

Short Form

OMB No. 1545-1150

Form **990-EZ****Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

1996

This Form is
Open to
Public
Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 1996 calendar year, OR tax year beginning <u>July 1</u> , 1996, and ending <u>June 30, 1997</u>	C Name of organization Economic Roundtable	D Employer identification number 95-4313202
B Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for State reporting)	Number and street (or P.O. box, if mail is not delivered to address) 315 West 9th Street, Suite 1209 City, town or post office State ZIP code Los Angeles, CA 90015	E State registration number CT-81006
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)		F Check if <input type="checkbox"/> exemption application is pending
I Type of organization <input checked="" type="checkbox"/> Exempt under Section 501(c) (3) <input type="checkbox"/> section 4947(a)(1) nonexempt charitable trust		H Enter four-digit group exemption number (GEN)

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

J Check 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 the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1996 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ **89,486**
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances		(See instructions.)	
	1 Contributions, gifts, grants, and similar amounts received (attach schedule)	Statement #1	1 88,269
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments		3
	4 Investment income		4 1,217
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6 Special events and activities (attach schedule):		
	a Gross revenue (not including of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
	8 Other revenue (describe)	8	0
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	89,486
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	111,076
	13 Professional fees and other payments to independent contractors	13	3,030
	14 Occupancy, rent, utilities, and maintenance	14	10,674
	15 Printing, publications, postage, and shipping	15	2,115
	16 Other expenses (describe Statement #2)	16	21,809
	17 Total expenses (add lines 10 through 16)	17	148,704
Net	18 Excess or (deficit) for the year (line 9 less line 17)	18	(59,218)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	74,910
As-	20 Other changes in net assets or fund balances (attach explanation)	20	
sets	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	15,692

Part II Balance Sheets		If Total assets on line 25, column (B) are \$250,000 or more, Form 990 must be filed instead of Form 990-EZ.	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	74,837	22 19,308
23	Land and buildings	0	23 0
24	Other assets (describe Rent deposit)	516	24 516
25	Total assets	75,153	25 19,824
26	Total liabilities (describe Payroll taxes)	243	26 4,132
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,910	27 15,692

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

(HTA)

Form 990-EZ (1996)

Part III Statement of Program Service Accomplishments

(See instructions on page 29.)

Expenses

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

What is the organization's primary exempt purpose? Economic research			
Describe what was achieved in carrying out the organization's exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	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 \$	28a 132,203
29		(Grants \$	29a
30		(Grants \$	30a
31	Other program services (attach schedule)	(Grants \$	31a
32	Total program service expenses (add lines 28a through 31a)		32 132,203

Part IV List of Officers, Directors, Trustees and Key Employees

(List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Daniel Flaming 1000 Grace Terrace Pasadena, CA	President - 40 hours/week	69,000	6,000	0
See listing attached		0	0	0

Part V Other Information (See instructions on page 30.)

Yes or No

33	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	No
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	
	a Did the organization have unrelated business gross income of \$1,000 or section 6033(e) tax for lobbying expenditures?	No
	b If "Yes," has it filed a tax return on Form 990-T this year?	No
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0
	b Did the organization file Form 1120-POL for this year?	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	No
	b If "Yes," attach the schedule specified in the instructions and enter the amount involved	38b
39	Section 501(c)(7) organizations. - Enter: a Initiation fees and capital contributions from in 9.	39a
	b Gross receipts, included on line 9, for public use of club facilities	39b
40a	501(c)(3) organizations. - Enter: Amount of tax paid during the year under: section 4911 0 ; section 4912 0 ; section 4955 0	
	b 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transactions during the year? If "Yes," attach a statement explaining each transaction.	No
	c Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958 0	
	d Enter: Amount of tax in 40c, above, reimbursed by the organization 0	
41	List the states with which a copy of this return is filed. California	
42	The books are in care of Daniel Flaming Telephone number 213-390-4721	
	Located at 315 West 9th Street, Suite 1209 Los Angeles, CA ZIP + 4 90015	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- check here and enter the amount of tax-exempt interest received or accrued during the tax year	43

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See Specific Instructions, page 8.)			
	Signature of officer	Date	Title	
Paid Preparer	Preparer's signature	Date 07/11/97	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN 562-98-7445
	Firm's name (or yours) and address	Howard J. Levine C.P.A. 16600 Sherman Way, Suite 280 Van Nuys, California		EIN 95-3535569 Phone 818-994-5562 ZIP + 4 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

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

Supplementary Information

1996

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Economic Roundtable

Employer identification number

95-4313202

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

(See instructions 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 & 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
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? 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status

(See instructions on pages 2 through 4.)

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 contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) 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. 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) 1995	(b) 1994	(c) 1993	(d) 1992	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	180,859	156,010	154,983	169,034	660,886
16 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 businesses acquired by the organization after June 30, 1975	611				611
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	181,470	156,010	154,983	169,034	661,497
24 Line 23 minus line 17	181,470	156,010	154,983	169,034	661,497
25 Enter 1% of line 23	1,815	1,560	1,550	1,690	
26 Organizations described in lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 13,230
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 1995 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 57,020
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 661,497
d Add: Amounts from column (e) for lines:	18 611	19 0			
	22 0	26b 57,020			
e Public support (line 26c minus line 26d total)					26e 603,866
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.29%
27 Organizations described on line 12:	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:				
	(1995)	(1994)	(1993)	(1992)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount 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:	(1995)	(1994)	(1993)	(1992)	
c Add: Amounts from column (e) for lines:	15 0	16 0			
	17 0	20 0	21 0		
d Add: Line 27a total	0	and line 27b total	0		
e Public support (line 27c minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1992 through 1995, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)					

Part VI-A Lobbying Expenditures by Electing Public Charities

(See instructions on page 6.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ☐ a If the organization belongs to an affiliated group (see instructions).Check here ☐ b If you checked 'a' and "limited control" provisions apply (see instructions).**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41	The lobbying nontaxable amount is -	41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, file Form 4720.

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 7.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See instructions on page 8.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c - h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

1996

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

STATEMENT #1 - CONTRIBUTIONS OVER \$5,000

Arco Foundation	7,500
City of Long Beach	22,500
City of Los Angeles	12,000
Los Angeles County	17,455
Metropolitan Transit Authority	23,817
TOTAL CONTRIBUTIONS OVER \$5,000	83,272
TOTAL CONTRIBUTIONS OF \$5,000 OR LESS	4,997
TOTAL CONTRIBUTIONS	88,269

STATEMENT #2 - OTHER EXPENSES

Telephone	3,111
Travel	6,080
Supplies	8,307
Meetings	800
Insurance	1,813
Dues and subscriptions	1,715
Miscellaneous	183
TOTAL OTHER EXPENSES	21,809

STATEMENT #3 - EXCESS CONTRIBUTIONS

	Total contributed	2% Base	Excess
Southern California Gas Company	70,250	13,230	57,020
TOTALS	70,250	13,230	57,020

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 Hodges-Johnson, Adjunct Professor
Cypress College
Cypress, CA 90630

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

Chairman

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

Joseph Burke Roche
County of Los Angeles, Second District Board Office, retired
400 Hauser Blvd., #5-C
Los Angeles, CA 90036

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

YEAR

California Exempt Organization

FORM

1996

Annual Information Statement or Return

199

For calendar or fiscal year beginning July 1, 1996, and ending June 30, 1997

Attach Preaddressed Label
or See InstructionsCalifornia corporation number
D-1492728 FEIN
95-4313202Corporation/Organization name
Economic RoundtableAddress
315 West 9th Street, Suite 1209

City Los Angeles, CA 90015 State ZIP code

A Final return?
☐ Dissolved ☐ Withdrawn ☐ Merged/
If checked, enter date ReorganizedB Check forms filed this year: State:
☐ 109 ☐ 100 ☐ 100S
Federal: ☐ 990 ☒ 990EZ
☐ 990T ☐ 990PF ☐ 1041
☐ 1120H ☐ 1120C If organization is exempt under R&TC Section 23701d and is a school, public
charity, religious organization or is controlled by a religious organization,
check box SEE General Instruction F. NO filing FEE is required ☐D Is this a group filing? See Gen. Instruct. M. ☐ Yes No ☒ XE Is this a nonexempt charitable trust as described IRC Section 4947(a)(1)?
☐ Yes No ☒ X

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	1,217
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	88,269
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. THIS LINE MUST BE COMPLETED. If result is less than \$25,000, see General Instr. C	4	89,486
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	89,486
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	148,704
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	(59,218)
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 ☒ X
- 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 ☒ X
- 16 Is the organization exempt under R&TC Section 23701g? ☐ Yes No ☒ X
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 ☒ X
If "yes," enter amount of total income reported \$
- 18 The books are in care of Daniel Fleming Daytime telephone 213-390-4721
located at 315 West 9th Street, Suite 1209 Los Angeles, CA

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	Daytime telephone
Paid	Preparer's signature	Date	Check if self-employed	Preparer's SSN
		07/11/97	X	562-98-7445
Preparer's Use Only	Firm's name (or yours, if self-employed) and address	FEIN	95-3535569	
	Howard J. Levine C.P.A. 16600 Sherman Way Van Nuys, CA 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions page 3	1	
	2	Interest	2	1,217
	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	1,217
Expenses and Disburse- ments	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	Form 990-EZ
	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	148,704

Schedule L Balance Sheets

	Beginning of income year		End of income year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		74,637		19,308
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	5,221	0	5,221	0
11 Land				
12 Other assets. Attach schedule		516		516
13 Total assets		75,153		19,824
Liabilities and net worth				
14 Accounts payable		243		4,132
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		74,910		15,692
22 Total liabilities and net worth		75,153		19,824

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	(59,218)	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	(59,218)
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	(59,218)		

FORM

CT-2

(REV. 1-96)

PERIODIC REPORT

MAIL TO:

Registry of Charitable Trusts

P. O. Box 903447

Sacramento, CA 94203-4470

Telephone (916) 445-2021

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Failure to file this report by the 15th day of the 10th 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 \$300 plus interest.

ACCOUNTING PERIOD - For the Year Beginning

7/1/96

, and Ending

6/30/97

If address changed check here ☐ and show changes below
File Form with label. Otherwise, print or type address.

State Charity registration number

CT 81006

Corporate or

Organization No. D-1492728

Name of organization

Economic Roundtable

Address (number and street)

315 West 9th Street, Suite 1209

City or town, State, and ZIP code

Los Angeles, CA 90015

A. Is the organization exempt from federal income tax?

Yes	No
X	

B. If "no", is this entity a split-interest trust? If "no", affix Exhibit A to explain your federal tax status.

Yes	No

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 89,486		
Total assets 19,824		
Are the program activities of this entity limited solely to grantmaking?		X

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

	Yes	No
1 Was 50% or more of your total revenue from government agencies? (See line 1 instructions) 1		X
If "yes", affix in sequence Exhibit 1. List the name, address or telephone number, grant amount, and purpose of grant for your two main granting agencies.		
2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? 2		X
If "yes", affix as Exhibit 2 a copy of the audit report. Enter here the total exceptions 2a		
3 Did or will an independent public accountant issue a report on your financial statements? 3		X
If "yes", enter here: Accountant's Name Telephone		
4 Is any of your property held in the name of or commingled with the property of any other organization or person, other than pooled investment funds? 4		X
If "yes", affix in sequence as Exhibit 4 a justification. Include a list and value of assets commingled if not provided in a prior year.		
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? (Exclude compensation for services that is disclosed and attached on the List of Officers, Directors and Trustees on Form 990, Part V; Form 990EZ, Part IV; or Form 990-PF, Part VIII.) 5		X
If "yes", affix in sequence as Exhibit 5 a full explanation. Enter here the amount involved 5a		
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? 6		X
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 6a		
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10 7		X
8 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? 8		X
If "yes", affix in sequence as Exhibit 8 a full explanation.		
9 Were any organization funds used to pay any penalty, fine or judgment? 9		X
If "yes", affix as Exhibit 9 a full explanation. Enter here the total amount involved 9a		

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

Organization's area code and telephone number

213-390-4721

Signature of authorized officer (See instructions)

Printed Name

Title

Date

		Yes	No
10	Did you receive \$20,000 or more in direct public support (Form 990, line 1(a) or included in Form 990-PF, Part I, line 1)?	X	
If "yes", enter the following amounts that break down Form 990, line 1(a):			
(a)	Support from the general public, contributions from individuals	10a	
(b)	Foundation and trust grants, gifts, contributions	10b	
(c)	Corporate and other business grants, gifts, contributions	10c	88,269
(d)	Bequests from wills and estates	10d	
(e)	Total direct public support (add lines a through d. Should equal Form 990, line 1(a).)	10e	88,269
11	Did a fundraising consultant or commercial fundraiser receive any payment from you, or retain any money from fundraising on your behalf?		X
If "yes", complete Part IV (Form CT-2).			
12	Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)		X
13	Did you receive any income from any bingo game?		X
If "yes", enter here and on Form 990, line 9a, the gross receipts provided by all bingo players before deductions for any costs or prizes, whether or not all gross receipts were received by your organization			
		13a	
14	Enter the total annual compensation (salary plus all benefits) paid to the highest paid employee for:		
(a)	The fiscal year* covered by this report. (If none, enter a zero.)	14a	69,000
(b)	The fiscal year* covered by the prior report. (If none, enter a zero.)	14b	69,000
*(If a fiscal year report covers less than 12 months for any reason, annualize amounts to include a full year.)			
Employee compensation for the five highest paid employees:			
(c)	Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization?	14c	X
(d)	Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest?	14d	X
If "yes", enter here the total amount involved			
		14d	
(e)	Did the organization make any loans in excess of \$5,000 to any employee?	14e	X
If any of questions 14(c), (d), or (e) are answered "yes", affix in sequence as Exhibit 14 specific details to fully explain any "yes" response and fully complete Part I, Schedule A (Form 990).			
15	Did you make payments totalling over \$50,000 to any independent consultants or contractors other than for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees?	X	
If "yes", either fully complete Part II of Schedule A (Form 990) for the five highest paid regardless of the amounts; or, affix in sequence as Exhibit 15 a similar schedule of names, addresses, type of service and amounts. Enter here the total of all payments to all independent contractors			
		15a	2,225
None paid to related parties or other interested individuals			
(16 not currently in use)			
17	Were you named as a beneficiary to receive a portion of commercial transactions (commercial co-ventures, joint venture marketing, or cause-related marketing)?		X
If "yes", enter here the gross amount received			
		17a	

(18-30 not currently in use)