

## 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

1995

This 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.

<b>A</b> For the 1995 calendar year, OR tax year period beginning <u>July 1</u> , 1995, and ending <u>June 30</u> , 19 <u>96</u>	
<b>B</b> Check if:	<b>C</b> Name of organization <b>Economic Roundtable</b>
<input type="checkbox"/> Change of address	<b>D</b> Employer identification number <b>95-4313202</b>
<input type="checkbox"/> Initial return	<b>E</b> State registration number <b>CT-81006</b>
<input type="checkbox"/> Final return	<b>F</b> Check <input type="checkbox"/> if exemption application is pending
<input type="checkbox"/> Amended return (required also for State reporting)	<b>G</b> Type of organization <input checked="" type="checkbox"/> Exempt under section 501(c)(3) (insert no.) <input type="checkbox"/> 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 Sch. A (Form 990).

**H(a)** Is this a group return filed for affiliates? ☐ No ☐ Yes. If "Yes," enter the number of affiliates for which this return is filed: 0

**I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN): \_\_\_\_\_

**J** Accounting method: ☒ Cash ☐ Accrual ☐ 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 estates 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

(See instructions.)

R e v e n u e	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Direct public support	<b>1a</b>	11,170
	<b>b</b> Indirect public support	<b>1b</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	169,689
	<b>d</b> Total (add lines 1a through 1c) (attach schedule of contributors) (cash <u>180,859</u> noncash _____)	<b>1d</b>	180,859
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	611
	<b>5</b> Dividends and interest from securities	<b>5</b>	
	E x p e n s e s	<b>6a</b> Gross rents	<b>6a</b>
<b>b</b> Less: rental expenses		<b>6b</b>	
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>	0
<b>7</b> Other investment income (describe)		<b>7</b>	
<b>8a</b> Gross amount from sale of assets other than inventory		(A) Securities <b>8a</b>	(B) Other <b>8b</b>
<b>b</b> Less: cost or other basis and sales expenses		<b>8b</b>	
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>	0
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	0
<b>9</b> Special events and activities (attach schedule)			
<b>a</b> Gross revenue (not including _____ of contributions reported on line 1a)		<b>9a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	0	
E x p e n s e s	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	
	<b>b</b> Less: cost of goods sold	<b>10b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	0
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	181,470
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	126,677
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	15,326
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	0
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	142,003
N e t A s s e t s	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	39,467
	<b>19</b> Net assets or fund balances at beginning of year (from line 74, column (A))	<b>19</b>	35,443
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	74,910

**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 section 4947(a)(1) nonexempt 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) (noncash \$ cash \$ 0)	22 0			
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 69,000	62,100	6,900	
26	Other salaries and wages	26 19,806	17,825	1,981	
27	Pension plan contributions	27 3,240	2,916	324	
28	Other employee benefits	28 0			
29	Payroll taxes	29 5,849	5,264	585	
30	Professional fundraising fees	30 0			
31	Accounting fees	31 805	0	805	
32	Legal fees	32 0			
33	Supplies	33 6,275	5,648	627	
34	Telephone	34 3,315	2,984	331	
35	Postage and shipping	35 1,107	996	111	
36	Occupancy	36 8,083	7,275	808	
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 2,689	2,420	269	
39	Travel	39 10,761	9,685	1,076	
40	Conferences, conventions, and meetings	40 988	494	494	
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 127	114	13	
43	Other expenses (itemize): a Insurance	43a 1,453	727	726	
	b Dues and subscriptions	43b 236	212	24	
	c Consultants	43c 8,017	8,017	0	
	d Miscellaneous	43d 252	0	252	
	e	43e 0			
	f	43f 0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44 142,003	126,677	15,326	0

**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

(iv) the amount allocated to Fundraising

**Part III Statement of Program Service Accomplishments**

(See instructions on page 17.)

What is the organization's primary exempt purpose?

Economic research

All organizations must describe their exempt purpose achievements. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

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

a	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 \$	127,503
b		(Grants and allocations \$	
c		(Grants and allocations \$	
d		(Grants and allocations \$	
e	Other program services (attach schedule)	(Grants and allocations \$	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		127,503

**Part IV Balance Sheets**

(See instructions on pages 17 - 19.)

**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
<b>Assets</b>				
45	Cash - non-interest-bearing	34,956	45	32,223
46	Savings and temporary cash investments		46	42,414
47a	Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
48a	Pledges receivable			
	b Less: 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 Less: allowance for doubtful accounts		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			
	b Less: accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	5,221		
	b Less: accumulated depreciation (attach schedule)	5,221	127 57c	0
58	Other assets (describe Rent deposit)	516	58	516
59	Total assets (add lines 45 through 58) (must equal line 74)	35,599	59	75,153
<b>Liabilities</b>				
60	Accounts payable and accrued expenses	156	60	243
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	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	156	66	243
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	35,443	67	74,910
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	
72	Retained earnings, accumulated income, endowment, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	35,443	73	74,910
74	Total liabilities and fund balances/net assets (add lines 66 and 73)	35,599	74	75,153



**Part VI Other Information**

(See instructions on pages 20-23.)

Yes or No

<b>76</b> Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	<b>76</b>	No
<b>77</b> 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.	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	No
<b>b</b> If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	<b>78b</b>	No
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<b>79</b>	No
<b>80a</b> 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?	<b>80a</b>	No
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	<b>81a</b>	
<b>b</b> Did the organization file Form 1120-POL, U. S. Income Tax Return for Certain Political Organizations, for this year?	<b>81b</b>	No
<b>82a</b> 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?	<b>82a</b>	No
<b>b</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.)	<b>82b</b>	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	Yes
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85</b> Section 501(c)(4), (5), or (6) organizations. - <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b> Section 501(c)(7) organizations. - Enter:		
<b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b> Section 501(c)(12) organizations. - Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b> 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.	<b>88</b>	No
<b>89</b> Public interest law firms. - Attach information described in the instructions.		
<b>90</b> List the states with which a copy of this return is filed <u>California</u>		
<b>91</b> The books are in care of <u>Daniel Flaming</u> Telephone no. <u>213-390-4721</u>		
Located at <u>315 West 9th Street</u> <u>Los Angeles, CA</u> ZIP code <u>90015</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U. S. Income Tax Return for Estates and Trusts. <input type="checkbox"/> check and enter the amount of tax-exempt interest received or accrued	<b>92</b>	



(See instructions on pages 23 -24.)

93 Program service revenue:

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

Line number	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).
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[illegible]

(Complete this Part if the "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	% of ownership interest	Nature of business activities	Total income	End-of-year assets
None				

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	
Preparer's signature		Date	Check if self-employed	Preparer's SSN
		07/16/96	<input checked="" type="checkbox"/>	562-98-7445
Firm's name	Howard J. Levine C.P.A.	EIN	95-3535569	
(or yours)	16600 Sherman Way, Suite 280	Phone	818-994-5582	
and address	Van Nuys, California	ZIP code	91406	

**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

**1995**

Department of the Treasury

Internal Revenue Service

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).

Name of the organization

Employer identification number

**Economic Roundtable**

**95-4313202**

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

(See instructions on page 1. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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 on page 1. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities**

		Yes	No
<b>1</b> 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? . . . . .	<b>1</b>		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.			
<b>2</b> 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:			
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>		X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>		X
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . .	<b>3</b>		X
<b>4</b> 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 on pages 2 through 5.)

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 4.)
- 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 in Part IV-A.)
- 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 in Part IV-A.)
- 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 33 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 33 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 in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 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 on page 4.)

(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 on page 4.)



**Part IV-A Support Schedule**

(Complete only if you checked a box on line 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 year (or fiscal year beginning in)	(a) 1994	(b) 1993	(c) 1992	(d) 1991	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	156,010	154,983	169,034	58,321	538,348
<b>16</b> Membership fees received					0
<b>17</b> 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
<b>18</b> 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 6/30/75					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	156,010	154,983	169,034	58,321	538,348
<b>24</b> Line 23 minus line 17	156,010	154,983	169,034	58,321	538,348
<b>25</b> Enter 1% of line 23	1,560	1,550	1,690	583	
<b>26 Organizations described in lines 10 or 11:</b>					
a Enter 2% of amount in column (e), line 24					<b>26a</b> 10,767
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 1991 through 1994 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					<b>26b</b> 59,483
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 538,348
d Add: Amounts from column (e) for lines:					
18 0 19 0					
22 0 26b 59,483					<b>26d</b> 59,483
e Public support (line 26c minus line 26d total)					<b>26e</b> 478,865
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 88.95%
<b>27 Organizations described on line 12:</b>					
a For amounts included on lines 15, 16, and 17, that were received from a "disqualified person," attach a list 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:					
N/A (1994) (1993) (1992) (1991)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amt. received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list 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:					
N/A (1994) (1993) (1992) (1991)					
c Add: Amounts from column (e) for lines:					
15 16					
17 20 21					<b>27c</b>
d Add: Line 27a total and line 27b total					<b>27d</b>
e Public support (line 27c minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12, that received any unusual grants during 1991 through 1994, attach a list (which is not open to public inspection) for each yr 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 on page 5.)					

[illegible]

1995

Name as shown on return	ID number
Economic Roundtable	95-4313202

## STATEMENT #1 - CONTRIBUTIONS OVER \$5,000

South Coast Air Quality District	50,000
California Community Foundation	6,000
Los Angeles County	119,689
<b>TOTAL CONTRIBUTIONS OVER \$5,000</b>	<b>175,689</b>
<b>TOTAL CONTRIBUTIONS OF \$5,000 OR LESS</b>	<b>5,170</b>
<b>TOTAL CONTRIBUTIONS</b>	<b>180,859</b>

## STATEMENT #2 - EXCESS CONTRIBUTIONS

	Total contributed	2% Base	Excess
Southern California Gas Company	70,250	10,767	59,483
<b>TOTALS</b>	<b>70,250</b>	<b>10,767</b>	<b>59,483</b>

# ECONOMIC ROUNDTABLE BOARD OF DIRECTORS

Edward J. Blakely, Dean  
School of Urban and Regional Planning  
University of Southern California  
351 Von KleinSmid Center  
Los Angeles, CA 90089-0042

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

President

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

Guinevere Adonne Hodges, Adjunct Professor  
Cypress College  
Cypress, CA 90630

Paul Hunt, Senior Regulatory Economist  
Southern California Edison  
2244 Walnut Grove Ave  
Rosemead, CA 91770

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

Secretary, Treasurer

Norman Murdoch  
The Murdoch Group  
342 S. Irving Blvd.  
Los Angeles, CA 90020

Gordon Palmer, Manager of Master Planning  
The Port of Long Beach  
925 Harbor Plaza  
Long Beach, CA 90801

Vice Chairman

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

YEAR

# California Exempt Organization Annual Information Statement or Return

FORM

1995

199

For calendar or fiscal year beginning July 1, 1995, and ending June 30, 1996

Attach Preaddressed Label  
or See Instructions

California corporation number  
**D-1492728**

FEIN  
**95-4313202**

Corporation/Organization name  
**Economic Roundtable**

Address  
315 West 9th Street, Suite 1209

City State ZIP code  
Los Angeles, CA 90015

**A** Final return?

☐ Dissolved ☐ Withdrawn ☐ Merged/  
Reorganized

If 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 Sect. 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box: See Gen. instr. F. No filing fee is required. ☐**D** Is this a group filing? See Gen. instr. M. Yes ☐ No ☒**E** Is this a nonexempt charitable trust as described IRC Sect. 4947(a)(1)?

☐ Yes ☒ No

**F** Accounting method used: Cash ☒**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	611
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	180,859
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	181,470
Expenses	5	Cost of goods sold	5	
	6	Cost or other basis and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	0
	8	Total gross income. Subtract line 7 from line 4	8	181,470
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	142,003
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	39,467
Filing Fee	11	Filing fee \$10 or \$25. 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? If "Yes," complete an explanation and attach copies of revised documents

☐ 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 The books are in care of Daniel Flaming Daytime telephone 213-390-4721  
located at 315 West 9th Street, Suite 1209 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

Title

Date

Telephone

Paid

Preparer's  
signatureDate  
07/16/96Check if self-  
employed ☒Preparer's SSN  
562-98-7445

Preparer's  
Use Only

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

Howard J. Levine C.P.A.

16600 Sherman Way, Suite 280  
Van Nuys, CA 91406

91406

FEIN

91406

Telephone

818-994-5562



**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions page 3	1	0
	2	Interest	2	611
	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 line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	611
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	Form 990,
	10	Disbursements to or for members	10	Page 2
	11	Compensation of officers, directors and trustees. Attach schedule	11	Attached
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule	17	
	18	TOTAL expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	142,003

<b>Schedule L Balance Sheets</b>		<b>Beginning of income year</b>		<b>End of income year</b>	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
1	Cash		34,956		74,637
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	5,094	127	5,221	0
11	Land				
12	Other assets. Attach schedule		516		516
13	Total assets		35,599		75,153
<b>Liabilities and net worth</b>					
14	Accounts payable		156		243
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		35,599		74,910
22	Total liabilities and net worth		35,755		75,153

**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	39,467	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	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	39,467
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	39,467			

**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, 1995 and Ending June 30, 1996

If address changed check here ☐ and show changes below

State Charity registration number  
CT 81006

File	Name of organization
Form	Economic Roundtable
with	Address (number and street)
label	315 West 9th Street, Suite 1209
Other	City or town, State, and ZIP code
wise type	Los Angeles, CA 90015

Corporate or  
 Organization No. D-1492728

- |   | Yes | No |
|---|-----|----|
| A. Is the organization exempt from federal income tax?  | X   |    |
| B. If "no", is this entity a split-interest trust? If "no", affix Exhibit A to explain your federal tax status. |     |    |

**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: ENTER AMOUNTS AND CHECK BOX**

	Yes	No
Gross receipts <u>181,470</u> Total assets <u>75,153</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) If "yes", affix in sequence Exhibit 1. List the name, address or telephone number, grant amount, and purpose of grant for your two main granting agencies.		X
2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? If "yes", affix as Exhibit 2 a copy of the audit report. Enter here the total exceptions <u>2a</u>		X
3 Did or will an independent public accountant issue a report on your financial statements? If "yes", enter here: Accountant's Name _____ Telephone _____		X
4 Is any of your property held in the name of or commingled with the property of any other organization or person, other than pooled investment funds? If "yes", affix in sequence as Exhibit 4 a justification. Include a list and value of assets commingled if not provided in a prior year.		X
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? If "yes", affix in sequence as Exhibit 5 a full explanation. Enter here the amount involved <u>5a</u>		X
6 Did you transfer or donate anything to an organization that is not tax-exempt under Section 501(c)(3) or 501(c)(4) of the IRC? If "yes", affix in sequence as Exhibit 6 a justification of why noncharitable entities receive your charitable property. Enter here the fair market value of the donations <u>6a</u>		X
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		X
8 Was there any theft, embezzlement or diversion of your charitable property, or, were you or any of your officers, directors or trustees a party to any court action in which it was alleged that any trust or fiduciary duty was breached? If "yes", affix in sequence as Exhibit 8 a full explanation.		X
9 Were any organization funds used to pay any penalty, fine or judgment? If "yes", affix as Exhibit 9 a full explanation. Enter here the total amount involved <u>9a</u>		X

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.

Organization's area code and telephone number \_\_\_\_\_

Signature of authorized officer (See instructions) \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_





Department of the Treasury  
Internal Revenue Service  
FRESNO, CA 93888

Date of this notice: SEP. 30, 1996  
Taxpayer Identifying Number 95-4313202  
Form. 2363 Tax Period:



For assistance you may  
call us at:  
1-800-829-1040 ST. OF CA

ECONOMIC ROUNDTABLE  
315 W 9TH ST STE 1209  
LOS ANGELES CA 90015-4212150

WE CHANGED YOUR NAME AND/OR ADDRESS

THANK YOU FOR YOUR CORRESPONDENCE. AS YOU REQUESTED, WE'VE MADE THE FOLLOWING  
CHANGES TO YOUR NAME AND/OR ADDRESS:

NAME AND ADDRESS PREVIOUSLY  
SHOWN ON YOUR ACCOUNT

NAME AND ADDRESS NOW  
SHOWN ON YOUR ACCOUNT

ECONOMIC ROUNDTABLE  
315 W 9TH ST 310  
LOS ANGELES CA 90015-4203150

ECONOMIC ROUNDTABLE  
315 W 9TH ST STE 1209  
LOS ANGELES CA 90015-4212150

IF YOU DON'T AGREE WITH THIS CHANGE, PLEASE LET US KNOW.