# 990

Department of the Treasury

# 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 1998

This Form is Open to Public

Inspection Internal Revenue Service Note: The organization may have to use a popy of this return to satisfy state reporting requirements 19 99 June 30 For the 1998 calendar year, OR tax year period beginning Check if: C Name of organization Employer identification number Economic Roundtable 95-4313202 Change of address Room/sulte Telephone number Number and street (or P. O. box if mail is not delivered to street address). Initial ceturn 315 West 9th Street, Suite 1209 213-892-8104 Final return City or town ZIP code Check State or Country if exemption Amended return Los Angeles, CA 90015 State reporting) G Type of organization X Exempt under section 501(c)( 3 )(insert no.) section 4947(a)(1) nonexempt charitable dust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charifable trusts MUST attach a completed Sch. A (Form 990). H(a) is this a group return filed for affiliates? If either box in H is checked "Yes," enter four-digit group exemption number (GEN) X Cash Accounting (b) if "Yes," enter the number of affiliates for which this return is filed: Accrual (C) is this a separate return filed by an organization covered by a group ruling? Other (specify) 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 lotal assets less than \$250,000 at end of year. Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received. a Direct public support b Indirect public support c Government contributions (grants) 110,113 d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 167,908 noncash \$ 167,908 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 188 5 Dividends and interest from securities . . . . . . . 6a Gross rents R b Less: rental expenses 0 c Net rental income or (loss) (subtract line 6b from line 6a) 6c 7 Other investment income (describe) 8a Gross amount from sale of assets other (A) Securities (B) Other e than inventory n b Less; cost or other basis and sales expenses 85 c Gain or (loss) (attach schedule) . . . . . . . 80 d Net gain or (loss) (combine line 8c, columns (A) and (B)) Bd 0 9 Special events and activities (attach schedule) a Gross revenue (not including of contributions reported on line 1a) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 0 10a 10a Gross sales of inventory, less returns and allowances . . . . . 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 0 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) 168,096 13 Program services (from line 44, column (B)) 138,081 14 Management and general (from line 44, column (C)) Ex-17,296 15 Fundraising (from line 44, column (D)) pen-16 Payments to affiliates (attach schedule) ses 17 Total expenses (add lines 16 and 44, column (A)) 155,377 17 12,719 19 Net assets or fund balances at beginning of year (from line 73, column (A)) Net 32,200 19 20 Other changes in net assets or fund balances (attach explanation) Assets 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 44,919

Page 2

Par					for section 501(c)(3) and (4)	
	Functional Expenses and section 4947(a)(1	ngnexem				
	Do not Include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundralsing
	6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
22	Grants and allocations (attach schedule)	00				
	(cash 5 noncash \$)	22	0			
	Specific assistance to individuals (attach schedule)	23	0			
	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	60,000	54,000	6,000	Service of the party and the party.
26	Other salaries and wages	26	28,382	25,544	2,838	
27	Pension plan contributions	27	6,065	5,459	606	
	Other employee benefits	28	1,800	1,620	180	
	Payroll taxes	29	6,604	5,944	660	
	Professional fundraising fees	30	0			
	Accounting fees	31	805	0	805	
	Legal fees	32	0			
	Supplies	33	1,538	1,384	154	
		34	2,292	2,063	229	
	Telephone	35	1,628	1,465	163	
	Postage and shipping	36	4,181	3,763	418	
	Occupancy	37	4,181	3,703	410	
	Equipment rental and maintenance	and the same of th		40 505	1.000	
	Printing and publications	38	18,092	16,283	1,809	
39		39	208	187	21	
40	Conferences, conventions, and meetings	40	1,020	510	510	
41		41	0			
42		42	0			
	Other expenses (itemize): a Insurance	43a	5,179	2,590	2,589	
b	Dues and subscriptions	43b	569	512	57	
C	: Consultants	43c	16,500	16,500	0	
C	Miscellaneous	43d	514	257	257	
€		43e	0			
		43f	0			
44	Total functional expenses (add lines 22 through 43)					
	Organizations completing columns (B) - (D), carry		0.0000000000000000000000000000000000000	100000000	THEOLOGICA	
	these totals to lines 13 - 15	44	155,377	138,081	17,296	0
Rep	porting of Joint Costs. Did you report in column (B) (P	rogram s	services) any joint	costs from a combined		
edu	cational campaign and fundraising solicitation? .		a substituti		Yes	X No
If "Y	es, enter (i) the aggregate amount of these joint costs	12		(ii) the amount allocate	ed to Program services	
	the amount allocated to Management and general			(iv) the amount allocat		
	rt III Statement of Program Service Accomplis	hmen	ts	(See Specific Instruction	on page 201	Program Service
	at is the organization's primary exempt purpose?		amia research			Expenses
OWE	organizations must describe their exempt purpose achievements in a			r State the number		(Required for 501(c)(3) and
All	inganizations must describe their exempt purpose achievements in a lients served, publications issued, etc. Discuss achievements that	a cicai ai	na curicise manne	on E01/a/(3) and (4)		
						(4) orgs , and 4947(a)(1)
100	nizations and 4947(a)(1) nonexempt charitable trusts must also en	ter the ar	mount or grants at	NG .		trusts, but optional for
	cations to others.)	and an	anamia krabia	me la euch erene er		nthers.)
-	Research to develop practical solutions to social					
	the impact of defense cutbacks, industrial diversifi		in the aerospac	e industry, databas	E	
	for air quality strategies and labor market informa-	tion.				100.00
12			(Grants and alloc	ations \$		138,081
ı	·					
					itimi i pariti i i i i i i i i i i i i i i i i i i	
	): An association in the contract to the contr					
		_	(Grants and allocation)	ations \$		
(	3					
			energy series and the series of the series o			
			# # # # # # # # # # # # # # # # # # #	literen wer in den in van de in in in in in in in		
			(Grants and allocation)	ations \$	mentions of state interest only	
					· variante de la constitución de	
			(Grants and allocation)	ations 3		·
	Other program services (attach schedule)		(Grants and alloca	7. VIII. VIIII VIII. VII	and the second second	
	Total of Program Service Expenses (should equal line 44, column	(B), Pro	ogram services)			138,081
						The state of the s

Page 3

45,188

Form 9	90 (1998)	Economic Roundtable	95-4313202		Page 3
Part I	V Balance Sheets	(See Specific Instructions on page 20.)			
Note:	Where required, attach	ed schedules and amounts within the description	(A)		(B)
0.00.0000	column should be for e	nd-of-year amounts only	Beginning of year		End of year
		Assets			
			24,225	45	44,657
46 S	savings and temporary cast	h investments	11,617	46	15
		1 6			
		47a			
b L	ess: allowance for doubtfu	al accounts		47c	
48a P	ledges receivable	48a			
		accounts		48c	
				49	
		lirectors, trustees, and key employees			
(2	attach schedule)			50	
51a C	Other notes and loans recei	vable (attach schedule)			
b L	ess: allowance for doubtfu	accounts		51c	
52 1	nventories for sale or use	ATM DESIGN OF REPORT OF A PERSON AS IN THE RESIDENCE OF THE	71	52	
53 P	repaid expenses and defer	red charges	N *1	53	
		ach schedule)	0)	54	
	nvestments - land, building	A TOTAL CONTROL OF THE PARTY OF			
		55a			
	ess: accumulated depreci	And the first of t			
		55b		55c	
		schedule)		56	
			221		65
				57c	0
	Other assets (describe	A STATE OF THE STA	516	-	516
59	otal assets (add lines 45 ti	nrough 58) (must equal line 74)	36,358	59	45,188
		Liabilities	4.50	60	0.70
		ued expenses		61	269
		suble a S octor a a tract a a a tract a b a tract		62	
62 1	page from officers, directo	rs, trustees, and key employees (attach schedule)	1	63	
		(attach schedule)		64a	
		payable (attach schedule)		64b	
	Other liabilities (describe			65	
		through 65)	4,158		269
		Net Assets or Fund Balances	7,100		200
Organ	nizations that follow SFA:	S 117, check here X and complete			
fi	ines 67 through 69 and line	s 73 and 74.			
67 L	Inrestricted		32,200	67	44,919
6B T	emporarily restricted .	POST A PO		68	
69 F	ermanently restricted	THE RESIDENCE OF THE PERSON OF THE PERSON OF	11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	69	
-	nizations that do not folio complete lines 70 through 7	ow SFAS 117, check here and			
		), or current funds	2 2	70	
		or land, bidg., and equipment fund		71	
		lated income, endowment, or other funds		72	
		ances (add lines 67 through 69 OR lines 70			
t	hrough 72; calumn (A) mu	st equal line 19 and column (B) must equal			
1	ine 21)	entropolitica de l'acceptation de la company de l'acceptant de la company de la compan	32,200	73	44,919
74	Total liabilities and net asse	ets/fund balances (add lines 66 and 73)	36,358	74	45,186

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (1998)	Economic Ro	oundtable		95-4313202		Page 4
Part IV-A Reconciliation of Revenue per Audited Financial Statements wit	h	Part IV-B Reconciliat Audited Fir	nancial Statem	s per		rage 4
Revenue per Return	N/A	Expenses		W	N/A	
a Total revenue, gains, and other support		a Total expense and loss	All the second of the second o			
per audited financial statements		financial statements		OF REEL PORT HOUSE,	a	
b Amounts included on line a but		b Amounts included on I	line a but not on			
not on line 12. Form 990:		line 17, Form 990;				
(1) Net unrealized gains on		(1) Donated services and				
investments		use of facilities				
(2) Donated services and		(2) Prior year adjustments	s reported			
use of facilities		on line 20, Form 990				
(3) Recoveries of prior		(3) Losses reported on lin	ie 20,			
year grants		Form 990				
(4) Other (specify):		(4) Other (specify):				
		55-61-01-01-01-01-01-01-01-01-01-01-01-01-01				
7334 45				-	_	
Add amounts on lines (1) thru (4)	7	Add amounts on lines		Telephone Control of the Control of	ь	0
C Line a minus line b		0 C Line a minus line b			С	U
d Amounts included on line 12,		d Amounts included on				
Form 990 but not on line a:		Form 990 but not on it				
(1) Investment expenses not included on		(1) Investment expenses				
line 6b, Form 990		included on line 6b, Fo	orm 990			
(2) Other (specify):		(2) Other (specify):				
Avenue and the second s		1-0-11-01-11-11-11-11-11-11-11-11-11-11-				
Add amounts on lines (1) and (2)		O Add amounts on lines			d	0
e Total revenue per line 12 Form 990 (line c plus line d)		e Total expenses per lin Form 990 (line c plus				
(A) Name and address.		(B) Title and average hours per week	(C) Compen- sation (if not	(D) Contributions to employee benefit plans &	(E) Ex	
		devoted to position	paid, enter -0-)	deterred compensation	allowa	inces
Daniel Flaming		President -				
1000 Grace Terrace Pasadena, CA		40 hours/week	60,000	6,000		0
Paul Hunt		Chair -				
2244 Walnut Grove Avenue Rosemead, CA		5 hours/week	0	.0		0
Jennifer Wolch						
University of Southern California Los Angeles	CA	5 hours/week	0	0		0
Alex McEachern		Secretary/Treas				
University of Southern California Los Angeles	CA	5 hours/week	0			0
Stuart Gabriel		Board Member -				602
University of Southern California Los Angeles	CA	2 hours/week	0	0		0
Guinevere Hodges-Johnson		Board Member -				100
Cypress College Cypress, CA		2 hours/week	0	0		0
Norman Murdoch		Board Member -				19
342 South Irving Boulevard Las Angeles, CA		2 hours/week	0			0
Gordon Palmer		Board Member -				
925 Harbor Plaza Long Beach, CA Joseph Burke Roche		2 hours/week Board Member -	0	Ū		0
400 Hauser Boulevard Los Angeles, CA		2 hours/week				_
400 Hauser Boulevard Los Angeles, CA	arang simulang siyahan	2 Hours/week	0			0
75 Did any officer, director, trustee, or key er \$100,000 from your organization and all r						

	990 (1998)	Economic Roundtable	95-4313202	7.33	Page 5
	VI Other Information				Yes or No
	Did the organization engage If "Yes," attach a detailed de	in any activity not previously reported to the Internal Rever ascription of each activity.	nue Service?	76	No
77	요즘 그 나는 사람들이 가득하는 아니라 시간에 살 동생하고 있어. 나를 하는 사람들이 살아왔다고 있다고 있다.	the organizing or governing documents, but not reported to	the IRS?	77	No
		nrelated business gross income of \$1,000 or more during th	ne year covered		
	by this return?			78a	No
		urn on Form 990-T for this year?		78b	N/A
	Was there a liquidation, dis- attach a statement	solution, termination, or substantial contraction during the y	eary it "Yes,"	79	No
		other than by association with a statewide or nationwide organic	anization)		11.0
		nip, governing bodies, trustees, officers, etc., to any other ex			
				80a	No
	If "Yes," enter the name of t		***************************************		
		and check whether it isexempt OR	nonexempt.		
11a	Enter the amount of politica	expenditures, direct or indirect, as described	1		
	in the instructions for line 8°	하는데 그렇게 가는 것이 하면 하는데 그가 그렇게 하는데 하는데 하는데 그렇게 되었다. 그렇게 되었다면 하는데	81a 0	600000000000000000000000000000000000000	
		m 1120-POL for this year?		81b	No
		donated services or the use of materials, equipment, or fac y less than fair rental value?		024	Walion Company
		ne value of these items here. Do not include this amount as		82a	Yes
		Part II. (See instructions for reporting in Part III.)			
		the public inspection requirements for returns and exemption application		83a	Yes
		with the disclosure requirements relating to guid pro quo c		83b	Yes
		any contributions or gifts that were not tax deductible?		84a	No
		n include with every solicitation an express statement that s			
	contributions or gifts were n	of tax deductible?		84b	N/A
		ganizations (a) Were substantially all dues nondeductible by m		85a	N/A
	- 1	only in-house lobbying expenditures of \$2,000 or less?		85b	N/A
		, do not complete 85c through 85h below unless the organiz	zation		
	received a waiver for proxy	10.1 (E. 10.	Lee I		
		milar amounts from members	85c		
		d political expenditures			
		nount of section 6033(e)(1)(A) dues notices and political expenditures (line 85d less 85e)	85e 85f 0		
				05.0	No
		is notices were sent, does the organization agree to add the	amount	85g	No
		mate of dues allocable to nondeductible lobbying and politic			
		ng tax year?		85h	No
86		ions Enter: (a) Initiation fees and capital contributions	3000 D D ESSEN S. 1		
			86a		
		line 12, for public use of club facilities			
17	Section 501(c)(12) organizations	Enter: a Gross income from members or shareholders	87a		
		ources. (Do not net amounts due or paid to other			
		ue or received from them.)			
		did the organization own a 50% or greater interest in a tax	able		
	corporation or partnership?		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	88	0
9a		nter: Amount of tax paid during the year under: ; section 4912 ; section 4955			
b		, section 4912 section 4955 anizations Did the organization engage in any section 495	58 evenes honefit		
~	transaction during the year	7 If "Yes," attach a statement explaining each transaction	DO EXCESS DELIGIT	89	No
C		posed on the organization managers or disqualified pe		50	110
		4955 and 4958			0
d		c, above, reimbursed by the organization		-	
0a	List the states with which a	annual Abla askum to Glad California	···		
		loyed in the pay period that includes March 12, 1998 (See		906	2
	The books are in care of	Daniel Flaming			390-4721 892-
100		h Street, Suite1209 Los Angeles, CA	ZIP + 4	- Designation of	90015
92		npt charitable trusts filing Form 990 in lieu of Form 1041-		[ ]	Marine Marine Marine Marine
		empt interest received or accrued during the tax year		_	

Form 990 (1998)	Economic Round	table		95-4313202	Page 6
Part VII Analysis of Income-P	roducing Activities		(See Specific Instruct	ions on pages 27.)	
Enter gross amounts unless otherwise	Unrelated busi	ness income	Excluded by sect	on 512, 513, or 514	(E)
indicated.	(A)	(B)	(C)	(D)	Related or exempt
93 Program service revenue:	Business code	Amount	Exclusion code	Amount	function income
a					
b					
С					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies		90 - 33 - 33	-500 1500 - 5		
94 Membarship dues and assessments					
95 Interest on savings and temporary cash investm			14	188	
the second of th			-	100	-
Contraction and Contract Contract Contract					
the same attended from the same and the same					-
a debt-financed property					
b not dept-financed property		-			
98 Net rental income or (loss) from personal proper	rty				
99 Other investment income		-			
100 Gain or (loss) from sales of assets other than in					
101 Net income or (loss) from special events					-
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					25.23
b					
c					
d				200 - 122-2	1
					III
104 Subtotal (add cols. (B), (D), and (E))		0		188	0
Part IX Information Regarding	α Taxable Subsidiarie	as s	(Complete this Part Is	the "Yes" box on line 8	R is chacked i
Name, address, and emplo		1 555	Nature of busine		End-of-year
number of corporation of		Percentage of	activities	Income	
number of corporation of	i partiersing	ownership interest	gonvines	RIGORIE	assets
		-			-
	-	1			
					-
Please and belief, it is true, compared to the service of the serv			the second second second second	White and the second second	
Signature of officer		Date	Type or print na	ame	Title
Preparer's			Date	Check if self-	Preparer's SSN
Paid signature			7/28/99	X employed	562-98-7445
Preparer's Firm's name	rioward J. Levin	e C.P.A		EIN	95-3535569
Use Only (or yours)	16600 Sherman		9-1-1	Phone	818-994-5562
	Van Nuys, CA	Truly Cuite 200	California		
and address	valid inniva, com		California	ZIP + 4	91406

Economic Roundtable

95-4313202

# SCHEDULE A (Form 990)

### Organization Exempt Under Section 501(c)(3)

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

CMB No 1545-0047

1998

Supplementary Information

See separate instructions Department of the Treasury Must be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization Employer identification number Economic Roundtable 95-4313202 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions on page 1. List each one. If there are none, enter "None.") (a) Name and address of each (b) Title and average (e) Expense account (d) Contributions to employee paid more than \$50,000 hours per weak and other (c) Compensation employee benefit plans & allowances devoted to position deterred conmensation None Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (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 (b) Type of service (c) Compensation paid more than \$50,000 None Total number of others receiving over

\$50,000 for professional services

Schedu	le A (Form 990) 1998	Economic Roundtable	95-4313202		P	age 2
Part I	II Statements Abou	t Activities			Yes	No
ir If C P si	oluding any attempt to in "Yes," enter the total exp organizations that made a art VI-A. Other organizations attement giving a detaile	rganization attempted to influence national, single- fluence public opinion on a legislative matter penses paid or incurred in connection with the an election under section 501(h) by filing Fore ions checking "Yes," must complete Part VI- d description of the lobbying activities. rganization, either directly or indirectly, enga-	r or referendum? e lobbying activities m 5768 must complete B AND attach a	1		х
fo fr a	ollowing acts with any of nembers of their families ffiliated as an officer, dire	rganization, either directly or indirectly, enga- its trustees, directors, officers, creators, key or with any taxable organization with which actor, trustee, majority owner, or principal be- g of property?	employees, or any such person is neficiary:	2a		X
		r extension of credit?		. 2b		х
c F	urnishing of goods, serv	ces, or facilities?	m+1 = m+x + + + + + + + + + + + + + + + + + +	2c		Х
d P	ayment of compensation	(or payment or reimbursement of expenses	if more than \$1,000)?	2d		X
		income or assets? Ion is "Yes, " attach a detailed statement exp		2e		Х
4a D b A	o you have a section 40 ttach a statement to explain t	ke grants for scholarships, fellowships, stude 3(b) annuity plan for your employees? ow the organization determines that Individuals or org rance of its charitable programs qualify to receive pay	ganizations receiving	3 4a	Х	Х
Part I	V Reason for Non-	Private Foundation Status (Se	ee Instructions on pages 2 through 4.)			
5	A church, convention A school. Section 1: A hospital or a coope A Federal, state, or I A medical research on ame, city, and state An organization oper Section 170(b)(1)(A) X An organization that general public. Section A community trust. An organization that membership fees, an exceptions, and (2) retaxable income (less section 509(a)(2). (An organization that supports organization meet the test of section 5 decimals.)	ated for the benefit of a college or university (iv). (Also complete the Support Schedule in normally receives a substantial part of its su ion 170(b)(1)(A)(vi). (Also complete the Sup Section 170(b)(1)(A)(vi). (Also complete the normally receives. (1) more than 33 1/3% of its gross receipts from activities related to its to more than 33 1/3% of its support from gro section 511 tax) from businesses acquired by so complete the Support Schedule in Part IV is not controlled by any disqualified persons ins described in: (1) lines 5 through 12 above ion 509(a)(2). (See section 509(a)(3).)	ection 170(b)(1)(A)(ii).  170(b)(1)(A)(iii).  In 170(b)(1)(A)(b)(1)(A)(iii).  In 170(b)(1)(A)(b)(1)(A)(b)(1)(A)(b)(1)(A)(b)(1)(A)(b)(1)(A)(b)(1)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	tal unit.  om the  o certain d business 175. See	al's	
Provid	ie the following informati	on about the supported organizations. (See (a) Name(s) of supported organization(s)	instructions on page 4,)	(b) Line num		
						_
14	An organization orga	inized and operated to test for public safety.	Section 509(a)(4). (See Instruction	s on page 4 )		

Part IV-A Support Schedule

Economic Roundtable

	[1] 2. (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	you checked a box on live		the state of the s		
	FE: You may use the worksheet in the instruction and ar year (or fiscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
	Gifts, grants, and contributions received. (Do	(4) 1001	(0) 1990	(0) 1995	(0) 1334	(0) 1.0141
	not include unusual grants. See line 28.)	230,638	88,269	180,859	156,010	655,776
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					
Name of the	charitable, etc., purpose	tal.				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)			1		
	from businesses acquired by the organization	100	4.047			17.00
40	after June 30, 1975	486	1,217	611	0	2,314
19	Net income from unrelated business activities	1		1		
20	not included in line 18					0
20	Tax revenues levied for the organization's benefit					
24	and either paid to it or expended on its behalf .  The value of services or facilities furnished to the			-		0
21						
	organization by a governmental unit without charge.  Do not include the value of services or facilities					
	generally furnished to the public without charge					a
22	Other income. Attach a schedule. Do not include		-			0
22	gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	. 231,124	89,486	181,470	156,010	658,090
	Line 23 minus line 17	231,124	89,486	181,470	156,010	658,090
	Enter 1% of line 23	2,311	895	1,815	1,560	000,000
_	Organizations described in lines 10 or 11:	The second secon		n column (e), line		13,162
	Attach a list (which is not open to public inspec					10,102
17	each person (other than a governmental unit o					
	1994 through 1997 exceeded the amount show				nts 26b	51,764
C	Total support for section 509(a)(1) test: Enter	line 24, column (e)			26c	658,090
		8 2,314 19				
		22 0 26b			26d	54,078
6	Public support (line 26c minus line 26d total	ıl)			26e	604,012
1	Public support (line 26c minus line 26d total Public support percentage (line 26e (numer	ator) divided by lir	ne 26c (denomin	ator))	261	91.78%
	Organizations described on line 12:	a For amounts inc	luded on lines 15	, 16, and 17, that	were received from	m a
	"disqualified person," attach a list to show the		mounts received	in each year from	, each "disqualifie	d
	person." Enter the sum of such amounts for e	* 1				
	(1997) (1996)		(1995)	better construction and the	(1994)	
Ь	For any amount included in line 17 that was re		squalified person	, attach a list to sl		and
	amount received for each year, that was more					
	(Include in the list organizations described in li					
	between the amount received and the larger are	nount described in (	1) or (2), enter th	e sum of all these	differences (the	
	excess amounts) for each year:		(1005)		150041	
	(1997)(1996)	The Howeverter of Architecture	(1993)	mineral de la companya de la company	(1994)	
	Add: Amounts from column (e) for lines:	S 16				
	Aug. Amounts nom constitut (e) for mes.	20 21			270	1
4	Add: Line 27a total	and fine 27b total		4 4500000000000000000000000000000000000	274	
	Public support (line 27c minus line 27d total)	end line and total		E 2016 - POROZOVO	27d	
1	Total support for section 509(a)(2) test: Enter	amount on line 27	column (e)	1976	. 2/6	
	Public support percentage (line 27e (nume				tour ton	
	I Investment income percentage (line 18, column je					
	Unissual Grants: For an organization described in					
~ 4	attach a list (which is not open to public inspection) for					
	grant, and a brief description of the nature of the grant					
	The second secon	diamena midea f	THE PARTY OF THE PARTY OF	war and the second seco	ne - 4=3	

Part V Private School Questionnaire

Private School Questionnaire (See instructions on page 4)
(To be completed ONLY by schools that checked the box on line 8 in Part IV)

Page 4

	(10 De completes enter by believes mar sine sine sine of the city)		Yes	No
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with	29		
31	student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast	30		
	media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a		-
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	336		
đ	Scholarships or other financial assistance?	33d		ļ.
е	Educational policies?	33e		_
f	Use of facilities?	331	10-2	
g	Athletic programs?	33g	_	
h	Other extracurricular activities?	33n		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
	Has the organization's right to such aid ever been revoked or suspended?	34b		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement	3.40		
35	Does the organization certify that it has composed with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	0.0000094	-

Part VI-A Lobbying Expenditures by Ele			(Se	e instr	uctions on pa	ige 6.)
(To be completed ONLY by an eligible orga		The state of the s				
	belongs to an affilia					
Check here b If you checked "a"	and "limited control	, blonisious abbli	f			
Limits on La	bbying Expendit	uroc			(a)	(b)
(The term "expenditures"					Affiliated	To be completed for
36 Total lobbying expenditures to influence put				36	group totals	ALL separgrations
37 Total lobbying expenditures to influence a le			9 10 10 100 101	37		
38 Total lobbying expenditures (add lines 36 a	nd 37)			38	0	0
39 Other exempt purpose expenditures .				. 39		
40 Total exempt purpose expenditures (add lin				. 40	0	0
41 Loobying nontaxable amount. Enter the an			-6.7-			
If the amount on line 40 is - Not over \$500,000		ontaxable amou				
Over \$500,000 but not over \$1,000,000						
Over \$1,000,000 but not over \$1,500,000				41	0	0
Over \$1,500,000 but not over \$17,000,000						
Over \$17,000,000	\$1,000,000					
42 Grassroots nontaxable amount (enter 25%					0	0
43 Subtract line 42 from line 36. Enter -0- if line				43	0	0
44 Subtract line 41 from line 38. Enter -0- if line	ne 41 is more than I	ine 38		44	0	0
Caution: If there is an amount on either lin	e 42 or line 44 file E	Form 4720				
	r Averaging Perio		n 501(h)	London		
(Some organizations that made a se				he five	columns held	nw:
	instructions for lines					
Calendar year (or fiscal	Lob (a)	bying Expenditu (b)	res During 4-Y	ear Av	eraging Per	iod (e)
year beginning in)	1998	1997	1998	-	1995	Total
45 Lobbying nontaxable amount						0
46 Labbulas sellies amount (150% of line 45/o)						
46 Labbying celling amount (150% of line 45(e))					-	0
47 Total lobbying expenditures						0
48 Grassroots nontaxable amount					***************************************	
49 Grassroots ceiling amount (150% of line 48(e))						
50 Grassroots lobbying expenditures						0
Part VI-B Lobbying Activity by Nonelec	ting Public Chari	ties		-		
(For reporting by organizations that			structions on pa	de 8.1		
During the year, did the organization attempt to influence						
any attempt to influence public opinion on a legislative ma			Ye	s No	An	nount
a Volunteers			2 62 63	X		
Paid staff or management (include compensation in			2 4 2 4 2	X		
<ul> <li>Media advertisements</li> <li>Mailings to members, legislators, or the pu</li> </ul>			0.112.20	X		
e Publications, or published or broadcast sta			F 1514 1514	X		
f Grants to other organizations for lobbying			20 120 120	X		
g Direct contact with legislators, their staffs, government			2 122 123	TX.		
h Rallies, demonstrations, seminars, conventions, speech			100	X	73 F 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
I Total lobbying expenditures (add lines o the						
			5410-5			

Schedule A (Form 990) 1998 Economic Roundtable 95-4313202 Page 5

Schedule A	(Form 990) 1998	Economic Roundtable	95-4313202			age 6
	Noncharitable	egarding Transfers To and Transaction Exempt Organizations				
secti	on 501(c) of the C	nization directly or indirectly engage in any of code (other than section 501(c)(3) organizatio	ns) or in section 527, relating to political	on described in al organization	\$7	
a Tran	sfers from the rep	orting organization to a noncharitable exemple	t organization of:			No
				51a(	-	X
			•	a(li	)	X
	r transactions;				1	
		a noncharitable exempt organization		<u>b(l)</u>		X
1000		ets from a noncharitable exempt organization		b(ii		X
		s or equipment		b(iii	_	X
		arrangements		b(lv		X
		arantees		b(v		X
		ervices or membership or fundraising solicita			1	X
		quipment, mailing lists, other assets, or paid of the above is "Yes," complete the following so			-	1.
		less than fair market value in any transaction ods, other assets, or services received. (c)	(d)			
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, ar	nd sharing arrang	ements	

(a) Name of organization	(b) Type of organization	(c) Description of relationship
_		

Name as shown on return Economic Roundtable	ID number 95-4313202
STATEMENT #1 - CONTRIBUTIONS OVER \$5,000 (Not open to public inspection)	200
City of Long Beach	32,756
Gateway Cities Council of Governments	10,000
Haynes Foundation	44,820
Las Angeles County	7,820
Metropolitan Transit Authority	38,826
Weingart Center Association	12,975
Ventura County	20,210
TOTAL CONTRIBUTIONS OVER \$5,000	167,407
TOTAL CONTRIBUTIONS OF \$5,000 OR LESS	. 501
TOTAL CONTRIBUTIONS	167.908

### STATEMENT #2 - EXCESS CONTRIBUTIONS (Not open to public inspection)

Total

	contributed	2% Base	Excess
Arco Foundation	41,000	13,162	27,838
Liberty Hill Foundation	15,000	13,162	1,838
Southern California Gas Company	35,250	13,162	22,088
TOTALS	91,250	39.486	51.764

		-		-	
- 7	A.	ъ.	a	H	

# California Exempt Organization

F	0	R	M	
_			_	

1998

Annual Information Return

199

For calendar or fis	cal year beginning	July 1	. 1998, and end	fing 6/30/99			
		r number is required.		A Final return?	Yes If yes offect s	apticable bax	Na
California corporation number FEIN				Dissolved	Withdrawn	Merged	0.00
1492728		95-4313202		If checked, enter date	•	Reorgan	Manager 1
				B Check forms filed	this year.	State:	2000000
				109	100	1005	
Attach Preaddressed Label				Federal:	X 990	990EZ	
	or See I	nstructions		990T	990PF	1041	
				1120H	1120		
					of under R&TC Section :	23701d and is a se	shoot public
Corporation/Or	ganization name				ization or is controlled b		
Economic	c Roundtable			check box SEE Gene	ral Instruction F. NO file	ng FEE is required	
Address				D is this a group filing? 5	See Gen. Instruct. M.	Yes	No X
	9th Street, Suite 12				antable trust as describe	ed IRC Section 49	47(a)(1)7
City		State	ZIP code		Yes No	X	3222
Los Angel	es, CA 90015			F Accounting method us	ed Cash		
						. 112	
Part I Com				. See General Instr			100
				n Side 2, Part II, line 8		1	188.
Danalata				l affiliates	0.0 (0.0 (4.00)	3 167	0.
Receipts and		utions, gifts, grants, and sir ceipts for filing requirement		eived. See instructions .	era me an es	3 1 16/	7,908.
Revenues				1 \$25,000, see General Inst	r C •	4   168	3,096.
Herendes	5 Cost of goo				5	10.	XCCC.
(Attach check or		er basis and sales expe			6		
money order here.)				a se reson a se in	1 2 1 1 1 1	7	0.
	8 Total gross	income. Subtract line	7 from line 4				3,096.
_				, Part II, line 18			5,377.
Expenses				btract line 9 from line 8		10 12	2,719.
EIII.				1			10.
Filing Fee				struction L			10.
Lec	13 Dalance du	e. Add line 11 and line	12		. 13		10.
political confidence of the co	ampaign, or (2) attomer R&TC Section form FTB 3509 ganization have an that have not been a copies of revised anization exempt unter amount of gross	ampted to influence leg 23704.5 (relating to lo y changes in its activity reported to the Franch documents nder R&TC Section 23 as raceipts from nonme in 100, Form 100S or F I income reported	islation or any obbying by pub- ies, governing hise Tax Board 701g? ember sources orm 109 to rep	instrument, articles of ir ? If 'Yes," complete an 	nade an complete ncorporation explanation	Yes Yes Yes Yes Yes 213-36	No X No X No X No X
	located at	315 West 9th Stree					
Please				companying schedules and statem		my	
Sign			seration of preparer (of	thei than taxpayer) is based on all i	mormation of which		
Here	preparer has any knowle	14 <u>1</u> 4.					
(K. 10)	Signature of officer		Date	Title		Daytime teler	hone
NUST:	Preparer's		Date	Check if self-employed	Preparer's SS		a tell is
Paid	signature		7/28/99	X		562-98-744	15
Preparer's	Fine's name	Howard J. Levine C			FEIN	95-353556	
Use Only		16600 Sherman W		Daytime telephone	TECHN	80-000000	-
	(or yours, if self-	Van Nuys, CA 914			18-994-5562		
	employeis) and address	Vanitura, Un 314	100	1 0	10-004-0002		

			Economic Roundtable			4313202		
Part			tions with gross receipts of more		ind private foundati	ons		<del></del>
			ss of amount of gross receipts - co	omplete Part II	or furnish substitu	te inform	natio	n.
	See 5	-	ific Line Instructions.		- 1			
		1	Gross sales or receipts from all busines				1	0.
		2	Interest				2	188.
		3	Dividends				3	
Rece	3.50	4	Gross rents					0.
	Other	5	Gross royalties			130.0	5	
Sour	ces	6	Gross amount received from sale of as				6	
		7	Other income. Attach schedule				7	1
		8	TOTAL gross sales or receipts from oth				0	400
		9	Enter here and on Side 1, Part I, line 1 Contributions, gifts, grants, and similar				9	From Form 990
		100	Disbursements to or for members				10	Page 2
			Compensation of officers, directors and				11	(attached)
Eypo	nses		Other salaries and wages				12	(andonou)
expe and							13	
711111	urse-		Taxes					
ment	200	15	Rents				15	
	10		Depreciation and depletion				_	
		17	Other. Attach schedule		3.00		17	
		18	TOTAL expenses and disbursements.	Add line 9 through	th line 17. Enter here	10 10 10		
		, ,	and on Side 1, Part I, line 9		arrivers. Cites sele		18	155,377.
Sche	edule L	Bal	ance Sheets	Beginning o	of Income year	End	_	come year
Asse				(a)	(b)	(c)	200	(d)
	1000			1	35,842,	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		44,672
2	Net accoun	ts re	ceivable					
			able. Attach schedule					
			te government obligations					
			other bonds. Attach schedule					
			stock. Attach schedule					
8	Mortgage Id	ans	(number of loans)					
9	Other inves	tme	nts. Attach schedule					
			assets	5,221.		5,221.		
	b Less acc	umu	lated depreciation	5,221.	0,	5,221.		0.
11	Land							
			Attach schedule Rent deposit		516.			516.
13	Total asset	s.	and the second of the second o		36,358.			45,188.
Liab	ilitles and i	net v	worth					
14	Accounts p	ayab	ole Payroll taxes		4,158.			269
			ifts, grants payable					
16	Bonds and	note	s payable. Attach schedule					
17	Mortgages	paya	ible					
18	Other liabil	ities.	Attach schedule					
			principle fund					
20	Paid-in or o	apita	al surplus. Attach reconciliation					
21	Retained ea	arnin	gs or income fund		32,200			44,919.
-			and net worth		36,358.			45,188.
Sch	edule M-1		Reconciliation of income per boo		스타지 (특히 되는 사이트를 되었어? 얼룩하면 하는 그 모든 그 모든 그 모든 그	11-7-1-7		
			not complete this schedule if the amount on Sch		THE RESIDENCE OF THE RESIDENCE OF THE PARTY			
			oks	12,719.	7 Income recorded on boo			
					year not included in this			
			osses over capital gains		Attach schedule	1.5.		
			ed on books this year.		8 Deductions in this return			1
					charged against book in			
			d on books this year not		this year. Attach schedu			
		nis re	turn. Attach schedule		9 Total. Add line 7 and lin	e8		0,
	Total,				<ol><li>Net income per return.</li></ol>			
	Add line 1 thr	ough	line.5	12,719.	Subtract line 9 from line	6		12,719.

Side 2 Form 199 C1 1998 19998204013

### CT-2

[REV. 12-97]

MAIL TO

FORM

Registry of Charitable Trusts P. O. Box 903447 Sacramento, CA 94203-4470 Telephone (616) A45 2021

# PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Pailure 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.

Section 12588, California Government Code Telephone (916) 445-2021 1/1/98 12/31/98 ACCOUNTING PERIOD - For the Year Beginning and Ending If address changed check here and show changes below State Charity registration number USE THIS PEEL-OFF LABEL ON CT-2 FORMS SUBMITTED. 81006 (If unknown, leave blank) Corporate or Organization No. 1492728 Economic Roundtable Name of organization is the organization exempt from 315 West 9th Street, Suite 1209 federal income tax? Address (number and street) If "no", is this entity a split-interest Los Angeles, CA 90015 trust? If "no", affix Exhibit A to City or town, State, and ZIP code explain your federal tax status. PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS X 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 168,096. Gross receipts \$ Total assets \$ Are the program activities of this entity limited solely to grantmaking? X 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) X If "yes", check below the government agencies and the total grant amounts received from each. 1(a) Federal 1(b) State 1(c) City 1(d) County 2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? X If "yes", attach a copy of the audit report. Enter here the total exceptions Did an auditor or accountant issue a report on your financial statements? . . . . . . X If "ves", enter: Accountant's or Auditor's Name 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 the payment of life insurance on an officer or director, financing the principal residence of officer, compensation for services disclosed on the List of Officers, Directors and Trustees on Form 990, Part V; Form 990EZ, Part IV; or Form 990-PF, Part VIII.) X 5 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", attach a justification of why noncharitable entities receive your charitable property. Enter here the fair market value of the donations 6 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 7(a) Was there any theft, embezzlement, diversion or misuse of your charitable property or funds? If "yes" attach a schedule giving a full and complete explanation. X 7(a) 7(b) Were any of your officers, directors or trustees named in any court action in which it is was alleged that any trust or fiduciary duty was breached? If "yes", attach a statement giving a full and complete explanation. X 7(c) Were there any allegations of theft, embezzlement, diversion, or misuse of funds or property by officers, directors, trustees or employees which were investigated by your organization? If "yes", attach a

Under genalties 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.

If "yes", attach a full explanation. Enter here the total amount involved

full and complete explanation.

Were any organization funds used to pay any penalty, fine or judgment?

Organization's area code and telephone number

213-390-4721

7(c)

X

	Economic Roundtable		00-1492/28			Yes No			
9	Did a fundraising consultant or commercial fundraiser receive any	payment from y	ou, or retain any mon	ey from		1			
	fundraising on your behalf?				9	X			
	If "yes", complete Part IV (Form CT-2).				2-0-0				
10	Did your invested assets total \$50,000 or more? If "yes", complete	e Part V (Form 0	CT-2) (See line 12 ins	tructions)	10	X			
11	Did you receive any income from any bingo game?				. 11	X			
	If "yes", enter here and on Form 990, line 9a, the gross receipts	provided by all	bingo players before of	leductions		Usurale			
	for any costs or prizes, whether or not all gross receipts were re	ceived by your	organization 11a	\$					
12	Employee compensation of the five highest paid employees:			40.1 <del></del>	7				
	(a) Did any individual employee receive salary plus employer cor	ntribution to emp	oloyee benefit plans,			3333			
	expense account or other allowance in excess of \$100,0007			70 NO 101 NO 101 NO 10	12a	X			
	(b) Other than salary, was compensation, bonuses or other bene					THE ST.			
	or more, paid any employee?				12b	X			
	(c) Did any employee receive the benefit of a residence for person								
	the organization?				12c	X			
	(d) Did the organization lease, rent or purchase any equipment, (					1000			
	employee or any business entity in which the employee had any financial interest?								
	If "yes", enter here the total amount involved	06 00 00 00 00000		5					
	(e) Did the organization make any loans in excess of \$5,000 to any employee?								
	If any of questions 12(a), (b), (c), (d) or (e) are answered "yes	s", attach specifi	ic details to fully						
	explain any "yes" response and fully complete Part I, Schedu	le A (Form 990)				300			
13	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?								
	If "yes", either fully complete Part II of Schedule A (Form 990) for the five highest paid regardless								
	of the amounts; or, attach a similar schedule of names, addresses, type of service and amounts.								
	Enter here the total of all payments to all independent contra-	ctors	13:	\$	<u>.</u>	B 17			
14	If you incurred or paid any of the following taxes and/or related per	nalties, enter the	amounts in blanks		100	100			
	provided.	_			_, 1	100			
			Tax	Penalty		Les Dis			
	a Payroll	14a	6,604.	-1		(C. 34)			
	b. Sales (on items you sold)	14b				The second			
	c. Personal Property	14c				Ball Ball			
	d. Real Estate	14d							
	e. Unrelated Business Income	14e				1999			
15	Were you named as a beneficiary to receive a portion of commerce								
	co-ventures, joint venture marketing, or cause-related marketing	)?				X			
	15 "vee" anter here the proce apparent received		15.						

#### FORM RRF-1 (REV. 11-99)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

### REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

Failure to submit this report annually by January 15 may result in the loss of your tax exemption and the assessment of a minimum

Telephone (916) 4 http://www//cuag.s	145-2021 tate.ca.us/charities	TI COR Sections 31	i and siz	tax of \$800 p	lus intere	3St
	*	. ♦□ and show changes below ▼	REPORT YEAR	1998	_	
Ecou	Lomic R	.ouw.ltable	State Charity Registratio	n No. CT	1000	<u> </u>
Name of Organization	ı			1491	L718	$\ell \in$
315	W. 94	= St., Swife 1209	Corporate or Organization	on No. 3 % 4	-06	<del>\$ 7</del>
Address Inumber and	street)			ه د ی	717	100
Cily or lower State, an	Mugelle and 218 code	1, CH 90015	Employer Identification I	۷o. <u>ک ت ۳</u>	2,7	<u> </u>
PART A - AC						
I AICI A - AO	TIVITLES	<del></del>				Atom
					Yes	No
1. Dur	ing your <mark>most re</mark> c	ent full reporting year did your reven	ue or assets exceed \$100,0	200?	X	
(a)		r is yes, you are required by Chapter , § 311 and 312, to attach a check in				
2. For	your most recen	full reporting year, list the following:				
	Gross receip	ts \$ 168, 096.	otal assets \$ 44 9	9		
PART B - ST	ATEMENTS REG	ARDING ORGANIZATION DURING T	HE PERIOD OF THIS REP	ORT		
Note: If you	u answer "yes" t	o any of the questions below, you mills for each "yes" response.			an	
					Yes	No
loar trus	is, leases or othe	eceding the date you sign this RRF-1 r financial transactions between the org directly or with an entity in which any s	anization and any officer, o	director or		Χ
		eceding the date you sign this RRF-1 sion or misuse of your charitable proper		l.		X
		eceding the date you sign this RRF-1 at least 50% of your gross revenues?	Freport, did your nonprogr	am		X
use		eceding the date you sign this RRF-1 alty, fine or judgment? If you filed a For				X
						1
Oronaizationic a	rea sade and talanta	ne number ( 2\3 ) 892 - 8	<u>104</u>			
l declare under		hat I have examined this report, including ac		to the best of my	y knowler	dge
0		David 5. Flamin	ng President	12 - 3	3-99	5
Signal up of author	fized officer \	Printed Name	→ Title	Date		