1 1	199	1, and	d ending	JUNE	35	1 19	92.
- EC	1492728 ER8** ONOMIC ROUNDTABLE 310	L 06	r -		ved □W	/{thdrawn	-	eorganized (a	ttach explana	ation)
31	ร์พัจาห รา			B Check for	ms filed th	is year: Sta	te: 🗆 109	100	1008	
	S ANGELES CA 90015		100	Federal:	□990 5	₹990EZ 🗆 9	90T 🗆 99	OPF - 1041	☐ 1120H	1120
ddress				C II organiz	ation is ex	empt under Ra	TC Section	23701d and	is a school,	public
		<u> </u>	7(0 1	charity, n	eligious org	panization or is	controlled	by a religiou	s organizatio	m.
ty		State	ZIP code	check box	c. (See Ger	neral Instruction	on F. No fili	ng fee is req	uired.) •	
art I	All organizations complete Part	l unless not	required	to file this	s torm.	See Gen	erai insi	truction	c.	
	I Gross sales and receipts from other so	urces. From Side	2. Part II. I	line 8				1	0	$\overline{}$
	2 Gross dues and assessments from men						_	2		
	3 Gross contribution, gifts, grants, and s	imilar amounts re	eceived. See	instructions .				3	58341	
ecelpta	4 Total gross receipts for filing requireme	ent tests. Add lin	es 1 through	n 3.			E			
100	This line must be completed. See in	structions					• [	4	23341	
PY######	6 Cost of goods sold	**********	· · · · · · · · · · · ·	[	5		E			
	6 Cost or other basis and sales expenses	of assets sold .		[	6			W. W.	The time	
	7 Total costs. Add line 5 and line 6		,				[	7		
	8 Total gress income. Subtract line 7 Iro	m line 4		**********		*******		8	2832	
(pensas	9 Expenses and disbursements. From Sic	de 2 Part II, line	18			******		9	53760	T
hauser	10 Excess of receipts over expenses and	disbursements. Se	ubtract line	9 from line 8.				10	5561	
										0
Cillon.	11 Filling Fee - \$10. See General Instruction	on F		*******			📙	11	10	
Lista	12 Penalty for failure to file on time. See							12	16	
Final If exe	12 Penalty for failure to file on time. See 13 Balance Due. Add line 11 and line 12. mpt under R&TC Section 23701d, has the	General Instruction	on L	(1) participat	ed in any	political car	npaign.		10	
Find Find Find Find Find Find Find Find	12 Penalty for failure to file on time. See 13 Balance Due. Add line 11 and line 12. Impt under R&TC Section 23701d, has the contempt at the influence legislation or any bring to lobbying by public charities)? If "yes the organization have any changes in its actuative not been reported to the Franchise Tax organization exempt under R&TC Section 2 is," enter amount of gross receipts from nor the organization file Form 100 or Form 109 is," enter amount of total income reported is a group return filed on behalf of affiliated	General Instruction during the complete and divities, governing a Board? 23701g? Imember sources to report taxable	g the year: (3) made a attach form instrument,  \$	(1) participat an election und FTB 3509 . articles of ind	ed in any der R&TC corporatio	political car Section 237 n or bylaws	npaign. 04.5	12	Yes Yes Yes Yes Yes	Mo Mo Mo Mo Mo
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Pari	H		rganization with gross receipts oss receipts — complete Part							
		ī	Gross sales or receipts from all business	activities. See Instructi	ons.			1		
		2	Interest				r	2		
Racalpi	ta l	3	Dividends				· · · · · · · · · · · · · · · · · · ·	3		
treas 0		4	Gross rents					4		
Source	•	5	Gross royalties				5,000	5		
		8	Gross amount received from sale of asse					6		ġ.
		7	Other income. Attach schedule	*******				7		l.
		8	Total gross sales or receipts from other :		•					
			Enter here and on Side 1, Part I, line 1					8		
	Į	8	Contributions, gifts, grants, and similar					9	SEE PAGE	1,
_		10	Disbursements to or for members					10	F6124 190	
Expens	41	11	Compensation of officers, directors and					11	ATACHER	<u> </u>
mi .		12	Other salaries and wages					12	- 4	<u> </u>
Dishur	W-	13	interest					13		<u> </u>
menta		14	Taxes					14	<del></del>	
		15	Rents					16		
		16 17	Depreciation and depletion Other, Attach schedule				7	17	1	—
		18	Total, Add lines 9 through 17. Enter hen					18	51760	
Sch	edu	_	L Balance Sheets			income year			come year	S
Asse	_			(a)		(b)	(c)		(d)	
1 (	lash.			021171717171717171777		3339		7////	4309	1
			receivable net	V/////////////////////////////////////					1	-
3 1	Votes	rec	eivable net. Attach schedule(s)							
4 1	nven	torie	es	(///////////////////////////////////						
5	eder	al a	nd state government obligations	(///////////////////////////////////						
6 1	rives	lmer	nts in other bonds. Attach schedule	(///////////////////////////////////						
7	nves	tmer	nts in stock. Attach schedule	(///////////////////////////////////						
8 1	Mortg	age	loans (number of loans)	(///////////////////////////////////						
9 (	Other	inv	estments. Attach schedule(s)	////////////////////////////////////			emminilia			0
10	Dej	reci	able assets	1988			2171			
1	Les	s a	ccumulated depreciation	1 99	)	1881	( 981	)	4240	
										_
12 (	Other	ass	ets. Attach schedule(s) ARAT. , DEPR	32		216			216	
13	lotal	ass	Bls	(///////////////////////////////////		6774			9065	m
		-	nd net worth							U112
			payable							_
			ions, gifts, grants payable	*//////////////////////////////////////						_
			d notes payable. Attach schedule(s)							
17	Mort	age	s payable	æ 5		2110			358	
18	utner	nat	nilities. Attach schedule(s) 1994 of tock or principle fund			3118			3,33	
			r capital surplus. Attach reconciliation	V/////////////////////////////////////						
			earnings or income fund			3176			8737	
			ilities and net worth	X/////////////////////////////////////		6294			7065	7
			M-1 Reconcillation of income p		10 0				***************************************	
			This schedule does not have to t				olumn (d), is less t	han !	25,000.	
$\overline{}$	Net i	ncor	me per books	1955	_	Income recorded on book				
			ncome tax			not included in this retu	Section 1 to 1			
			f capital losses over capital gains			Attach schedule	***********			100000
			ncome not recorded on books this		8	Deductions in this return	not charged			
-			ach schedule.			against book income thi	s year.			
	-		recorded on books this year not			Attach schedule				
			in this return. Attach schedule		9	Total. Add line 7 and lin	18 8	,		,,,,,
	Total	-			10	Net income per return.				
-	15399		s 1 through 5		0	Subtract line 9 from line	e 6		5561	

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.

If oddress changed check here	and show changes below	▼ State Charity registration number CT S	1000
\$ 81006 YEAR ENDED JUN	30,1992 L	Corporate or Organization No D-1492723	
ECONOMIC ROUNDTABLE C/O DANIEL J. FLAMING 100 GRACE TERRACE		<ul> <li>A. Is the organization exempt from federal income tax? If "na", attach explanation. See instructions.</li> </ul>	Yes N
PASADENA	CA 91105	B. Is this entity a split-interest trust?	~
PART I FILING REQUIREMENTS: CHEC	K ONE BOX AND ATTACH	THE REQUIRED IRS FORMS	
This entity is a private foundation. We Complete all Parts below.		these uniform forms with the IRS). Omit Part III boy of IRS Form 990-PF and related attachments.	
PART IA ACTIVITIES			Yes N
Gross receipts \$58321	Total assets \$9	065	
PART II STATEMENTS REGARDING TH	IIS ORGANIZATION DURING	THE PERIOD OF THIS REPORT	Yes N
1 Was 50% or more of your total revenue fro if "yes", attach a schedule showing the List only the four different government	agency(s) name, address, purpos	e I instructions)  e of the grant or payments and the amounts.  amounts. STAT \$1, FOR 910-62	1 ×
If "yes", attach a copy of the audit repo	ort(s), and enter here the total am	ons in excess of \$50,000 being taken?	2
If "yes", enter here: Accountant's Name	e		3
Pooled Investment Funds?		y of any other organization or person, other than	4 >
	Adiac of aggeta committee		(A) (S)
trustee thereof either directly or with an	other financial transactions between entity in which any such officer,	een the organization and any officer, director or director or trustee had any financial interest?	5
trustee thereof either directly or with an If "yes", attach a defailed explanation a 6 Did you donate anything to an organization	other financial transactions between entity in which any such officer, and enter here the total amount involutes is not tax-exempt under Sec	director or trustee had any financial interest?	5 6
frustee thereof either directly or with an If "yes", attach a detailed explanation a 6 Did you donate anything to an organization If "yes", attach explanation and enter if 7 Did this organization regularly solicit salv involving the solicitation or sale of sale	other financial transactions between entity in which any such officer, and enter here the total amount inventhat is not tax-exempt under Sectore the fair market value of the divage, sell salvage in a thrift store, vage? If "yes", include amounts of	director or trustee had any financial interest? rolved	6
frustee thereof either directly or with an If "yes", attach a detailed explanation a 6 Did you donate anything to an organization If "yes", attach explanation and enter if Did this organization regularly solicit salv involving the solicitation or sale of sale 8 Were you or any of your officers, directors an alleged breach of trust? If "yes", att	other financial transactions between entity in which any such officer, and enter here the total amount involved that is not tax-exempt under Sections the fair market value of the divage, sell salvage in a thrift store, vage? If "yes", include amounts of trustees a party to any court a tach explanation.	director or trustee had any financial interest? rolved	6 2

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.

		Yes	No.
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 If "yes", enter the following amounts:	1000	×
	(a) Direct support from the general public, contributions from individuals	100	Ben
	(b) Foundation and trust grants, gifts, contributions		100
	(c) Corporate and other business grants, gifts, contributions		1000
	(d) Bequests from wills and estates	13.5	C.D.
	(e) Total direct public support (add lines a through d. Should equal Form 990, line 1(a)) 10e 8375	123	1 -13
11	Did you contract with or use the services of a commercial fund raiser? If "yes", complete Part IV (Form CT-2)		×
12	Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)		×
13	Did you receive any income from any bingo game?		×
	If "yes", enter here the gross revenue obtained from the bingo game(s) whether or not all such monies	63	12
1.4	were received by your organization	120	1556
14	Employee compensation of the five highest paid employees:	1	193
	(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, ex-	-	
	pense account or other allowance in excess of \$100,000?	3 -	×
	(b) Other than salary, was compensation, bondses or other benefits not listed in (a) above of \$10,000,		24
	or more, paid any employee?	D	×
	(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by		>-
	the organization?	c _	1000
	(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an		1
	employee or any business entity in which the employee had any financial interest?	9	×
	If "yes", enter here the total amount involved	500	
	(e) Did the organization make any loans in excess of \$5,000 to any employee?	9	×
	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).	190	
		379	E
15	Did you make any payments to independent consultants or contractors other than for (a) fundraising, (b) accounting,		
	(c) legal fees, (d) investment fees?	×	
	If "yes", attach a fully completed Part II of Schedule A (Form 990) for the five highest paid and enter	1	
	here the total of all such payments . NOVE . PA.O. TO . OFFICIALS, . PLXE-TOPS 15a \$ 12252		
	OR RELATED PARTIES		
16	If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the		
	blanks provided.		
		enally	_
	a Payroll		
	b Sales (on items you sold)		_
	c Personal Property		_
	d Real Estate		_
	e Unrelated Business Income		_
		Vo	e No
17	Were you named as a beneficiary to receive a portion of commercial transactions (commercial co-	Ye	s No
	ventures, joint venture marketing, or cause-related marketing)?	1	1
	If "yes", enter here the gross amount received		
(18	8-30 not currently in use)		

Delach Here