

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public  
Inspection

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

<b>A</b> For the 2000 calendar year, OR tax year period beginning July 1, 2000, and ending June 30, 2001	
<b>B</b> Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	<b>C</b> Name of organization Economic Roundtable Number and street (or P. O. box if mail is not delivered to street address) Room/suite 315 West 9th Street, Suite 1209 City or town State or Country ZIP code Los Angeles, CA 90015
<b>D</b> Employer identification number 95-4313202 <b>E</b> Telephone number 213-390-4721 <b>F</b> Check <input type="checkbox"/> if application is pending	

**G** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 527 or ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ).

**J** Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

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

Note: H and I are not applicable to section 527 orgs.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No

**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See inst.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Enter 4-digit group exemption number (GEN)

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

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

(See Specific Instructions on page 16.)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a	32,495
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	253,347
	d	Total (add lines 1a through 1c) (cash \$ 285,842 noncash \$ 0)	1d	285,842
	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	
	5	Dividends and interest from securities	5	
	6a	Gross rents	6a	
E x p e n s e s	b	Less: rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
	7	Other investment income (describe)	7	
	8a	Gross amount from sales 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	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0
	8d		8d	0
	9	Special events and activities (attach schedule)		
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
N e t A s s e t s	b	Less: direct expenses other than fundraising expenses	9b	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0
	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	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)	12	285,842
	13	Program services (from line 44, column (B))	13	220,093
	14	Management and general (from line 44, column (C))	14	25,349
	15	Fundraising (from line 44, column (D))	15	0
N e t A s s e t s	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	245,442
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	40,400
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	26,244
	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	66,644

**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 20.)

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) (cash \$ 0 noncash \$ 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	84,000	75,600	8,400	
26	Other salaries and wages	26	44,063	39,657	4,406	
27	Pension plan contributions	27	14,564	13,108	1,456	
28	Other employee benefits	28	2,784	2,506	278	
29	Payroll taxes	29	10,525	9,473	1,052	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	790	0	790	
32	Legal fees	32	0			
33	Supplies	33	11,042	9,938	1,104	
34	Telephone	34	2,208	1,987	221	
35	Postage and shipping	35	1,350	1,215	135	
36	Occupancy	36	13,758	12,382	1,376	
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	11,846	10,661	1,185	
39	Travel	39	8,070	7,263	807	
40	Conferences, conventions, and meetings	40	1,841	921	920	
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	0			
43	Other expenses (itemize) a Insurance	43a	6,101	3,051	3,050	
	b Dues and publications	43b	859	773	86	
	c Consultants	43c	31,475	31,475	0	
	d Miscellaneous	43d	166	83	83	
	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	245,442	220,093	25,349	0

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$

(ii) the amount allocated to Program services \$

(iii) the amount allocated to Management and general \$

(iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments**

(See Specific Instructions on page 23.)

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 \$)	220,093
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)		220,093

**Part IV Balance Sheets**

(See Specific Instructions on page 23.)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash - non-interest-bearing	26,840	45	71,718
46	Savings and temporary cash investments	0	46	
47a	Accounts receivable			
b	Less: allowance for doubtful accounts		47c	0
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	0
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment: basis	5,221		
b	Less: accumulated depreciation (attach schedule)	5,221	57c	0
58	Other assets (describe <u>Rent deposit</u> )	516	58	516
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	27,356	59	72,234
<b>Liabilities</b>				
60	Accounts payable and accrued expenses	1,112	60	5,590
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	<b>Total liabilities (add lines 60 through 65)</b>	1,112	66	5,590
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	26,244	67	66,644
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, endowment, accumulated income, or other funds		72	
73	<b>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)</b>	26,244	73	66,644
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	27,356	74	72,234

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

(See Specific Instructions on page 25.)

N/A

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</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>b</b>	0
<b>c</b> Line a minus line b	<b>c</b>	0
<b>d</b> 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)	<b>d</b>	0
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	0

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

N/A

<b>a</b> Total expense and losses per audited financial statements	<b>a</b>	
<b>b</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>b</b>	0
<b>c</b> Line a minus line b	<b>c</b>	0
<b>d</b> 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)	<b>d</b>	0
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	0

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

(List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Daniel Flaming 1000 Grace Terrace Pasadena, CA	President - 40 hours/week	84,000	5,460	0
Paul Hunt 2244 Walnut Grove Avenue Rosemead, CA	Chair - 4 hours/week	0	0	0
Jennifer Wolch University of Southern California Los Angeles, CA	Vice Chair - 4 hours/week	0	0	0
Alex McEachern University of Southern California Los Angeles, CA	Secretary - 4 hours/week	0	0	0
Rosina Becerra UCLA School of Public Policy Los Angeles, CA	Director - 4 hours/week	0	0	0
Stuart Gabriel University of Southern California Los Angeles, CA	Director - 4 hours/week	0	0	0
Norman Murdoch 342 South Irving Boulevard Los Angeles, CA	Director - 4 hours/week	0	0	0
William Gallegos 335 Wilshire Boulevard Los Angeles, CA	Director - 4 hours/week	0	0	0
Joseph Burke Roche 400 Hauser Boulevard Los Angeles, CA	Director - 4 hours/week	0	0	0
Angels Johnson Meszaros 10780 Santa Monica Boulevard Los Angeles, CA	Director - 4 hours/week	0	0	0

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

☒ No

If "Yes," attach schedule - see Specific Instructions on page 26.



**Part VI Other Information**

(See Specific Instructions on pages 26.)

	N/A	Yes or No
76 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	No
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	No
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	0
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	Yes
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
85 501(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? 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.	85b	N/A
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
86 501(c)(7) orgs. - 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	
87 501(c)(12) orgs. - 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	No
89a 501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior 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.		
d Enter: Amount of tax in 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed California		
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	3
91 The books are in care of Daniel Fleming Telephone no. 213-390-4721 Located at 315 West 9th Street, Suite 1209 Los Angeles, CA ZIP code 90015		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 30.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investment					
96 Dividends and interest from securities					
97 Net rental income (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols. (B), (D), and (E))		0		0	0
105 TOTAL (add line 104, columns (B), (D), and (E))					0

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	(IMPORTANT: See General Instruction W, on page 14.)				
Paid Preparer's Use Only	Signature of officer	Date	Type or print name	Title	
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed) and address, and ZIP code	Howard J. Levine C.P.A. 16600 Sherman Way, Suite 280 Van Nuys, CA 91406	EIN	95-3535569	
			Phone	818-994-5562	



**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<b>2e</b>	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?	<b>3</b>	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	<b>4a</b>	X
<b>b</b> Attach a statement to explain 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 page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status**

(See pages 2 through 4 of the instructions.)

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 5.)
- 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: (1) 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 page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	196,856	167,908	230,638	88,269	683,671
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	188	486	1,217	1,891
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	196,856	168,096	231,124	89,486	685,562
<b>24</b> Line 23 minus line 17	196,856	168,096	231,124	89,486	685,562
<b>25</b> Enter 1% of line 23	1,969	1,681	2,311	895	
<b>26</b> Organizations described in lines 10 or 11:	a Enter 2% of amount in column (e), line 24				<b>26a</b> 13,711
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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					<b>26b</b> 116,752
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 685,562
d Add: Amounts from column (e) for lines:	18 1,891	19 0			
	22 0	26b 116,752			
e Public support (line 26c minus line 26d total)					<b>26e</b> 566,919
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 82.69%
<b>27</b> Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) 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:				
	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
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:	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
c Add: Amounts from column (e) for lines:	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					<b>27c</b> _____
e Public support (line 27c minus line 27d total)					<b>27d</b> _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27e</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 page 5 of the instructions.)					<b>27h</b> _____

**Part V Private School Questionnaire**

(See page 5 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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? . . . . .	29	
30 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 student admissions, programs, and scholarships? . . . . .	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast 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? . . . . .	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
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:		
a Students' rights or privileges? . . . . .	33a	
b Admissions policies? . . . . .	33b	
c Employment of faculty or administrative staff? . . . . .	33c	
d Scholarships or other financial assistance? . . . . .	33d	
e Educational policies? . . . . .	33e	
f Use of facilities? . . . . .	33f	
g Athletic programs? . . . . .	33g	
h Other extracurricular activities? . . . . .	33h	
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	
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied 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	

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(See page 7 of the instructions.)

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

- Check here ☐ **a** If the organization belongs to an affiliated group.
- Check here ☐ **b** If you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing 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 -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	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	41	0
	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		
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 9 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 page 9 of the instructions.)

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

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through 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.





**Schedule B**  
(Form 990 or 990-EZ)

**Schedule of Contributors**

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization  
Economic Roundtable

Employer identification number  
95-4313202

Organization type (check one)-Section: ☒ 501(c)( 3 ) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

(-ITA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization  
Economic RoundtableEmployer identification number  
95-4313202**Part I Contributors**

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>City of Long Beach</u> <u>200 Pine Avenue</u> <u>Long Beach, CA 90802</u>	\$ <u>36,200</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>2</u>	<u>John Randolph Haynes and Dora Haynes Found.</u> <u>888 W. Sixth Street</u> <u>Los Angeles, CA 90017</u>	\$ <u>32,495</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>	<u>Housing Authority of the City of Los Angeles</u> <u>520 South Lafayette Park Place</u> <u>Los Angeles, CA 90057</u>	\$ <u>147,084</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>4</u>	<u>Los Angeles County Met. Transportation Authority</u> <u>One Gateway Plaza</u> <u>Los Angeles, CA 90012</u>	\$ <u>28,063</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>5</u>	<u>Unites States Air Force</u> <u>1500 East Bannister Road</u> <u>Kansas City, MO 64131</u>	\$ <u>42,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
	   	\$	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

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

## STATEMENT #1 - EXCESS CONTRIBUTIONS (Not open to public inspection)

	<u>Total</u>		
	<u>contributed</u>	<u>2% Base</u>	<u>Excess</u>
Arco Foundation	37,500	13,711	23,789
Haynes Foundation	96,363	13,711	82,652
St. Joseph Family Center	20,000	13,711	6,289
Weingart Center Associate	17,733	13,711	4,022
TOTALS . . . . .	171,596	54,844	116,752

YEAR  
**2000**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning <u>July</u> day 1 year 2000, and ending <u>June</u> 30 year 2001	
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>1492728</b>	FEIN <b>95-4313202</b>
<b>Attach Preaddressed Label or See Instructions</b>	
Corporation/Organization name <b>Economic Roundtable</b>	
Address <b>315 West 9th Street, Suite 1209</b>	PMB no.
City <b>Los Angeles, CA 90015</b>	State ZIP code
<b>A</b> Final return? <input type="checkbox"/> Yes. If yes check applicable box <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If checked, enter date	
<b>B</b> Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
<b>C</b> 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. <input type="checkbox"/>	
<b>D</b> Is this a group filing? See Gen. Instruct. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>E</b> Accounting method used <u>Cash</u>	
<b>F</b> Type of <input type="checkbox"/> Exempt under Section 23701 <u>d</u> organization <input type="checkbox"/> IRC Section 4947(a)(1) trust (insert letter)	

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b> (Attach check or money order here.)	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	0.
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	0.
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. See instructions	<b>3</b>	285,842.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3 THIS LINE MUST BE COMPLETED. If the result is less than \$25,000, see General Instr. C	<b>4</b>	285,842.
	<b>5</b> Cost of goods sold	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	0.
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	285,842.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	245,442.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	40,400.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F	<b>11</b>	10.
	<b>12</b> Penalty for failure to file on time. See General Instruction L	<b>12</b>	
	<b>13</b> Balance due. Add line 11 and line 12	<b>13</b>	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 3509, Political or Legislative Activities by Section 23701d Organizations ☐ 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 financial records are in care of Daniel Flaming Daytime telephone 213-390-4721  
located at 315 West 9th Street, Suite 1209 Los Angeles, CA

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	Daytime telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>7/24/2001</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <b>P00009906</b>
	Firm's name (or yours, if self-employed) and address	FEIN		
	<b>Howard J. Levine C.P.A.</b> <b>16600 Sherman Way #280</b> <b>Van Nuys, CA 91406</b>	<b>95-3535569</b> Daytime telephone <b>818-994-5562</b>		



**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	
	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	0.
Expenses and Disbursements	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	245,442.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		26,840.		71,718.
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 Deposit		516.		516.
13	Total assets		27,356.		72,234.
<b>Liabilities and net worth</b>					
14	Accounts payable		1,112.		5,590.
15	Contributions, gifts, or 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		26,244.		66,644.
22	Total liabilities and net worth		27,356.		72,234.

**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	40,400.	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	40,400.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	40,400.			

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

STREET ADDRESS:  
1300 I Street, Room 1130  
Sacramento, CA 95814  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://caaq.state.ca.us/charities/>

2001  
**REGISTRATION/RENEWAL FEE REPORT**  
TO ATTORNEY GENERAL OF CALIFORNIA  
Sections 12586 and 12587, California Government Code  
11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period will result in the loss of tax exemption and assessment of a minimum tax of \$800, plus interest and/or fines or filing penalties as defined in Government Code Section 12586.1 (recently enacted).

**RRF-1 EXTENSIONS WILL NOT BE GRANTED**

Enter State Charity Registration Number, Name, and Address of Organization Below:

State Charity Registration Number 81006

Economic Roundtable

Name of Organization

315 West 9th Street, Suite 1209

Address (Number and Street)

Los Angeles, CA 90015

City or Town, State, and ZIP Code

Corporate or Organization No. 1492728

Federal Employer I.D. No. 95-4313202

Check if:

- ☐ Change of address  
☐ Initial report  
☐ Amended report  
☐ Final report

**PART A - ACTIVITIES**

1.	During your MOST RECENT FULL ACCOUNTING PERIOD did your gross receipts or total assets equal \$100,000 or more?	Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a)	If the answer is yes, you are required by Title 11 of the California Code of Regulations, sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.		
2.	For your MOST RECENT FULL ACCOUNTING PERIOD (beginning <u>07/01/2000</u> ending <u>06/30/2001</u> ) list:		
	Gross receipts \$ <u>285,842</u> Total assets \$ <u>72,234</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

	Yes	No
1. During this reporting period, 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 213-390-4721

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

Signature of authorized officer

Printed Name

Title

Date

A Non-Profit, Public Policy Research Organization

Phone (213) 892-8104

Fax (213) 892-8105

<http://home.earthlink.net/~economicrt>

315 West Ninth Street, Suite 1209

Los Angeles, California 90015

Economic  
Roundtable

Addresses for contributions over \$5,000 to the Economic Roundtable in fiscal year 2000 (July 1, 2000 through June 30, 2001):

Ms. Diane Cornwell, Administrative Director  
The John Randolph Haynes and Dora Haynes Foundation  
888 West Sixth Street, Suite 1150  
Los Angeles, California 90017-2737

Mr. David K. Clark  
Assistant Director of Administration  
Housing Authority of the City of Los Angeles  
520 S. Lafayette Park Place, Suite 450  
Los Angeles, CA 90057

Mr. Eaksith Chaiboonma, Project Manager Southeast Area  
Los Angeles County Metropolitan Transportation Authority  
One Gateway Plaza  
Los Angeles, CA 90012

Gary Flaxman  
City of Long Beach Economic Development Bureau  
200 Pine Avenue, 4th Floor  
Long Beach, CA 90802  
(Long Beach Industry Data)

Moon Joo Won  
City of Long Beach Economic Development Bureau  
200 Pine Avenue, 4th Floor  
Long Beach, CA 90802  
(Long Beach Survey 1999)

GSA  
Invoice Desk  
1500 E. Bannister Road, Room 1118E  
Kansas City, MO 64131  
(US Air Force LMI Training)