

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

1997**This Form is
Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation) or section 4947(a)(1) nonexempt charitable trust

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

A For the 1997 calendar year, OR tax year period beginning <u>July 1</u> , 1997, and ending <u>June 30</u> , 19 <u>98</u>	
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)	C Name of organization <u>Economic Roundtable</u> Number and street (or P. O. box if mail is not delivered to street address) <u>315 West 9th Street, Suite 1209</u> City, town, or post office <u>Los Angeles, CA</u> State <u>90015</u> ZIP code <u>90015</u> D Employer identification number <u>95-4313202</u> E State registration number <u>CT-81006</u> F Check <input type="checkbox"/> if exemption application is pending

G Type of organization ☒ Exempt under section 501(c)(3)(insert no.) ☐ 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? <u>No</u>	I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)
(b) If "Yes," enter the number of affiliates for which this return is filed	J Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual method: <input type="checkbox"/> Other (specify)
(c) Is this a separate return filed by an organization covered by a group ruling? <u>No</u>	

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if it received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See Specific Instructions on page 11.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	<u>47,025</u>		
b Indirect public support	1b			
c Government contributions (grants)	1c	<u>183,613</u>		
d Total (add lines 1a through 1c) (attach schedule of contributors) (cash <u>230,638</u> noncash _____) Statement #1	1d	<u>230,638</u>		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4	<u>486</u>		
5 Dividends and interest from securities	5			
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	<u>0</u>		
7 Other investment income (describe)	7			
8a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
b Less: cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b	<u>0</u>	8c	<u>0</u>
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<u>0</u>		
9 Special events and activities (attach schedule)				
a Gross revenue (not including _____ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<u>0</u>		
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	<u>0</u>		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>231,124</u>		
13 Program services (from line 44, column (B))	13	<u>196,565</u>		
14 Management and general (from line 44, column (C))	14	<u>18,051</u>		
15 Fundraising (from line 44, column (D))	15	<u>0</u>		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	<u>214,616</u>		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>16,508</u>		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>15,692</u>		
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<u>32,200</u>		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 15.)

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	63,000	56,700	6,300
26	Other salaries and wages	26	37,107	33,396	3,711
27	Pension plan contributions	27	7,504	6,754	750
28	Other employee benefits	28	590	531	59
29	Payroll taxes	29	11,947	10,752	1,195
30	Professional fundraising fees	30	0		
31	Accounting fees	31	805	0	805
32	Legal fees	32	0		
33	Supplies	33	6,523	5,871	652
34	Telephone	34	1,824	1,642	182
35	Postage and shipping	35	2,255	2,030	225
36	Occupancy	36	10,221	9,199	1,022
37	Equipment rental and maintenance	37	129	116	13
38	Printing and publications	38	4,385	3,947	438
39	Travel	39	8,025	7,223	802
40	Conferences, conventions, and meetings	40	1,073	537	536
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	0		
43	Other expenses (itemize): a Insurance	43a	1,784	892	892
	b Dues and subscriptions	43b	2,070	1,863	207
	c Consultants	43c	55,112	55,112	0
	d Miscellaneous	43d	262	0	262
	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	214,616	196,565	18,051

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 Specific Instructions on page 18.)

What is the organization's primary exempt purpose?

Economic research

All organizations must describe their exempt purpose achievements in a clear and concise manner. 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 \$ _____)

196,565

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)

196,565

Part IV Balance Sheets

(See Specific Instructions on page 18.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

	(A) Beginning of year		(B) End of year
Assets			
45 Cash - non-interest-bearing	8,177	45	24,225
46 Savings and temporary cash investments	11,131	46	11,617
47a Accounts receivable	47a		
b Less: allowance for doubtful accounts	47b	47c	
48a Pledges receivable	48a		
b Less: allowance for doubtful accounts	48b	48c	
49 Grants receivable		49	
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a Other notes and loans receivable (attach schedule)	51a		
b Less: allowance for doubtful accounts	51b	51c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54 Investments - securities (attach schedule)		54	
55a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a	5,221	
b Less: accumulated depreciation (attach schedule)	57b	5,221	0
58 Other assets (describe Rent deposit)	516	58	516
59 Total assets (add lines 45 through 58) (must equal line 74)	19,824	59	36,358
Liabilities			
60 Accounts payable and accrued expenses Payroll taxes	4,132	60	4,158
61 Grants payable		61	
62 Deferred revenue		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)	4,132	66	4,158
Net Assets or Fund Balances			
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67 Unrestricted	15,692	67	32,200
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)	15,692	73	32,200
74 Total liabilities and fund balances/net assets (add lines 66 and 73)	19,824	74	36,358

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Revenue per Return		Form 990	
a	Total revenue and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		

	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		

	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

a	Total expense and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		

	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		

	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

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

(List each one even if not

compensated: see Specific Instructions on page 20.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

X Ng

If "Yes," attach schedule - see Specific Instructions on page 20

Part VI Other Information

(See Specific Instructions on pages 21.)

Yes or No

76	Did the organization engage in any activity not previously reported to the Internal Revenue Service?	76	No
If "Yes," attach a detailed description of each activity.			
77	Were any changes made in the organizing or governing documents, but not reported to the IRS?	77	No
If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	Section 501(c)(4), (5), or (6) organizations. - (a) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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.			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	No
h	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?	85h	No
86	Section 501(c)(7) organizations. - Enter: (a) Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	Section 501(c)(12) organizations. - Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88	No
89a	501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89	No
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958.		0
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>California</u>		
b	Number of employees employed in the pay period that includes March 12, 1997 (See instructions.)	90b	3
91	The books are in care of <u>Daniel Flaming</u> Telephone no. <u>213-390-4721</u>		
	Located at <u>315 West 9th Street, Suite 1209 Los Angeles, CA</u> ZIP + 4 <u>90015</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> enter the amount of tax-exempt interest received or accrued during the tax year	92	

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

1997

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

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?	1	X
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status

(See instructions 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) 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 <input type="checkbox"/> 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) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	88,269	180,859	156,010	154,986	580,124
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	1,217	611			1,828
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	89,486	181,470	156,010	154,986	581,952
24 Line 23 minus line 17	89,486	181,470	156,010	154,986	581,952
25 Enter 1% of line 23	895	1,815	1,560	1,550	
26 Organizations described in lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 11,639
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 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 27,972
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 581,952
d Add: Amounts from column (e) for lines:					
18 1,828 19 0					
22 0 26b 27,972					26d 29,800
e Public support (line 26c minus line 26d total)					26e 552,152
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.88%
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:				
(1996) (1995) (1994) (1993)					
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:					
(1996) (1995) (1994) (1993)					
c Add: Amounts from column (e) for lines:					
15 16					27c
17 20 21					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c minus line 27d total)					27f 0
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1993 through 1996, 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 - The lobbying nontaxable amount 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	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) 1997	(b) 1996	(c) 1995	(d) 1994	(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 7.)

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:				Amount
		Yes	No	
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.

Name as shown on return	ID number
<u>Economic Roundtable</u>	<u>95-4313202</u>

STATEMENT #1 - CONTRIBUTIONS OVER \$5,000

<u>Arco Foundation</u>	<u>30,000</u>
<u>City of Long Beach</u>	<u>27,844</u>
<u>Liberty Hill Foundation</u>	<u>15,000</u>
<u>Los Angeles County</u>	<u>136,689</u>
<u>Metropolitan Transit Authority</u>	<u>12,655</u>
TOTAL CONTRIBUTIONS OVER \$5,000	<u>222,188</u>
TOTAL CONTRIBUTIONS OF \$5,000 OR LESS	<u>8,450</u>
TOTAL CONTRIBUTIONS	<u>230,638</u>

STATEMENT #2 - EXCESS CONTRIBUTIONS

	<u>Total</u> <u>contributed</u>	<u>2% Base</u>	<u>Excess</u>
<u>Arco foundation</u>	<u>16,000</u>	<u>11,639</u>	<u>4,361</u>
<u>Southern California Gas Company</u>	<u>35,250</u>	<u>11,639</u>	<u>23,611</u>
TOTALS	<u>51,250</u>	<u>23,278</u>	<u>27,972</u>

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 Annual Information Return

FORM

1997

199

For calendar or fiscal year beginning July 1, 1997, and ending Jun 30, 1998

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 Los Angeles, CA 90015 State ZIP code

A Final return? ☐ Yes If yes check applicable box: ☐ No ☐

☐ Dissolved ☐ Withdrawn ☐ Merged/
If checked, enter date: Reorganized

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S
Federal: ☒ 990 ☐ 990EZ
☐ 990T ☐ 990PF ☐ 1041
☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box: SEE General Instruction F. NO filing FEE is required. ☐

D Is this a group filing? See Gen. Instruct. M. ☐ Yes No ☒

E Is this a nonexempt charitable trust as described IRC Section 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 (Attach check or money order here.)	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	486.
	2	Gross dues and assessments from members and affiliates	2	0.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	230,638.
	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	231,124.
	5	Cost of goods sold	5	
	6	Cost or other basis and sales expenses of assets sold	6	
Expenses	7	Total costs. Add line 5 and line 6	7	0.
	8	Total gross income. Subtract line 7 from line 4	8	231,124.
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	214,616.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	16,508.
	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
Fee	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 records 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.

Paid
Preparer's
Use Only

Signature of officer	Date	Title	Daytime telephone
Preparer's signature	7/30/98	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN 562-98-7445
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	FEIN	95-3535569
		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	1	
	2	Interest	2	486.
	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	486.
Expenses and Disburse- ments	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	214,616.

Schedule L Balance Sheets		Beginning of income year		End of income year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		19,308.		35,842.
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 Rent deposit		516.		516.
13	Total assets		19,824.		36,358.
Liabilities and net worth					
14	Accounts payable Payroll taxes		4,132.		4,158.
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		15,692.		32,200.
22	Total liabilities and net worth		19,824.		36,358.

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	16,508.	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	16,508.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	16,508.			

FORM
MAIL TO:

CT-2

(REV. 1-96)

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

PERIODIC REPORT
TO ATTORNEY GENERAL OF CALIFORNIA
Section 12586, California Government Code

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

ACCOUNTING PERIOD - For the Year Beginning

7/1/97

and Ending

6/30/98

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.

--	--

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

Gross receipts 231,124

Total assets 36,358

Are the program activities of this entity limited solely to grantmaking?

Yes	No
	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 2a | | 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? (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.)
If "yes", affix in sequence as Exhibit 5 a full explanation. Enter here the amount involved 5a | | 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 6a | | 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 9a | | 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

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)? 10	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		47,025
(c) Corporate and other business grants, gifts, contributions 10c		
(d) Bequests from wills and estates 10d		
(e) Total direct public support (add lines a through d. Should equal Form 990, line 1(a).) 10e		47,025
11 Did a fundraising consultant or commercial fundraiser receive any payment from you, or retain any money from fundraising on your behalf? 11		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) 12		X
13 Did you receive any income from any bingo game? 13		X
If "yes", enter here and on Form 990, line 9a, the gross receipts 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		63,000
(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? 15	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		
		55,112
Payments were made to economists, none of which were 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)?	Yes	No
If "yes", enter here the gross amount received 17a		X

(18-30 not currently in use)

Exhibit 1 - Government Grants -

Los Angeles County, for defense conversion study - \$136,689

City of Long Beach, for various industry surveys and technical assistance - \$27,844