

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

1993

Department of Treasury
Internal Rev. Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is
Open to Public
Inspection

A For the 1993 calendar year, OR tax year period beginning July 1, 1993, and ending June 30, 1994

B Check if:

- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Change of address

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ECONOMIC ROUNDTABLE

No. & street (or PO box if mail not delivered to street address)

315 WEST 9TH STREET

Room/suite

310

City, town, or post office, state, and ZIP code

LOS ANGELES, CA 90015

D Employer identification number

95-4313202

E State registration number

CT-81006

F Check ☐ if exemption application is pendingG Type of organization ☒ Exempt under section 501(c)(3) (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No I If either box in H is checked "Yes," enter four-digit group exemption no. (GEN) ☐(b) If "Yes," enter number of affiliates for which return is filed: ☐J Accounting method: ☒ Cash ☐ Accrual(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No ☐ Other (specify) ☐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 990-EZ 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

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	11553	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	143430	
d	Total (add lines 1a through 1c) (attach schedule — see instructions)			
	(cash \$ 154983 noncash \$)		STATEMENT #1	1d 154983
2	Program service revenue including government fees and contracts (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) (subtract line 6b from line 6a)			6c
7	Other investment income (describe <input type="checkbox"/>)			7
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
		8a		
b	Less: cost or other basis & sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
9	Special events and activities (attach schedule — see instructions):			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
11	Other revenue (from Part VII, line 103)			11 2009
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 156992
13	Program services (from line 44, column (B) — see instructions)			13 130816
14	Management and general (from line 44, column (C) — see instructions)			14 15598
15	Fundraising (from line 44, column (D) — see instructions)			15
16	Payments to affiliates (attach schedule — see instructions)			16
17	Total expenses (add lines 16 and 44, column (A))			17 146414
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 10578
19	Net assets or fund balances at beginning of year (from line 74, column (A))			19 9763
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 20341

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

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) amt. allocated to Program svcs. \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) amt. allocated to Fundraising \$ _____.

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) nonexempt charitable trusts must also enter the amount of grants and allocations to others.

for others.)	
a	RESEARCH TO DEVELOP PRACTICAL SOLUTIONS TO SOCIAL + ECONOMIC PROBLEMS IN SUCH AREAS AS THE IMPACT OF DEFENSE CUTBACKS, INDUSTRIAL DIVERSIFICATION IN THE AEROSPACE INDUSTRY, DATABASE FOR AIR QUALITY STRATEGIES AND LABOUR MARKET INFORMATION (Grants and allocations \$) 130816
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 4-4, column (B), Program services) 130816

Part V List of Officers, Directors, Trustees, and Key Employees (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 -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
DANIEL FLAMING 100 WILDE TOWNE PASADENA, CA	PRESIDENT - 40 HRS/WK	60000	0	0
SEE LISTING	ATTACHED	0	0	0
	}	}	}	}
	}	}	}	}
	}	}	}	}

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule — see instructions.

Part VI Other Information

	Yes	No
76 Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? . . .	78b	
79 Was there liquidation, dissolution, termination, or substantial contraction during year? If "Yes," attach statement; see inst .	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See inst.) . . .	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions 81a 0	81a	0
b Did the organization file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? . . .	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . .	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) . . . 82b	82b	
83 Did the organization comply with the public inspection requirements for returns and exemption applications? . . .	83	X
84a Did the organization solicit any contributions or gifts that were not tax deductible? . . .	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.) . . .	84b	
85 Section 501(c)(4), (5), or (6) organizations. — a Were substantially all dues nondeductible by members? . . .	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . .	85b	
If "Yes" to either 85a or 85b, do not complete 85c through 85h below.		
c Dues, assessments, and similar amounts from members for January 1994 and later. . . . 85c	85c	
d Section 162(e) lobbying and political expenditures after December 1993. . . . 85d	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e; see instructions). 85f	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . .	85g	
h Does the organization elect to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . .	85h	
86 Section 501(c)(7) organizations. — Enter:		
a Initiation fees and capital contributions included on line 12 . . . 86a	86a	
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) . . . 86b	86b	
87a Section 501(c)(12) organizations. — Enter: Gross income from members or shareholders . . . 87a	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX. . . .	88	
89 Public interest law firms. — Attach information described in the instructions.		
90 List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA		
91 The books are in care of <input type="checkbox"/> DANIEL FLAMING Telephone no. <input type="checkbox"/> (313) 390-4721 Located at <input type="checkbox"/> 315 WEST 7TH STREET #310 LOS ANGELES, CA ZIP code <input type="checkbox"/> 90015		
92 Sec. 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return, should check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . <input type="checkbox"/> 92		

SCHEDULE A
(Form 990)

Department of Treasury
Internal Rev. Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

▶ **Must be completed by the above organizations and attached to their Form 990 (or 990EZ).**

OMB No. 1545-0047

1993

Name of the organization

ECONOMIC ROUNDTABLE

Employer identification number

95-4313202

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employee paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(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 instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of each person 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, 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, officers, creators, key employees, or members of their families, or with any taxable organization 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?	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 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 the hospital's name, city, and state ►
- 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 the **Support Schedule** below.)
- 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 the **Support Schedule** below.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** below.)
- 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 the **Support Schedule** below.)
- 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, line 13.)

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

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

Support Schedule (Complete only if you checked a box on lines 10, 11, or 12 above.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar yr. (or fiscal yr. beg.) ►	(a) 1992	(b) 1991	(c) 1990	(d) 1989	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	169034	58321	59704	N/A - NOT YET IN OPERATION	287059
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(b)(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 organization's benefit and either paid to it or expended on its behalf					
21 Value of services/facilities furnished to organization by governmental unit without charge. Do not include 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	169034	58321	59704		287059
24 Line 23 minus line 17	169034	58321	59704		287059
25 Enter 1% of line 23.	1690	583	597		
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24.					5741
b Attach a list (which is 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 1989 through 1992 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts here					31893

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

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

(1992) _____ (1991) _____ (1990) _____ (1989) _____

- b** Attach a list to show, for 1989 through 1992, the name of, and amount included in line 17 for, each person (other than a "disqualified person") from whom the organization received, during that year, an amount that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. Include organizations described in lines 5 through 11, as well as individuals. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year:

(1992) _____ (1991) _____ (1990) _____ (1989) _____

- 28** For an organization described in line 10, 11, or 12, that received any unusual grants during 1989 through 1992, attach a list (which is 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 instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 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?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance? (See instructions.)	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	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 explanation. (See instructions for Part V.)	35	

Economic Roundtable
95-4313202
Year Ended 6/30/94

Statement #1 - Contributions over \$5,000

ARCO Foundation	\$ 5,000
California Community Foundation	6,453
City of West Hollywood	10,000
Department of Labor	48,680
ECOSA	17,500
Metropolitan Transit Authority	<u>66,500</u>
Total contributions over \$5,000	154,133
Contributions of \$5,000 or less	<u>850</u>
Total contributions	<u>\$154,983</u>

Statement #2 - Land, buildings and equipment

Furniture and fixtures	<u>\$ 5,221</u>
Accumulated depreciation	<u>\$ 4,050</u>
Current year depreciation	<u>\$ 2,025</u>

Statement #3 - Statement re: support

	<u>Total Contributed</u>	<u>2% Base</u>	<u>Excess</u>
James Irvine Foundation	8,375	5,741	2,634
Southern California Gas Co.	<u>35,000</u>	<u>5,741</u>	<u>29,259</u>
Totals	<u>\$43,375</u>	<u>\$11,482</u>	<u>\$31,893</u>

ECONOMIC ROUNDTABLE BOARD OF DIRECTORS

Dr. Daniel Flaming President
Economic Roundtable
315 West Ninth Street, Suite 310
Los Angeles, California 90015

Dr. Stuart A. Gabriel
Associate Professor
School of Business Administration
University of Southern California
Los Angeles, CA 90089-1429

Dr. Paul Hunt Chairman
Senior Economist and Regulatory Analyst
Southern California Edison
2244 Walnut Grove Ave
Rosemead, CA 91770

Dr. Wilbur Jacobs
Senior Research Associate
Huntington Library
1151 Oxford Road
San Marino, CA 91108

Alex McEachern
Professor
School Of Public Administration
University of Southern California
Los Angeles, Ca 90089

Gordon Palmer Vice Chairman
Senior Planner
The Port of Long Beach
925 Harbor Plaza
Long Beach, CA 90801

Dr. Jennifer Wolch Secretary, Treasurer
Chair
Department of Geography
University of Southern California
Los Angeles, CA 90089

YEAR
1993

California Exempt Organization Annual Information Statement or Return

FORM
199

For calendar or fiscal year beginning <u>July 1</u> , 1993, and ending <u>June 30</u> , 1994		
Attach Preaddressed Label		
California corporation number <u>D-1492728</u>	Federal employer ID number <u>95-4313202</u>	
Corporation/Organization name <u>Economic Roundtable</u>		
Address <u>315 West 9th Street, Suite 310</u>		
City <u>Los Angeles</u>	State <u>CA</u>	ZIP code <u>90015</u>

A Final Return?
☐ Dissolved ☐ Withdrawn ☐ Merged/
 If a box is checked, enter date _____ Reorganized

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	
	3 Gross contribution, gifts, grants, and similar amounts received. See instructions.	3	156,992
	4 Total gross receipts for filing requirement test. Add lines 1 through 3. This line must be completed.	4	156,992
	5 Cost of goods sold	5	
Expenses	6 Cost or other basis and sales expenses of assets sold	6	
	7 Total costs. Add line 5 and line 6	7	0
	8 Total gross income. Subtract line 7 from line 4	8	156,992
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	146,414
Filing Fee	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	10,578
	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

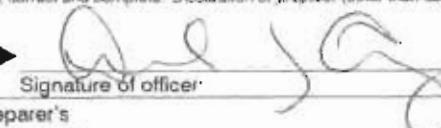
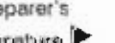
15 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

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 Fleming Daytime telephone 213-390-4721
located at 315 West 9th Street, Suite 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: <u>8/30/94</u>	Title: <u>President</u>	Daytime telephone: <u>213-892-8104</u>
Paid Preparer's Use Only	Preparer's signature: 	Date: _____	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN: <u>562-98-7445</u>
	Firm's name: <u>Howard J. Levine C.P.A.</u>	FEIN: _____		
	Firm's address: <u>16600 Sherman Way Van Nuys, CA 91406</u>	Daytime telephone: <u>818-994-5562</u>		

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 sales 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 1, line 1.	8	0
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	Form 990, Page 2
	10	Disbursements to or for members.	10	(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 1, line 9	18	146,414

Schedule L Balance Sheets		Beginning of income year		End of income year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		6,217		18,691
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.	5,221		5,221	
	b Less accumulated depreciation	2,025	3,196	4,050	1,171
11	Land				
12	Other assets. Attach schedule.		516		516
13	Total assets		9,929		20,378
Liabilities and net worth					
14	Accounts payable		166		37
15	Contributions, gifts, grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule.				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		9,763		20,341
22	Total liabilities and net worth		9,929		20,378

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	10,578	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	0
4	Taxable income not recorded on books this year. Attach schedule.		10	Net income per return. Subtract line 9 from line 6	10,578
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add lines 1 through 5	10,578			

FORM **CT-2**

(REV. 5-92)

PERIODIC REPORT

MAIL TO:
Registry of Charitable Trusts
P. O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 445-2021

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 \$900 plus interest.

ACCOUNTING PERIOD - For the Year Beginning July 1, 1993 and Ending June 30, 1994If address changed check here ☐ and show changes belowState Charity registration number
CT 81006

File Form with label.	Name of organization Economic Roundtable
Other-wise type	Address (number and street) 315 West 9th Street, Suite 310
	City or town, State, and ZIP code Los Angeles, CA 90015

Corporate or
Organization No. D-1492728

- A. Is the organization exempt from federal income tax?
- B. If "no", is this entity a split-interest trust? If "no", attach explanation; see instructions.

Yes	No
X	

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

	Yes	No
Gross receipts <u>156,992</u> Total assets <u>20,378</u>		
Are the program activities of this entity limited solely to grantmaking?		X

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

	Yes	No
1 Was 50% or more of your total revenue from government agencies? (See line 1 instructions) 1	X	
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. Form 990, Schedule 1		
2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? 2		X
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? 3		X
If "yes", enter here: Accountant's Name Telephone		
4 Is any of your property held in the name of or commingled with the property of any other organization or person, other than pooled investment funds? 4		X
If "yes", attach justification, including value of assets commingled.		
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 5		X
If "yes", attach a detailed explanation and enter here the total amount involved 5a		
6 Did you donate anything to an organization that is not tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC? 6		X
If "yes", attach explanation and enter here the fair market value of the donation 6a		
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10 7		X
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation 8		X
9 Were any organization funds used to pay any penalty, fine or judgment? 9		X
If "yes", attach an explanation and enter here the total amount involved 9a		

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

Signature of authorized officer (See Instructions) Daniel S. Flaming Printed Name President Title 8/10/94 Date

				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		X	
	If "yes", enter the following amounts:				
	(a) Support from the general public, contributions from individuals	10a	100		
	(b) Foundation and trust grants, gifts, contributions	10b	11,453		
	(c) Corporate and other business grants, gifts, contributions	10c			
	(d) Bequests from wills and estates	10d			
	(e) Total direct public support (add lines a through d. Should equal Form 990, line 1 (a))	10e	11,553		
11	Did you contract with or use the services of an independent professional fundraiser—consultant? If "yes", complete Part IV (Form CT-2)	11			X
12	Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)	12			X
13	Did you receive any income from any bingo game?	13			X
	If "yes", enter here and on Form 990, line 9a, the gross receipts obtained from the bingo games before deductions for costs or prizes, whether or not all gross receipts were received by your organization.				
		13a			
14	Employee compensation of the five highest paid employees:				
	(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense account or other allowance in excess of \$100,000?	14a			X
	(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of \$10,000, or more, paid any employee?	14b			X
	(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization?	14c			X
	(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest?	14d			X
	If "yes", enter here the total amount involved	14d			
	(e) Did the organization make any loans in excess of \$5,000 to any employee?	14e			X
	If any of questions 14(a), (b), (c), (d), or (e) are answered "yes", attach specific details to fully explain any "yes" response and fully complete Part I, Schedule A (Form 990).				
15	Did you make payments totalling over \$10,000 to any independent consultants or contractors other than for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees?	15		X	
	If "yes", attach a fully completed schedule, like Part II of Schedule A (Form 990) for the five highest paid regardless of the amounts. Enter here the total of all payments to all independent contractors.				
		15a	18,938		
	Paid to research consultants, no related parties or disqualified persons were paid.				
16	If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the blanks provided.				
	a Payroll (employer's portion of both federal and state)	16a	11,321		
	b Sales (on items you sold)	16b			
	c Personal Property	16c			
	d Real Estate	16d			
	e Unrelated Business Income	16e			
17	Were you named as a beneficiary to receive a portion of commercial transactions (commercial coventures, joint venture marketing, or cause-related marketing)?				
	If "yes", enter here the gross amount received	17a			X

(18–30 not currently in use)