

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

OMB No. 1545-0047

1992This Form is
Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**Note:** The organization may have to use a copy of this return to satisfy state reporting requirements.**A** For the calendar year 1992, or fiscal year beginning July 1, 1992, and ending June 30, 1993

Please use IRS label or print or type. See Specific Instructions.	B Name of organization <u>ECOLOGIC ROUNDTABLE</u>		C Employer identification number <u>95-4313302</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>315 WEST 9TH STREET</u> <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 If address changed, check box <input type="checkbox"/>

F Check type of organization—Exempt under section ☒ 501(c) (3) (insert number),
OR ☐ section 4947(a)(1) charitable trust**H(a)** Is this a group return filed for affiliates? ☐ Yes ☒ No**(b)** If "Yes," enter the number of affiliates for which this return is filed: **(c)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****Note:** Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.**Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government grants	1c	<u>169034</u>	
	d Total (add lines 1a through 1c) (attach schedule—see instructions) <u>ATT #1</u>	1d	<u>169034</u>	
	2 Program service revenue (from Part VII, line 93)	2		
	3 Membership dues and assessments (see instructions)	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss)	6c		
7 Other investment income (describe <u> </u>)	7			
	8a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d			
	9 Special fundraising events and activities (attach schedule—see instructions):			
	a Gross revenue (not including \$ <u> </u> of contributions reported on line 1a)	9a		
	b Less: direct expenses	9b		
	c Net income	9c		
	10a Gross sales less returns and allowances	10a		
b Less: cost of goods sold	10b			
c Gross profit or (loss) (attach schedule)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>169034</u>		
Expenses	13 Program services (from line 44, column (B)) (see instructions)	13	<u>152278</u>	
	14 Management and general (from line 44, column (C)) (see instructions)	14	<u>15730</u>	
	15 Fundraising (from line 44, column (D)) (see instructions)	15		
	16 Payments to affiliates (attach schedule—see instructions)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17	<u>168008</u>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>1026</u>	
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	<u>8737</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, 19, and 20)	21	<u>9763</u>	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	55800	50220	5580
26	Other salaries and wages	26	40302	36272	4030
27	Pension plan contributions	27			
28	Other employee benefits	28	1040	936	104
29	Payroll taxes	29	7170	6433	717
30	Professional fundraising fees	30			
31	Accounting fees	31	600		600
32	Legal fees	32			
33	Supplies	33	2897	2607	290
34	Telephone	34	2545	2291	254
35	Postage and shipping	35	2851	2566	285
36	Occupancy	36	7442	6698	744
37	Equipment rental and maintenance	37			
38	Printing and publications	38	13275	11948	1327
39	Travel	39	3130	2817	313
40	Conferences, conventions, and meetings	40	8422	7600	822
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1044	940	104
43	Other expenses (itemize): a CONSULTANTS	43a	16803	16803	
	b DUES & SUBSCRIPTIONS	43b	1916	1724	192
	c TAXES & FILING FEES	43c	101		101
	d INSURANCE	43d	1737	1563	174
	e MISCELLANEOUS	43e	933	840	93
	f	43f			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	168008	152278	15730

Reporting of Joint Costs.—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____.

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

Describe what was achieved in carrying out the organization's 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 and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others.

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

a	RESEARCH TO DEVELOP PRACTICAL SOLUTIONS TO SOCIAL & ECONOMIC PROBLEMS IN SUCH AREAS AS THE IMPACT OF DEFENSE CUTBACKS, INDUSTRIAL DISINTEGRATION, ETC. THE ADDRESSING, MONITORING, DEVELOPMENT, FOR AIR QUALITY, STIMULUS & LABOR MARKET INFORMATION (Grants and allocations \$ _____)	152278
b	_____ _____ _____ (Grants and allocations \$ _____)	
c	_____ _____ _____ (Grants and allocations \$ _____)	
d	_____ _____ _____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total (add lines a through e) (should equal line 44, column (B))	152278

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets				
45	Cash—non-interest-bearing	4309	45	6217
46	Savings and temporary cash investments		46	
47a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b	47c	
48a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment: basis	55a 5221		
b	Less: accumulated depreciation (attach schedule)	55b 2025	55c	3196
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation (attach schedule)	57b	57c	
58	Other assets (describe ► <u>RENT DEPOSITS</u>)	516	58	516
59	Total assets (add lines 45 through 58) (must equal line 75)	9065	59	9929
Liabilities				
60	Accounts payable and accrued expenses	328	60	166
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe ►)		65	
66	Total liabilities (add lines 60 through 65)	328	66	166
Fund Balances or Net Assets				
Organizations that use fund accounting, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).				
67a	Current unrestricted fund	8737	67a	9763
b	Current restricted fund		67b	
68	Land, buildings, and equipment fund		68	
69	Endowment fund		69	
70	Other funds (describe ►)		70	
Organizations that do not use fund accounting, check here ► <input type="checkbox"/> and complete lines 71 through 75 (see instructions).				
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 59 and column (B) must equal line 21)	8737	74	9763
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	9065	75	9929

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

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

93 Program service revenue:

(a) NONE
 (b) _____
 (c) _____
 (d) _____
 (e) _____
 (f) _____

(g) Fees from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

(a) debt-financed property

(b) not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income from special fundraising events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: (a) _____

(b) _____

(c) _____

(d) _____

(e) _____

104 Subtotal (add columns (b), (d), and (e))

105 TOTAL (add line 104, columns (b), (d), and (e))

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.



Explain how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). (See instructions.)

N/A

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 78c is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
	N/A			

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

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Firm's name (or yours if self-employed) and address

ZIP code

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), 501(c)(3), 501(c)(29), or Section 4947(a)(1) Charitable Trust
Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1992

ECONOMIC REWINDTABLE

Employer identification number

95:4313001

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

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1	X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, principal officers, or creators, or with any taxable organization or corporation with which any 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? - TEMPORARY CASH FLOW LOAN FROM PRESIDENT.	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 its income or assets?	2e	X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4	Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its 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 <input type="checkbox"/> 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) 1991	(b) 1990	(c) 1989	(d) 1988	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	58321	59704	N/A - NOT IN OPERATION		118025
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 the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	58321	59704			118025
24 Line 23 minus line 17	58321	59704			118025
25 Enter 1% of line 23	583	597			
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24					2361
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 1988 through 1991 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here					6014

(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)**27** Organizations described in box 12, page 2:

- a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

none (1991) (1990) (1989) (1988)

- b Attach a list showing, for 1988 through 1991, the name of, and amount included in line 17 for, each person (other than a "disqualified person") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1991) (1990) (1989) (1988)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1988 through 1991, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See specific instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32a 32b 32c 32d	
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? (See instructions.) e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33a 33b 33c 33d 33e 33f 33g 33h	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35	

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, indicate in column (d) 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]

75-4313202

I.D. NUMBER

CONTRIBUTOR	CONTRIBUTIONS OF \$5,000 OR MORE	
SOUTH COAST AIR QUALITY MGMT. DISTRICT	48910	
SOUTHWEST CALIFORNIA GAS COMPANY	35000	
L.A. COUNTY TRANSPORTATION COMMISSION	45148	
CITY OF LONG BEACH	15000	
TOTAL OVER \$5,000	144058	
UNDER \$5,000	24976	
TOTAL CONTRIBUTIONS	169034	

[illegible]

ECONOMIC ROUNDTABLE BOARD OF DIRECTORS

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

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1825 K Street N.W. Suite 310
Washington, DC 20006

Vice President, Secretary, Treasurer
Resigned August 22, 1992

Jennifer Wolch
Department of Geography
University of Southern California
Los Angeles, CA 90089

Secretary, Treasurer
Effective August 22, 1992

California Exempt Organization Annual Information Statement or Return

1992

199

For calendar or fiscal year beginning			MONTH	DAY	YEAR	and ending			MONTH	DAY	YEAR
			JULY	1	1992				JUNE	30	1993
Attach Preaddressed Label											
California corporation number						Federal employer identification number					
D-1492728						95-4313002					
Corporation/Organization name											
ECOLOGIC RECOGNIZABLE											
Address											
315 WEST 9TH STREET #310											
City				State				ZIP code			
LOS ANGELES, CA				90015							

A Final return?
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S
 Federal: ☒ 990 ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 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 General Instruction F. No filing fee is required. ☐

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	0
	2	Gross dues and assessments from members and affiliates	2	0
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions 337F #1	3	167031
	4	Total gross receipts for filing requirement test. Add lines 1 through 3. This line must be completed. See instructions	4	167034
	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	167034
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	168003
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1026
Filing Fee	11	Filing Fee, 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, Form 100S 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 DANIEL FLANNIGAN Daytime telephone (213) 390-4721
 located at 315 WEST 9TH STREET #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 Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line 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 amounts paid. Attach schedule	9	PALE 2, Form
	10	Disbursements to or for members	10	190 ATTACHED
	11	Compensation of officers, directors and trustees. Attach schedule	11	
	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 expenses and disbursements. Add lines 9 through 17. Enter here and on Side 1, Part I, line 9	18	168003

Schedule L Balance Sheets		Beginning of income year		End of income year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		4309		6217	
2 Net accounts receivable					
3 Net notes receivable. Attach schedule					
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					
10 a Depreciable assets	3221		3221		
b Less accumulated depreciation	(181)	4240	(2025)	3196	
11 Land					
12 Other assets. Attach schedule <i>REPAIRS</i>		516		516	
13 Total assets		9065		9729	
Liabilities and net worth					
14 Accounts payable					
15 Contributions, gifts, grants payable					
16 Bonds and notes payable. Attach schedule					
17 Mortgages payable					
18 Other liabilities. Attach schedule <i>PAYROLL TAXES</i>		328		166	
19 Capital stock or principle fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund		8737		7763	
22 Total liabilities and net worth		9065		9729	

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000.

1	Net income per books	1026	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. Subtract line 9 from line 6	1026
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add lines 1 through 5				

FORM **CT-2** (REV. 6-92)
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 JULY 1, 1992 and Ending JUNE 30, 1993

If address changed check here ☐ and show changes below ▼

State Charity registration number CT 810006

File Form with label. Otherwise, print or type.	Name of organization
	Address (number and street)
	City or town, State, and ZIP code

Corporate or Organization No. D-1472728

- A. Is the organization exempt from federal income tax?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- B. If "no", is this entity a split-interest trust?

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

If "no", attach explanation; see instructions.

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

Gross receipts \$ 167034 Total assets \$ 7929
Are the program activities of this entity limited solely to grantmaking? ☒

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) | <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 two different government agencies that provide the largest amounts. STATEMENT #1 | | |
| 2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? | <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 or will an independent public accountant issue a report on your financial statements? | <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? | <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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", attach a detailed explanation and enter here the total amount involved 5a \$ <u>12000</u> | | |
| 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? | <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. | <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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "yes", attach an explanation and enter here the total amount involved. 9a \$ _____ | | |

5a- PRESIDENT MADE SHORT-TERM, LOW INTEREST
BEARWE CASH FLOW LOANS TO ORGANIZATION

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

