Form 990

Return of Organization Exempt From Income Tax

Under section 501 (c) of the Internal Revenue Code (except black lung benefit trust or

OMB No 1545-0047

1994

Department of	of the Treasury				nexempt charitable tru			Ope	is Form is en to Public aspection
	And the second second second second	nder year, OR tax year	A Company of the Comp	July 1	, 1994, and endir		June 30	. 19	
B Che		C Name of organizati	MAN THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			9.	Employer identi	lication	number
Chi	ange of address	Economic Roun	dtable				95-431320	2	
tritt	ial return	Number and street	(or P. O. box if mail i	is not delivered to stre	et address)	E	State registratio	n num	ber
	at return	315 West 9th Stree	(1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976) (1976)			1 -	CT-81006	110700	7. T.
						-			W
	ended return		office, state, and ZIP	code			Check	mellon	If exemption
	not cele besu Ignificaes a	Los Angeles, CA B	0015			_	application is pe	inding	
G Typ	e of organizat	The state of the s	X Exempt under		OR	_	suction 4947(s)(1) in		pi churtishie trust
CALCON TO SECURITY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN	Company of the Company of the Party of the Party	exempt organizations ourn filed for affiliates?	the contract of the contract of the Park State S	the same of the sa	I If either box in h	-	The second secon		-digit
n(a) is u	nis a group rei	Cart med for enmenes:		NO	group exemptic			zi iou	-cigit
(b) " "	es," enter the numb	er of athliates for which this ret	tern is filed.		J Accounting	X	Cash		Accruel
(c) is th	is a separate return	Hed by an organization cover	ed by a group ruling?	No	method:		Other (specify)		
	- I						In providing water that		SERVING SEC.
K Che		If the organization's gross re			stion need not file a return wi	th the IR	5 but if it received a l	arm 990	Package
		a return without financial data and be used by organiza			00 and total assets les	s than	\$250,000 at end	nt ve	Ar.
Part I		tement of Revenu						on Jen	
att		tributions, gifts, grant			Tet rissets of 1	arra s	Julianoca		
		et public support .			rura arti a tra i	ia	40,650		
	0.00	ect public support .					10,000		
	1	ernment contribution					115,360		
		l (add lines to through	100						
	(cash	156,010	noncash)	10000	Statement # I	1d	156,010
	2 Prog	ram service revenue	including governm	ent lees and contri	acts (from Part VII,	line 93	3)	2	
	3 Mem	bership dues and as	sessments (see in	structions)				3	
	4 Inter	est on savings and to	emporary cash inve	estments				4	
	5 Divid	iends and interest tro	om securities		* EE * * * * * *			5	
	6a Gros	ss rents	618 8 508 30 • 18	0.808 C+ 800		6a			
A	b Less	rental expenses .	NUMBER ASSESSMENT	OF RANKING RE		8b			
8	c Net	rental income or (los	s) (subtract line 6b	from line 6a) .	1008 IN 1008 N 00	(0.00)		6c	0
v	7 Othe	or investment income	(describe					7	
e	Ba Grot	s amount from sale	of assets other		(A) Securities		(B) Other		
n	than	Inventory		A DISCOUNTED		8a			
u	b Less	cost or other basis	and sales expense	es		8b			
6	c Gair	or (loss) (attach sch	nedule)		0	8c	0		
	d Net	gain or (loss) (combi	ne line 8c, columns	s (A) and (B))				8d	0
		cial events and activi		le - see instruction of contributions	ns):				
						9a			
	b Less	: direct expenses at				9b			
	a Net	income or (loss) from	n special events (su	ubtract line 9b from	line 9a)			9c	0
	10a Gros	ss sales of inventory,	less returns and al	llowances		108	L.		
		cost of goods sold							
	¢ Gra	ss prafit ar (lass) fron	n sales of inventory	(attach schedule)	(subtact line 10b fi	om ik	ne 10a)	10c	0
		er revenue (Irom Part							
		l revenue (add lines	and the second section of the second section of the second	and the second s				12	156,010
		pram services (from I						13	126,297
Ex-		agement and genera						14	14,611
pense	es 15 Fun	draising (from line 44	, column (D) — see	instructions)				15	0
	16 Pay	ments to affiliates (at	tach schedule – se	e instructions) .	to the south of			16	
	17 Total	I expenses (add line	s 16 and 44, colum	n (A))				37	140,908
	The second secon	ess or (deficit) for the						18	15,102
Net		assets or fund bakan						123-11	20,341
Asset	The second second second	er changes in net ass						20	
nesel		assets or fund balan		The CONTROL OF SHIP AND THE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP			7 20 5 6 160	21	35,443

Form 990 (1994) Economic Roundtable 95-4313202 Page 2 Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section SOt(c)(3) and (4) organizations Functional Expenses and section 4947(e)(1) nonexempt charable trusts but optional for others. (See instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. and general services 22 Grants and allocations (attach schedule) 0 (cash \$ O noncesh \$ 22 23 0 23 Specific assistance to individuals (attach schedule) 0 24 Benefits paid to or for members (attach schedule) . 24 78,000 7,800 70,200 25 26 11,956 10,760 1,196 0 27 Pension plan contributions . . . 27 28 Other employee benefits 28 0 6,184 5,566 618 30 Professional fundraising fees 30 0 31 Accounting fees 31 735 735 O 32 Legal fees 32 1.176 131 33 1.307 1,661 184 34 Telephone 34 1.845 35 Postage and shipping . . . 35 1,295 1,166 129 6.551 5,896 655 37 Equipment rental and maintenance 37 0 38 Printing and publications . . . 1,234 1,111 123 11,540 10.386 1.154 40 Conferences, conventions, and meetings . 40 1,160 580 580 41 Interest 41 0 104 42 Depreciation, depletion, etc. (attach schedule) . . 42 1.044 940 653 653 43 Other expenses (itemize): 43a 1.306 a Insurance b Dues and subscriptions 43b 856 770 86 c Consultants 43c 15,432 15,432 d Miscellaneous 43d 463 463 430 0 431 0 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 . 44 140,908 126.297 14,611 0 Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined X No educational campaign and fundraising solicitation? ; (ii) the amount allocated to Program services If "Yes," enter (i) the aggregate amount of these joint costs ; (iv) the amount allocated to fundralsing (iii) the amount allocated to management and general Statement of Program Service Accomplishments (See instructions.) Program Service What is the organization's primary exempt purpose? Econcomic research Expenses All organizations must describe their exempt purpose achievements. State the number of clients served, (Required for 501(c)(3) and publications issued, etc. Discuss achievements that are not measurable, (Section 501(c)(3) and (4) (4) orgs., and 4947(s)(1) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and trusts; but optional for allocations to others.) tithers.) Research to develop practical solutions to social and economic problems in such areas as the impact of defense cutbacks, industrial diversification in the aerospace industry, database for air quality strategies and labor market information. (Grants and allocations \$ 126,297 (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$

126,297

Part IV Balance Sheets

Note:		(A)		(B)
	column should be for end - of - year amounts only.	Beginning of year		End of year
	Assets			
	Cash - non-interest-bearing	18,691	45	34,956
46	Savings and temporary cash investments		46	
47a /	Accounts receivable			
	ess: allowance for doubtful accounts		47c	
	A STANDARD AND A STANDARD MANUAL MORE AND A STANDARD AND A STANDAR			
48a	Pledges receivable			
b	ess: allowance for doubtful accounts		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)			
b 1	ess: allowance for doubtful accounts		51c	
52	nventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54 1	nvestments - securities (attach schedule)		54	
55a	nvestments - land, buildings, and equipment:		15	_
	basis			
	ess: accumulated depreciation (attach			
11390	achedule)		55c	0
	nvestments - other (attach schedule)	-	56	0
	Land, buildings, and equipment; basis	-		
	ess: accumulated depreciation (attach schedule)	1,171	57c	127
	Other assets (describe Rent deposit	516	58	516
	Total assets (add lines 45 through 58) (must equal line 75)	20,378		35,599
-	Liabilities			
60	Accounts payable and accrued expenses	37	60	156
	Grants payable		61	
	Support and revenue designated for future periods (attach schedule)		62	
	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	Tax-exempt bond liabilities (attach schedule)	-	648	
	Mortgages and other notes payable (attach schedule)		64b	
	Other liabilities (describe		65	0
	Total liabilities (add lines 60 through 65)	37	56	156
	Fund Balances or Net Assets			
Organ	nizations that use fund accounting, check here X and complete			
	lines 67 through 70 and lines 74 and 75 (see instructions).			
67a	Current unrestricted fund	20,341	67a	35,443
	Current restricted fund		67b	
	Land, buildings, and equipment fund		68	
	Endowment fund		69	
	Other funds (describe		70	
	izations that do not use fund accounting, check here and complete lines 71 through 75 (see instructions).			
71	Capital stock or trust principal		71	
72	Paid in or capital surplus		72	
	Retained earnings or accumulated income		73	
	Total fund balances or net assets (add lines 67a through 70 OR lines 71			
	through 73; column (A) must equal line 19 and column (B) must equal	05000000		
	line 21)	20,341	-	35,443
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	20,378	75	35,599

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.

Form 990 (1994)	Economic Roundtable	95-4313202	Page 4
Part V	List of Officers, Directors, Trustees and Key Employees (List each o	ne even if not compensated.)	
	(B) Title and average (C) Comp	en- (D) Contributions	(E) Expense

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compen- sation (if not paid enter -0-	(D) Contributions to employee benefit plans	accou	Expense ant and other owances
Daniel Flaming 100 Grace Terrace Pasadena, CA	President – 40 hours/week	78,000	0		0
Too drace remade Pasadena, on	40 110013/4668	70,000			
See listing attached		0	0		0
Did any officer, director, trustee, or key employee re	엄마 이 사람들 사람들은 아들이 아들을 살아 있다면 하다면 하는데 하는데 하는데 하는데 하다.				
\$100,000 from your organization and all related organizations? f "Yes," attach schedule – see instructions.		N	Yes	X	No
Part VI Other Information					Yes or No
76 Did the organization engage in any activity not previous	: [18] [18] [18] [18] [18] [18] [18] [18]	nue Service?		76	No
If "Yes," attach a detailed description of each activity.		4 1000			41-
77 Were any changes made in the organizing or govern if "Yes," attach a conformed copy of the changes.	ning documents, but not reported to	the IRS?		77	No
78a Did the organization have unrelated business gross	income of \$1,000 or more during th	ne vear covered by			
this return?				78a	No
b If 'Yes,' has it filed a tex return on Form 990-T, Exer				785	_
79 Was there a liquidation, discountion, termination, or substantial contra	ction during the year? If "Yes," attach a stateme	ent; see tratructions		79	No
804 Is the organization related (other than by association with a stafewide		membership, governing	bodies, trustees,		
officers, etc., to any other exempt or nonexempt organization? (See a	enstructions)			80a	No
b if "Yes," enter the name of the organization				1	
and chr	eck whether it is	exempt OR	nonexempt.	1 1	
81a Enter the amount of political expenditures, direct or	indirect as described in the instruct	tions	81a 0		
b Did the organization file Form 1120-POL, U. S. Inco				816	No
82a Did the organization receive donated services or the					
or at substantially less than fair rental value?	ONLY SERVICE POR THE PERSON OF THE	INCHES DE LA COMPA		82a	No
b If "Yes," you may indicate the value of these items he			escary)		
in Part I or as an expense in Part II. (See instruction				1	
83 Did the organization comply with the public inspecti					Yes
84a Did the organization solicit any contributions or gifts b if "Yes," did the organization include with every solice				84a	No
gifts were not tax deductible? (See General Instruct	선생님들이 사이를 하고 있습니다. 바다 내가 하면 하는데 없는데 하게 하게 하셨다면 다시 아니다.			B4b	
85 Section 501 (c)(4), (5), or (6) organizations a Wei				And the second second	
b Did the organization make only in-house lobbying				85b	
If "Yes" to either 85a or 85b, do not complete 85c thr waiver for proxy tax owed for the prior year.	rough 85h below unless the organiz	zation received a			
c Dues, assessments, and similar amounts from mem			85c	-	
d Section 162(e) lobbying and political expenditures			15-W-120-W-1	- 1	
 Aggregate nondeductible amount of section 6033(e.f. Taxable amount of lobbying and political expenditure. 			The part of the same of the sa		
g Does the organization elect to pay the section 6033	그렇게 어깨는 이 집에 되었다면 아일이 하는 맛이 들어가는 하는 것이 없는 아들은 아들이 없다.		Total Service of Additional Control of the Control	. 85g	
h if section 6033(e)(1)(A) dues notices were sent, does the organization					
nondeductible lobbying and political expenditures for the following to				85h	
86 Section 501 (c)(7) organizations Enter:					
 a Initiation fees and capital contributions included on 			86a	4 4	
b Gross receipts, included on line 12, for public use of	하면 지어가 있었다. 하면 하면 없는 사람들은 사람들이 되었다. 하는 사람들이 살아 있었다.			- 1	
87 Section 501 (c) (12) organizations. — Enter: a Gross b Gross income from other sources. (Do not net amo		orders	8/4	- 1	
against amounts due or received from them.)			87h	1 1	
			the course of th		
B8 At any time during the year, did the organization ow	n a 50% or greater interest in a taxa			-1	
88 At any time during the year, did the organization ow partnership? If "Yes," complete Part IX				. 88	No
B8 At any time during the year, did the organization ow				. 88	No
 88 At any time during the year, did the organization ow partnership? If "Yes," complete Part IX. 89 Public Interest law tirms. – Attach information descr 90 List the states with which a copy of this return is filed. 	ribed in the instructions.			. 88	No
 88 At any time during the year, did the organization ow partnership? If "Yes," complete Part IX. 89 Public interest law tirms. — Attach information descr 90 List the states with which a copy of this return is filed. 	ribed in the instructions. d California I Flaming		Telephone no.		

iter gross amou	unts unless otherwise	Unrelated busine	ess income	2, 513, or 514 (E)		
dicated.		(A)	(B)	(C)	(D)	Related or exemp
33 Program se	ervice revenue:	Business code	Amount	Exclusion code	Amount	function income
0						
ь						
С					-	
d						_
e					-	
f			-		-	
	racts from government agencies.				-	
	p dues and assessments				-	
	ings and temporary cash investments					
	interest from securities		-		-	
	ncome (loss) from real estate:		-			
	ced property				-	
	inanced property				-	_
	me or (lass) from personal property				-	
	stment income					
	from sales of seasts other than inventory				-	-
	(lose) from special events				-	
	close) from sales of inventory		_			
03 Other reve	nue					
Ь			-		-	
c						
d					-	
e						
05 TOTAL (ad ote: (Line art VIII	idd cols. (B), (D), and (E)) id line 104, columns (B), (D), and in 105 plus line 1d, Part I, should et Relationship of Activitie Explain how each activity for	(E))	e 12, Part I.) plishment of	Exempt Purposes		
05 TOTAL (ad ote: (Line	id line 104, columns (B), (D), and a 105 plus line 1d, Part I, should ea	(E)) qual the amount on lines to the Accom or which income is re	e 12, Part I.) plishment of eported in colu	Exempt Purposes mn (E) of Part VII contrib	outed important	ly to the
05 TOTAL (ad ote: (Une art VIII Line	d line 104, columns (B), (D), and 105 plus line 1d, Part I, should ed Relationship of Activitie Explain how each activity fo	(E)) qual the amount on lines to the Accom or which income is re	e 12, Part I.) plishment of eported in colu	Exempt Purposes mn (E) of Part VII contrib	outed important	ly to the
05 TOTAL (ad ote: (Line art VIII Line number	d line 104, columns (B), (D), and 105 plus line 1d, Part I, should ed Relationship of Activitie Explain how each activity fo	(E)) qual the amount on lines to the Accompression which income is realization's exempt p	le 12, Part I.) plishment of eported in colu	Exempt Purposes mn (E) of Part VII contrib	outed important s for such purp	ly to the oses).
os TOTAL (ad ote: (Line art VIII Line number	Information Regarding ame, address, and employer iden.	(E)) qual the amount on lines to the Accompare which income is remarkable seempt programmed to the control of t	ie 12, Pert I.) plishment of eported in colu- purposes (other	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part If the " Nature of business	outed important s for such purp	ly to the oses).
os TOTAL (ad ote: (Line art VIII Line number	Information Regarding	(E)) qual the amount on lines to the Accompare which income is remarkable seempt programmed to the control of t	ie 12, Part I.) plishment of eported in colu- purposes (other	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part if the "	outed important s for such purpo fee" box on line 8	ly to the oses).
os TOTAL (ad ote: (Line art VIII Line number	Information Regarding ame, address, and employer of corporation or partners of the corporation or partners of corporation or partners or corporation or partners or corporation or corporatio	(E)) qual the amount on lines to the Accompare which income is remarkable seempt programmed to the control of t	ie 12, Pert I.) plishment of eported in colu- purposes (other	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part If the " Nature of business	outed important s for such purport s for such purport s for such purport s for such purport	ly to the oses). 8 is checked.) End-of-year
os TOTAL (ad ote: (Line art VIII Line number	Information Regarding ame, address, and employer iden.	(E)) qual the amount on lines to the Accompare which income is remarkable seempt programmed to the control of t	ie 12, Pert I.) plishment of eported in colu- purposes (other	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part If the " Nature of business	outed important s for such purport s for such purport s for such purport s for such purport	ly to the oses). 8 is checked.) End-of-year
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os TOTAL (ad bite: (Line art VIII Line number	Information Regarding are, address, and employer iden None Under perwave ef perpay, I decided Under perwave ef perpay, I decided	qual the amount on lines to the Accomproved which income is remarkable subsidiffication aship	iaries % of owner—ship interest	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part If the " Nature of business	yes" box on line 8 Total income	ly to the oses). 8 is checked.) End-of-yearssets
05 TOTAL (ad ote: (Line art VIII Line number	Information Regarding arne, address, and employer iden number of corporation or partner when the series and belief is a new conect, and the series and belief is a new conect, and the series and belief is a new conect, and the series are	qual the amount on lines to the Accomproved which income is remarkable subsidiffication aship	iaries % of owner—ship interest	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part if the " Nature of business activities penying schedules and statement the based on all information of white	Ves" box on line 8 Total Income	ly to the oses). 8 is checked.) End – of – year assets knowketge
os TOTAL (ad ote: (Line art VIII Line number	Information Regarding are, address, and employer iden None Under perwave ef perpay, I decided Under perwave ef perpay, I decided	qual the amount on lines to the Accomproved which income is remarkable subsidiffication aship	iaries % of owner—ship interest	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part if the " Nature of business activities **penying schedules and statement t) to besed on all information of white 2 / 2-5 (5) Date	res" box on line 8 Total Income	Is to the oses). 8 is checked.) End-of-year assets knowledge.
os TOTAL (ad ote: (Line art VIII Line number	Information Regarding are, address, and employer iden number of corporation or partner where the signature of officer Preparer's	qual the amount on lines to the Accomproved which income is remarkable subsidiffication aship	iaries % of owner—ship interest	Exempt Purposes mn (E) of Part VII contrik then by providing fund (Complete this Part if the " Nature of business activities **Penying schedules and statement t) to besed on all information of white 2 2 - 5 6 Date Che	Yes" box on line 8 Total Income And to the best of my	Iy to the oses). 8 is checked.) End-of-year assets knowkedge owiedge.

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), and Section 501(e), 501(f), 501(k),

OMB No. 1545-0047

1994

Department of the Treasury

or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

Must be completed by the above organizations and attached to their Form 990 (or 990 - EZ). Internal Revenue Service Employer identification number Name of the organization 95-4313202 **Economic Roundtable** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions.) (List each one. If there are none, enter "None.") (a) Name and address of each (b) Title and average (e) Expense account (d) Contributions to and other employee paid more than \$50,000 hours per week (c) Compensation employee benefit plans and allowances devoted to position deterred componention None Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions.) (List each one (whether individuals or firms.) If there are none, enter "None.") (a) Name and address of each independent contractor (b) Type of service (c) Compensation paid more than \$50,000 None Total number of others receiving over \$50,000 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? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? X d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . X e Transfer of any part of its income or assets? X

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.?

grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)

4 Attach a statement explaining how the organization determines that individuals or organizations receiving

Part	IV Reason for Non-Private Foundation State	us (S	See instructions I	for definitions.)		7.70,7.7
The o	rganization is not a private foundation because it is (plea	ase check only	ONE applicable	e box):		
5	A church, convention of churches, or association of	of churches. Se	ection 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 organi	zation. Section	170(b)(1)(A)(i	ii) .		
8	A Federal, state, or local government or governme					
9	A medical research organization operated in conju				(iii) Enter the	hoenital'e
3	name, city, and state	Inchor with a fr	ospital. Gectio	11 (10(0)(1)(4)	(iii). Litter trie	i Ospitai a
10	An organization operated for the benefit of a college		Complete Com	rated by a gov	ernmental unit	
	Section 170(b)(1)(A)(iv). (Also complete the Suppo					
11a	 X An organization that normally receives a substanti- public. Section 170(b)(1)(A)(vi). (Also complete th 			overnmental ur	it or from the g	general
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the	보통하다 아이지 위한 전환자를 보다 살아 있어요? 그렇게 되었다.		fule below.)		
12	An organization that normally receives: (a) no mor				estment incom	e and
	unrelated business taxable income (less section 51					
	30, 1975, and (b) more than 33 1/3% of its support					
	activities related to its charitable, etc., functions - s	subject to certa	in exceptions.	See section 5	09(a)(2), (Also	
	complete the Support Schedule below.)		Indiana than In-			
13	An organization that is not controlled by any disquorganizations described in: (1) lines 5 through 12 a					
	of section 509(a) (2). (See section 509(a) (3).)	10040, 01 (2) 30	00011 00 1 (0) (4)	. (0). 01 (0). 11 0	ney mout the ti	001
Provi	de the following information about the supported organiz	ations. (See in	structions for f	art IV, line 13.)	
	(a) Name(s) of supported orga	anization(s)			(b) Line r	
		_			from al	oove
_		_			_	
				_		
14	An organization organized and operated to test fo	r public safety	Section 509/a	(4) (See inst	ructions)	
	ort Schedule (Complete only if you checked a box on lin					
	E: You may use the worksheet in the instructions for con					bei
110	Calendar year (or fiscal year beginning in)	(a) 1993	(b) 1992	(c) 1991	(d) 1990	(e) Total
15	Gifts, grants, and contributions received. (Do not					
	include unusual grants. See line 28.)	154,983	169,034	58,321	59,704	442,042
	Membership fees received					0
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					0
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 busi-					
	nesses acquired by the organization after 6/30/75					0
19	Net income from unrelated business activities					
_	not included in line 18					0
20	Tax revenues levied for the organization's benefit					-
24	and either paid to it or expended on its behalf The value of services or facilities furnished to the	-				0
21	organization by a governmental unit without charge.					
	Do not include the value of services or facilities					
	generally furnished to the public without charge					0
22	Other Income. Attach a schedule. Do not include					
	gain or (loss) from sale of capital assets					0
29	Total of lines 15 through 22	154,983	169,034	58,321	59,704	442,042
	Line 23 minus line 17	154,983	169,034	58,321	59,704	442,042
	Enter 1% of line 23	1,550	1,690	583	597	
	Organizations described in lines 10 or 11: Enter 2% of amount in column (e), line 24					0.044
	Attach a list (which is not open to public inspection) showing the	a name of and s				8,841
U	person (other than a governmental unit or publicly supported or					
	1993 exceeded the amount shown in line 26a. Enter the sum of					26,159
		dule continued o				

35

che	dule A	(Form 990) 1994	Economic Ho	oundtable		95-4313202	2	1	'age 3
art	IV	Support Schedule	(continued)	(Complete only if you	u checked a box on line	es 10, 11, or 1	2.)		
27	Orga	nizations described on lin	e 12:						
а		h a list, for amounts show "disqualified person." Ent	er the sum of such amo	ounts for each year:	None		ch yea	ar from	m,
b	disq	(1993) th a list to show, for 1990 t qualified person") from who imount on line 25 for the y	m the organization rec	aived, during that yes	ar, an amount that was	h person (other more than the	alarge	r of (
	After	computing the difference ese differences (the exces	between the amount re	ceived and the large					
		(1993)	(1992)	(1991)	(1990		-		
28	(whic	an organization described this not open to public ins	spection) for each year	showing the name of	the contributor, the da	ate and amour	nt of th	ne gra	
arl		a brief description of the n Private School Ques	Control of the Contro	ot include these gra	nts in line 15. (See ins	tructions.)	None	3	-
all	. •	(To be completed O		at checked the bo	ox on line 6 in Part	IV)			
		7			AN - 214 21112 - 214 - 224	4		Yes	No
29	Does	s the organization have a r	acially nondiscriminato	ry policy toward stud	ents by statement in its	\$		and the second	100000
		ter, bylaws, other governir		사람들이 많아 살아왔다면 하는 사람들이 얼마나 없다.			29		
30	broc	s the organization include hures, catalogues, and oll		용격하다 아이에게 다른 경식 전에 위한 시간에 되었다.	. 이 사람들은 사이트를 보고 있습니다. 그 그렇게 되었다면 하다 하는데 하다 하는데 하다 하다.				
		rams, and scholarships?					30		-
31	durir	the organization publicized ng the period of solicitation	for students, or during	the registration period	od if it has no solicitatio	on program,			
		way that makes the policy es," please describe; if "No					31		
		s the organization maintain ords indicating the racial c		ent body, faculty, and	I administrative staff?		32a		
b	Reco	ords documenting that sch	olarships and other fina	ancial assistance are	awarded on a racially				
		discriminatory basis?					32b		_
C		ies of all catalogues, broci			mmunications to the pi	ublic			
		ing with student admission	이 집에 내려가 있는 바람이들이 많은 이번 보셨다면 모르셨다면 했다.				32c		-
d		ies of all material used by u answered "No" to any of	경기 보고 있다면 하는 경험에 살아보다 되었다. 그런 그렇게 되었다면 하는 것이다.				32d		
		s the organization discrimi							
		ients' rights or privileges?					33a	-	-
		nissions policies?					33b	1	
		ployment of faculty or adm					33c		
		olarships or other financial					. 33d	_	-
		cational policies?					33e	-	-
		of facilities?					331	-	-
		etic programs?					33g		-
		ar extracurricular activities' u answered "Yes" to any o					33h		
24-	Doo	s the organization receive	any financial aid or see	etance from a nover	nmental agency?		34a		1
		the organization's right to					34b	-	-
100		u answered "Yes" to eithe				KON TOTAL	340		-
35		s the organization certify t)1 through			

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A	(Form 990) 1994		Economic Roundtable	95-4313202		Page 5
Part VII			Transfers To and Transaction Organizations	ons and Relationships With		
				wing with any other organization described in section 527, relating to political organizations		
			nization to a noncharitable exempt			Yes No
				N. F. ESC PONTER & RELEASE CO. TO	51a(i)	X
					. a(ii)	X
	r transactions:				- 12	
					b(i)	X
			nent		b(iii)	X
			nts		b(iv)	X
(v)	Loans or loan gu	uarantees			b(v)	X
-				tions		X
d If the mark less t	answer to any o	f the above bods, other value in any	is "Yes," complete the following sci assets, or services given by the re-	hedule. Column (b) should always show porting organization. If the organization r nt, show in column (d) the value of the go	the fair received	
(a)	(b)		(c)	(d)		
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and sharing	g arrangemen	ds.
						_
			None			
	-		-			
			_			
52a is the	ornanization direc	tly or indiced	lly affiliated with, or related to, one or m	ore fav avenuel organizations	Yes	No
descr		(c) of the Co	de (other than section 501(c)(3)) or in s			X
(a)	Park And Control of the Control		(b)	(c)		
	Name of organiz	ation	Type of organization	Description of relationsh	ip	
			None			
					-	
-		_				

ame as shown on return conomic Roundtable	ID number 95 - 4313202
TATEMENT #1 - CONTRIBUTIONS OVER \$5,000	
South Coast Air Quality Di-None	50,860
Southern California Gas Company	35,250
City of Long Beach	30,000
Department of Labor	7,500
Metropolitan Transportation Authority	25,000
Community Build	5,400
TOTAL CONTRIBUTIONS OVER \$5,000	. 154,010
TOTAL CONTRIBUTIONS OF \$5,000 OR LESS	2,000
TOTAL CONTRIBUTIONS	. 156,010

STATEMENT #2 - EXCESS CONTRIBUTIONS

	Total contributed	2% Base	Excess
Southern California Gas Company	35,000	8,841	26,159
TOTALS	35,000	8,841	26,159

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 Emeritus School Of Public Administration University of Southern California Los Angeles, Ca 90089

Gordon Palmer
Vice Chairman
Senior Planner
The Port of Lorg Booch

The Port of Long Beach 925 Harbor Plaza Long Beach, CA 90801

Dr. Jennifer Wolch
Professor and Chair
Secretary, Treasurer

Department of Geography
University of Southern California

Los Angeles, CA 90089

BBW

YEAR

California Exempt Organization

7	OR

1994 Annual Information Statement or Return

199

	fiscal year beginning July 1 , 1994, and end	fing June 30, 199	5		
1 700000	Preaddressed Label or See Instructions	A Final return?		_	PARTY NAME OF THE PARTY NAME O
California corp	oration number F.E.I.N.	O Dissolved	Withdrawn		Merged/
D-149272		If checked, enter date	0		Reorganized
	rganization name	B Check forms fi	- property of	State:	
Economic	c Roundtable	109	100	_	1008
		Federal:	X 990		990EZ
Address		990T	990PF	-	1041
215 West	9th Street, Suite 310	1120H	1120	1	
313 Mest	atti atiest, adite a to	Annual Control of the	empt under R&TC Section 2	10701 d	of in a colored as defen
City	State ZIP code		ganization or is controlled by		
	les, CA 90015		menal instruction F. No liking		
Eda Arigo	63, UN 30013			g roe is re-	
		D is this a group filing	7 See Gen. Instruct; M.	-	Yes No X
Part I Cor	mplete Part I unless not required to file this t	form. See Genera	al Instructions E	3 and	C.
	1 Gross sales or receipts from other sources. Fro			. 1	0
	2 Gross dues and assessments from members ar			. 2	
	3 Gross contributions, gifts, grants, and similar an	mounts received. See	instructions	3	156,010
Receipts	4 Total gross receipts for filing requirement test. Add lin	ne ! through line 3.			
and	This line must be completed. If the result is less than		struction C •	4	156,010
Revenues	5 Cost of goods sold		5		
	6 Cost or other basis and sales expenses of asse	ts sold	6		
				7	0
	8 Total gross income. Subtract line 7 from line 4			8	156,010
	9 Total expenses and disbursements. From Side	2, Part II, line 18 .		9	140,908
Expenses	10 Excess of receipts over expenses and disburse			. 10	15,102
	11 Filing fee \$10 or \$25. See General Instruction F	Francisco e este acies		11	10
Filing	12 Penalty for failure to file on time. See General II	nstruction L	sat in east storogram	. 12	
Fee	13 Balance due. Add line 11 and line 12			13	10
	inder R&TC Section 23704.5 (relating to lobbying by p h form FTB 3509	oublic charities)? If "yo	es, complete		
15 Did the or or bylaws and attact 16 Is the orgulf "yes," er 17 Did the or if "yes," ent	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to refer amount of total income reported.	ng instrument, articles ard? If "Yes," complet es \$	e an explanation		Yes No X Yes No X Yes No X Yes No X
15 Did the or or bylaws and attact 16 Is the orgulf "yes," er 17 Did the or if "yes," ent	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to relate amount of total income reported.	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income	e an explanation		Yes No X
15 Did the or or bylaws and attact 16 Is the orgulf "yes," er 17 Did the or if "yes," ent	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to refer amount of total income reported.	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income	e an explanation		Yes No X Yes No X Yes No X
15 Did the or or bylaws and attact 16 Is the orgulf "yes," er 17 Did the or if "yes," ent	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to relate amount of total income reported.	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income geles, CA	e an explanation	ne	Yes No X Yes No X Yes No X 213-390-4721
15 Did the or or bylaws and attact 16 Is the org. If "yes," er 17 Did the or if "yes," ent 18 The book	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to relate amount of total income reported. s are in care of Daniel Flaming. located at 315 West 9th Street #310 Los Angles.	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income geles, CA	e an explanation Paytime telephorestatements, and to the best	ne Lof my kn	Yes No X Yes No X Yes No X 213-390-4721
15 Did the or or bylaws and attact 16 Is the orgalf "yes," er 17 Did the or if "yes," ent 18 The book	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to refer amount of total income reported. s are in care of Daniel Flaming. located at 315 West 9th Street #310 Los Anguard Under paradies of pargury, I declare that I have examined this return, including	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income geles, CA	e an explanation Paytime telephorestatements, and to the best	ne Lof my kn	Yes No X Yes No X Yes No X 213-390-4721
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15 Did the or or bylaws and attact 16 Is the org. If "yes," en 17 Did the or If "yes," ent 18 The book	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Board to copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source reganization file Form 100, Form 100S or Form 109 to refer amount of total income reported. It is a care of Daniel Flaming. Under paratises of paritury, I declare that I have examined this return, including it is true, correct and complete. Declaration of preparer (other than texpsyed). Signature of officer.	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income geles, CA g accompanying schedules and is based on all information of w Title Date	Daytime telephone statements, and to the best shich preparer has any knowledge of the control of the best ship of the best sh	ne of my kn ledge	Yes No X Yes No X Yes No X 213-390-4721 owledge and ballet,
15 Did the or or bylaws and attack 16 Is the org. If "yes," er 17 Did the or if "yes," ent 18 The book Please Sign Here	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Board copies of revised documents anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to refer amount of total income reported \$ s are in care of Daniel Flaming located at 315 West 9th Street #310 Los Anguard Under penalties of propaga. I declare that I have examined this return, including it is true, correct and complete. Declaration of preparer (other than taxpayer) Signature of officer Preparer's signature	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income geles, CA g accompanying schedules and is based on all information of w Title Date	Daytime telephore statements, and to the best shich preparer has any knowled Date Check if self – X employed	ne of my kn ledge	Yes No X Yes No X Yes No X 213-390-4721 owledge and ballet,
15 Did the or or bylaws and attack 16 Is the org. It "yes," er or it "yes," ent 18 The book Please Sign Here	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Boath copies of revised documents. anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to refer amount of total income reported. It is are in care of Daniel Flaming Located at 315 West 9th Street #310 Los Anguard Under paratises of prejury. I declare that I have examined this return, including it is true, correct and complete. Declaration of preparer (other than texpand) Signature Signature	ng instrument, articles ard? If "Yes," complet es \$ eport taxable income geles, CA g accompanying schedules and is based on all information of w Title Date	Daytime telephorestalsments, and to the best mich preparer has any knowledge. Date Check if self—	ne of my kn ledge	Yes No X Yes No X Yes No X 213-390-4721 owledge and ballet,
15 Did the or or bylaws and attact 16 Is the org. If "yes," er 17 Did the or if "yes," ent 18 The book	rganization have any changes in its activities, governing that have not been reported to the Franchise Tax Board copies of revised documents anization exempt under R&TC Section 23701g? Inter amount of gross receipts from nonmember source rganization file Form 100, Form 100S or Form 109 to refer amount of total income reported \$ s are in care of Daniel Flaming located at 315 West 9th Street #310 Los Anguard Under penalties of propaga. I declare that I have examined this return, including it is true, correct and complete. Declaration of preparer (other than taxpayer) Signature of officer Preparer's signature	ng instrument, articles ard? If "Yes," complet sard? If "Yes," complet sard? If "Yes," complet sard? If "Yes," complet sard; s	Daytime telephore statements, and to the best shich preparer has any knowled Date Check if self – X employed	ne of my kn ledge	Yes No X Yes No X Yes No X 213-390-4721 owledge and ballet,

	rganizations with gross receipts of				_ fa	ti
	egardless of amount of gross receip ee Specific Line Instructions.	ots - complet	e Part II or lurnish	subsutute II	пюп	nation.
	1 Gross sales or receipts from all but	siness activities.	See instructions page :		1	
	2 Interest	eres a sea a	a and analysis and an		2	
	3 Dividends	Owner at the or			3	
Receipts	4 Gross rents		The graves were		4	
rom Other	5 Gross royalties		91 272 - 171 91 97 999		5	
Sources	6 Gross amount received from sale of				6	
	7 Other income. Attach schedule				7	
	8 TOTAL gross sales or receipts from			7.	-	
	Enter here and on Side 1, Part I, fir				8	0
	9 Contributions, gifts, grants, and sir				9	Form 990.
	10 Disbursements to or for members				10	Page 2
	11 Compensation of officers, directors				11	(Attached)
Expenses	12 Other salaries and wages				12	(ricas)
and	13 Interest				13	500
Disburse-	14 Taxes				14	-
					15	
nents	15 Rents					
	16 Depreciation and depletion				16	
	17 Other. Attach schedule				17	
	18 TOTAL expenses and disburseme					
	on Side 1, Part I, line 9				18	140,908
Schedule L	Balance Sheets		of income year		of inc	ome year
Assets		(a)	(b)	(c)		(d)
			18,691			34,956
2 Net acc	ounts receivable					
3 Net note	es receivable. Attach schedule					
4 Invento	ries					
5 Federal	and state government obligations					
	ents in other bonds. Attach schedule					
7 Investm	nents in stock. Attach schedule					
	e loans (number of loans)					
-	vestments. Attach schedule					
	eciable assets	5,221		5,221		-
	accumulated depreciation	4,050	1,171	5,094		127
11 Land	·	4,000	1,171	5,054		127
	ssets. Attach schedule Rent Deposit		516			516
						35,599
	sets		20,378			35,599
	nd net worth					
	its payable		37			156
	utions, gifts, grants payable					
	and notes payable. Attach schedule					
	ges payable					-
	abilities. Attach schedule					
	stock or principle fund					
	or capital surplus. Attach reconciliation		00.044			05 44C
	d earnings or income fund		20,341			35,443
	M-1 Reconciliation of income per	hooke with I-				35,599
ochedule i	· · · · · · · · · · · · · · · · · · ·		[일 : 1] [일 : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [] : [
4 Making	Do not complete this schedule if the amou					
	ome per books	15,102	7 Income recorded of			
	income tax	year not included in this return. Attach schedule				
						-
	not recorded on books this year.		8 Deductions in this			
Attach	schedule		charged against b			-
	es recorded on books this year not		this year. Attach s			
	ed in this return. Attach schedule .		9 Total. Add line 7 a			0
6 Total.			10Net income per re			
Add lin	e 1 through line 5	15,102	Subtract line 9 from	nline 6		15,102

FORM CT-2

Registry of Charitable Trusts P. O. Box 903447

Telephone (916) 445-2021

Sacraminto, CA 94203-4470

MALTO

(REV 6-02)

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Fedure to file this report by the 15th day of the 600 month after the close of your ecocunting period may result in the loss of your tax exemption and the assessment of a minimum tax of \$800 plus interest.

If address changed check here	and show o	changes below	State Charity regis CT	tration number 81006		
File Name of organization Form Economic Roundtable with Address (number and street) label. 315 West 9th Street, Suite 310 Other— wise type. City or town, State, and ZIP code Los Angeles, CA 90015			Corporate or Organization No.	D-1492728		
				tax? ity a split - interest itach explanation;	Yes No	
X This entity is not a p (Form 990) and relat Part III below.	orivate foundation. We he d attachments (even the ste foundation. We have	ONE BOX AND ATTAC have attached a completed lough we may not be require attached a completed cop-	copy of IRS Form 990 o red to file these uniform	r 990EZ, and Scheo forms with the IRS)	. Omit	
PART IA ACTIVITIES					Yes	No
	56,010	Total assets	35,599			
Are the program activities of thi	s entity limited solely to	grantmaking?			-	X
PART II STATEMENTS	REGARDING THIS	ORGANIZATION DURIS	NG THE PERIOD OF	THIS REPORT	Yes	No
amounts. List only two Were you audited by any gov	ale showing the agency (different government ag vernment agency which res	s) name, address, purpose gencies that provide the larg	of the grant or paymen gest amounts. sess of \$50,000 being take	ts and the Page 2 n?		X
 3 Did or will an independent if "yes", enter here: Acc 4 Is any of your property he 	countant's Name		Telephone		}	Х
if "yes", attach justificati 5 Were there any contracts,	on, including value of as loans, leases or other fi	Control of the Contro	en the organization and		+	X
financial interest?				5	5	Х
	and enter here the fair man	ket value of the donation	6	a.	5	X
 7 Did this organization regularization regularization 8 Were you or any of your organization 	or sale of salvage? If "	yes", include amounts on F	orm 990, line 10		7	Х
an alleged breach of tru 9 Were any organization fun	ust? If "yes", attach explands used to pay any pen	anation		9		X
Under penalties of perjury, I de statements, and to the best of r	clare that I have examine		companying documents		I	
Signature of authorized officer (Se	a instructions)	Printed Name	Title		Date	

		Yes	
10	Did you receive \$10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, Part), line 1)? 10 If "yes", enter the following amounts:		Х
	(a) Support from the general public, contributions from individuals		
	(b) Foundation and trust grants, gifts, contributions		
	(c) Corporate and other business grants, gifts, contributions		
	(d) Bequests from wills and estates		
	(e) Total direct public support (add lines a through d. Should equal Form 990, line 1 (a))		
	Did you contract with or use the services of an Independent professional fundraliser – consultant? If "yes", complete Part IV (Form CT-2)		Х
	Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)		X
13	Did you receive any income from any bingo game?		Х
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?	bromuse	X
	(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of \$10,000,		
	or more, paid any employee?		X
	(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by		
	the organization?		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?		Х
	(e) Did the organization make any loans in excess of \$5,000 to any employee?		Χ
	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?		X
	regardless of the amounts. Enter here the total of all payments to all independent contractors		
16	If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the		
	blanks provided. Tax Pensity		
	100		
	b Sales (on items you sold)		
	d Real Estate		
	e Unrelated Business Income		
	e officialed dusifiess income		
17	Were you named as a beneficiary to receive a portion of commercial transactions (commercial	Yes	No
	coventures, joint venture marketing, or cause-related marketing)?		X
	If "yes", enter here the gross amount received		

(18-30 not currently in use)

Government Grants:

South Coast A.Q.M.D. - \$50,861 City of Long Beach - \$30,000