# Form 990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung

OMB No. 1545-0047

Department of the Treasury

benefit trust or private foundation)

intern	ai Revenue	e Service					copy of this re	turn to satisfy s	tate re	porting n	equirements.		inspectio	n
					year beginn				and e	nding				
-	heck if app	0	Please use IRS	C Name	of organization	Econoi	mic Roundtab	ole			D Employer	dentificatio	on number	
_	ddress c	hange	label or	Doing	Business As						95-4313202			
_	lame cha	100	print or type	Numbe	er and street (or	P.O. box if mai	is not delivered t	o street address)	Ro	com/suite	E Telephone	number		
=	nitial retur	23	See	_	st 9th Street				112	209	213-892-810	)4		
-	erminatio		Specific Instruc-			country, and ZIP	+ 4			1				
	mended		tions.	Los Ang	eles			A 90	015		G Gross recei	pts \$	2	47,700
A	pplication	n pending	F Na	ame and	address of pri	ncipal officer:				H(a) is	this a group retur	n for affiliate	rs7 Yes	X No
_		D	aniel F	laming :	315 West 9th	Street, Los	Angeles, CA	90015		H(b) An	e all affiliates incl	uded?	Yes	No
T	ax-exen	npt status:	X 50	1(c) (	3) <b>◄</b> (ins	ert no.)	4947(a)(1)	or 527		A Comment of the Comm	If "No," attach a			1,000
JW	ebsite:	► www.	econor	nicrt.org						High Go	oup exemption n	umbar 🕨		
		ganization:	_	rporation	Trust	Association	Other ▶					The state of the s	24 2 2 3 4 4	2.7
_	art I			paradon	must	Association	Oiner		L Yes	r of forma	ition: 1991	M State	of legal domicile:	CA
		Sum:		the order	alasticale mi	entan er me	-t -iifit							
	'	contribute	to the	ne organ	ic act suffic	ssion or mo	st significant	activities: Co	onduct	resear	ch and imple	ment pro	grams that	
e e	-	Contribute	to trie	econom	ic seil-sunic	ieucy of indi	viduals and c	ommunities.						
3ric								•••••						
Activities & Governance														
NO.	2	Check this	s box	►	the organiz	ation discon	tinued its ope	erations or disp	posed	of more	e than 25% o	f its asse	ts.	
∞5								e 1a)				3		44
les								y (Part VI, line				4		10
3	5	Total num	ber of	employe	es (Part V, I	ine 2a)	Sen 2 10					5		9
Ac	6	Total num	ber of	voluntee	rs (estimate	if necessar	у)		. 2016		energy w []	6		11
								column (C)				7a		
	ь	Net unreia	atea bu	siness ta	axable incon	ne from For	n 990-1, line	34				7b		
		8 Contributions and grants (Part VIII, line 1h)								-	Prior Year	400	Current Yea	
9	8	Contributi	ons an	a grants	(Part VIII, II	ne in).		F 4 10 10 1		-	830	,498		45,935
Revenue	9	0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							-		2040		4 700	
Rev										-		2,619		1,765
									-	833,117		2	47 700	
								-3)		-	03.	0,117		47,700
								3)		-		-		
	1							umn (A), lines		235,89		805	2	85,270
T								unini (A), mies		'-	235,895			00,210
Expensed	100				The second secon	column (D),	The state of the s			4.00				200
EX											466	3,632		61,712
	18							(A), line 25).				2,527		46,982
	1500000										1000000	0.590		99,282
No.	1.0	110101100	1000	periode.		0 10 11011111	70_20.			В	eginning of Yea		End of Year	
land	20	Total asse	ets (Pa	rt X, line	16)			error er error			29	7,879	1	36,075
Net Assets or Fund Balances	21	Total liabi									69	9,602		7,080
5 2	22	Net asset	s or fu	nd balan	ces. Subtrac	ct line 21 fro	m line 20 .		+===		22	8,277	1	28,995
Pa	rt II	Sign	ature	Block										
		72777777777						ing accompanying						
		and be	tief, it is t	rue, correc	t, and complete	Declaration of	preparer (other th	an officer) is base	ed on all	informatio	on of which prepared	arer has any	knowledge.	
		A	1	7 0	(	D+					1 -	or or garage	0.0	
Sig	חן	-	_		1	_	-				_	6-10-	05	
He		S		of officer	. ~	1.	~ 11	1-			Date			
				sina		a wind	Presid		_	_				
_				rint name a	nd title	a.		Date	- 12	Theat II		Donor	idantifi inc.	200
n - 1		Prepar						Date		Check If self-	F	(see vistruc	s identitying numb dons)	Jest .
Pai	1071-65	_8 707000						7/22/200		employed	► X	P00009		
	parer's	FIRTH'S.	name (or	yours	Howard I	Levine C.P	A				EIN >			
US	Only	10.00	amployed					WE CA DIADE	2			818-994	1.5562	-
_		The second second	s, and Z					ys, CA 91406			Phone no.	010-994	personal and a second	
Ma	v the IF	RS discuss	this re	eturn with	h the prepar	er shown ab	ove? (see ins	structions).					. X Yes	No

	n 990 (2008) Economic Roundtable 95	4313202	Page 2
ĿĊ	art III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission:		
	Conduct research and implement programs that contribute to the economic self-sufficiency of individuals at		ies.
		******	
	***************************************		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
,	If "Yes," describe these changes on Schedule O.		
1	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported.	nt of grants a	nd
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	(Code: ) (Expenses \$ 310,645 including grants of \$ ) (Revenue \$		1
	Research to develop practical solutions to social and economic problems in such areas as the impacts of the		/
	recession on California and Los Angeles County, a large scale review and economic study of the Rent Stabi	lization	
	Ordinance in the City of Los Angeles, and technical assistance to First 5 LA.		
	***************************************		
	***************************************	******	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		1
		******	A REPERTURE
	***************************************	**********	1.010.0000
4c	(Code; ) (Expenses \$ including grants of \$ ) (Revenue \$		
4c			
	(Code; ) (Expenses \$ including grants of \$ ) (Revenue \$	)	

#### Part IV Checklist of Required Schedules No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 Х Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . . . . 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . . 19 X 20 X 20 X 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II . . . . . Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . . .

#### Checklist of Required Schedules (continued) Part IV Yes. No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b X Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 X If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

37

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	Tal	100	
	U.S. Information Returns Enter -0- if not applicable	. 7	100	
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	(2.3)
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1000	100
	gaming (gambling) winnings to prize winners?	10	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9		Time.	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		300	
0	instructions)			M
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	No.	х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b		^
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
ь	If "Yes," enter the name of the foreign country: ▶	Mila	188	430
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank		ILX	100
	and Financial Accounts.	96.3		100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-	
7	Organizations that may receive deductible contributions under section 170(c).	1000	13.3	051
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		5	
_	\$75?	7a	-	X
Ъ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	×
C	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	76	1150	<u>^</u>
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	100	-	
U	benefit contract?	7e	No.	X
*	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	1
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			1151
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	Jan.		Mar.
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			1
a	Oid the organization make any taxable distributions under section 4966?		-	
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 501(c)(7) organizations, Enter:	1 3		1100
В	Initiation fees and capital contributions included on Part VIII, line 12	-	1	3
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			11
11	Section 501(c)(12) organizations. Enter:	4	100	
а	Gross income from members or shareholders		913	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
42-	against amounts due or received from them.).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14.0		
<u>b</u>	11 165. enter the amount of tax-exempt interest received of accured during the year		-00	

Part Vi Governance, Management, and Disclosure (Sections A. B. and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Νo Yes For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 11 10 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а 8a X Each committee with authority to act on behalf of the governing body? 8b X X If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . . . 11 X Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Does the organization have a written whistleblower policy? 13 13 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: X 15a X 15b Describe the process in Schedule O. (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available, Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► Daniel Flaming 213-892-8104

315 West 9th Street, Los Angeles, CA 90015

Form 990 (2008)

Economic Roundtable

95-4313202

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
  who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
  organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee. (A) (B) (C) (E) Position (check all that apply) Reportable Reportable Name and Title Average Estimated compensation compensation amount of hours per Key Individual trustee employee Highest institutional from related week from other director organizations compensation employee (W-2/1099-MISC) organization from the compensated (W-2/1099-MISC) organization and related musics organizations Daniel Flaming 40. X X President X 92,794 0 7,424 Angela Johnson Meszaros 0 5 X X Chair 0 Beth Steckler Vice Chair 5 X X Yolanda Arias 5 X Secretary/Treasurer X 0 0 0 Rosina Becerra Director 5 X 0 0 0 William Gallegos 5 X 0 Director 0 0 Ruth Wilson Gilmore Director 5. X 0 0 0 Paul Hunt Director 5. X 0 0 0 Jennifer Ito 5. Director X 0 0 0 Abel Valenzuela 5 X Director 0 0 0 Jennifer Wolch Director 5 × 0 ū Û

(A) Name and title	(B) Average	Po	sition	(checi	c) k all t	hat app	oly)	(D)	(E) Reportable		(F)
ryane and disc	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-	Reportable compensation from the organization (W-2/1099-MISC)	reportable compensation from related organizations (W-2/1099-MISC)	composition organiand	mated bunt of ther ensation in the nization related sizations
***************************************											
	179-1										
	111	T									
	11	+					-				
		d i				1/1				+-	
1b Total				-	L.	_		92,794		1	7,42
2 Total number of individuals (including those organization ▶ 1						-	_			n the	1,92
Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci										3	No X
For any individual fisted on line 1a, is the su the organization and related organizations (	ım of reportab	le con	ipen	satio	n a	nd oth	ner c	compensation fro	om		
individual	accrue compe	rsatio	n fro							4	X
services rendered to the organization? If "Y	es," complete	Schei	dule	Jior	SUC	h per	sco			5	X
Section B. Independent Contractors  1 Complete this lable for your five highest cor	non-popular land	25050	lant	nant	enak	non like		solved more the	n \$460 000 al	_	
<ol> <li>Complete this table for your five highest cor compensation from the organization.</li> </ol>	npensated ind	ерепс	ent	conti	racti	GINS YET	latre		an \$ 100,000 ¢ ms		
(A) Name and business a	address							Description of ser	vices	Compan:	
None				PAL	_		-				
2 Total number of independent contractors (i	ncluding those	in 1)	who	Teca	livec	non	e th	an \$100,000 in			

Part	VIII	Statement of Revenue						
	N				(A) Total revenue	(B) Related or exempl function revenue	(C) Unrelated business revenue	(0) Revenue excluded from lax under sections 512, 513, or 514
इं इ	1a	Federated campaigns	. 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	. 1b					55 A TO 1
B's		Fundraising events						The state of the s
ar a	d	Related organizations			ALC: THE STATE OF			
Sign	e	Government grants (contributions)		219,585	The said		10000	
no Is		All other contributions, gifts, grants, a						
De 3		similar amounts not included above .	10 march 10	26,350	1			ale .
들성	g	Noncash contributions included in line		20,000				100.00
0 5	b h	Total. Add lines 1a-1f			245,935		THE REAL PROPERTY.	1 11
	- "	Total. Add tilles (a-1)	+ 1	Business Code	240,000	5 Table 2 Table 2		
Program Service Revenue	2a			Dodniess Cook			-	
A A	b							
ا بو								+
ž	C							<del>-</del>
S	d	*******************************		-				-
臣	е			-				+
50	f	All other program service revenue .						
a.	g	Total. Add lines 2a-2f	Children Co. Co. Children Co. Co. Co. Co.					
	3	Investment income (including dividen	ds, interest, a					
		other similar amounts)	× 11 6 1 4	1,765		101F7 1275 1E	1,765	
	4	Income from investment of tax-exemp	ot bond procee	eds ►			L mark	
	5	Royalties						
			(i) Real	(ii) Personal				
1	6a	Gross Rents						A PERSONAL PROPERTY.
	ь	Less: rental expenses			The state of the state of			
	5	Rental income or (loss)						37.23
	d	Net rental income or (loss)	spinish state					
	7a		(i) Securities	(ii) Other	0			A VICTOR WANT
		assets other than inventory	47					
	<sub>h</sub>	Less: cost or other basis			4			
		and sales expenses			)		1100000	State of the state
	c	Gain or (loss)						
	۵	Net gain or (loss)						
		Gross income from fundraising				F		
P	Da	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		4				
B. Ti		events (not including \$		8			150	
è		of contributions reported on line 1c).		o P				
Other Revonu	١.	See Part IV, line 18						
he		Less: direct expenses						
ŏ	C	Net income or (loss) from fundraising				F	A DESCRIPTION OF THE PARTY OF T	
	9a	Gross income from gaming activities			the same of the			
	١	See Part IV, line 19.						
	Ь	Less: direct expenses					100	
	С	Net income or (loss) from gaming ac	tivities				The state of the s	
	10a	Gross sales of inventory, less				Fr. with		
		returns and allowances						
	Ь	Less: cost of goods sold						-
	С	Net income or (loss) from sales of in	ventory					
		Miscellaneous Revenue		Business Code			ACC.	
	11a							
	Ь							
	С						1-2-21	
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total Revenue. Add lines 1h, 2g, 3,						
		9c 10c and 11e			247,700	l.	n l'i	1,765

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the			Secretary St.	
	U.S. See Part IV, lines 15 and 16	1			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	93,723	84,351	9,372	
6	Compensation not included above, to disqualified	90,720	01,001	3,3,2	
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	139,003	125,103	13,900	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	18,910	17,019	1,891	
9	Other employee benefits	15,354	13,819	1,535	
10	Payroll taxes	18,280	16,452	1,828	
11	Fees for services (non-employees):				
а	Management				
Ь	Legal				
C	Accounting	1,125		1,125	
d	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,275	10 276		
12	Other	10,215	10,275		
13	Office expenses	6,276	5,648	628	
14	Information technology	1,136	1,022	114	
15	Royalties	1,100	1,022		
16	Occupancy	20,636	18,572	2,064	_
17	Travel	20,000	10,012		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,843	8,859	984	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,726	1,863	1,863	
24	Other expenses. Itemize expenses not		The same of the last		
	covered above. (Expenses grouped together			The Control of	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Dues, subscriptions and data	5,429	4,886	543	
b		107	96	11	777
c	Postage Printing	122	110	12	
d	Telephone	2,629	2,366	263	
e	Miscellaneous	408	204	204	
f	All other evanees		7		
25	Total functional expenses. Add lines 1 through 24f	346,982	310,645	36,337	
26	Joint Costs. Check here ▶ if following				
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

	nt X		701		1694				
			(A) Beginning of year		(B) End of y	ear			
	1	Cash-non-interest-bearing		1					
	2	Savings and temporary cash investments	297,363	2		135,559			
- 1	3	Pledges and grants receivable, net		3		-1111000111111			
	4	Accounts receivable, net		4					
ĺ	5	Receivables from current and former officers, directors, trustees, key							
1		employees, or other related parties. Complete Part II of Schedule L		5		_			
	6	Receivables from other disqualified persons (as defined under section							
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		954					
		Part II of Schedule L		6					
ets	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use		8					
4	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment: cost basis 10a 5,221	THE PARTY OF THE						
3	b	Less: accumulated depreciation. Complete			-				
		Part VI of Schedule D		10c					
	11	Investments-publicly traded securities		11					
	12	Investments-other securities. See Part IV, line 11		12					
	13	Investments-program-related. See Part IV, line 11		13		7 7			
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	516	15		516			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	297,879	16		136,075			
	17	Accounts payable and accrued expenses	69,602			7,080			
	18	8 Grants payable							
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
20	21	Escrow account liability. Complete Part IV of Schedule D		21					
Ē	22	Payables to current and former officers, directors, trustees, key	E CONTRACTOR OF THE STATE OF TH	Tilled to 1	TO SELLIE	10 4000			
Liabilities	(3T)(T)(	employees, highest compensated employees, and disqualified							
Ë		persons. Complete Part II of Schedule L		22					
	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities. Complete Part X of Schedule D		25					
	26	Total liabilities. Add lines 17 through 25	69,602			7,080			
	20		03,002	20	2000	7,000			
ces		Organizations (hat follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.		想用					
7	27	Unrestricted net assets	228,277	27		128,995			
n i	28	Temporarily restricted net assets		28					
0	29	Permanently restricted net assets		29					
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ □			ALC:				
Ŋ	l .	and complete lines 30 through 34.							
Net Assets	30	Capital stock or trust principal, or current funds.		30					
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
e t	32	Retained earnings, endowment, accumulated income, or other funds .		32		The same to be a			
Z	33	Total net assets or fund balances	228,277	_		128,99			
_	34	Total liabilities and net assets/fund balances	297,879	34		136,075			
Pa	rt XI	Financial Statements and Reporting							
						Yes No			
1		ccounting method used to prepare the Form 990: X Cash Accru	4						
2	a W	Vere the organization's financial statements compiled or reviewed by an inde-	pendent accountant?	10 x 30 x	2a	X			
		Vere the organization's financial statements audited by an independent accor-			2b	X			
		"Yes" to lines 2a or 2b, does the organization have a committee that assume							
		udit, review, or compilation of its financial statements and selection of an ind			2c				
1		s a result of a federal award, was the organization required to undergo an au							
-		ne Single Audit Act and OMB Circular A-133?			3a	X			
		"Yes." did the organization undergo the required audit or audits?			3b				

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMS No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of th	e organization		-	No. III.	STEVEN IN	and the st		Employer		edmun nei	r	
	c Roundtable							95-43132				
Part I			narity Status (All org				The second secon	.) (see ir	structio	ns)		
The orga			ation because it is: (Ple rches, or association of		Control of the Contro			h\(1)(A\(I)	<b>,</b>			
2			on 170(b)(1)(A)(ii). (At			o in sec	(101) 170(	-/( · /(~/(·)	,-			
3	5		nospital service organia			section 1	170(b)(1)(	A)(iii). (A	ttach Scl	hedule H	(.)	
4	A medical res		ation operated in conju								3330	
5			r the benefit of a collect (Complete Part II.)	ge or unive	ersity own	ed or ope	erated by	a governi	mental ur	nit descr	ibed	7.5344.7
6	A federal, sta	ite, or local gov	ernment or governmen	ntal unit de	escribed in	section	170(b)(1	)(A)(v).				
7 X	-		ly receives a substanti (1)(A)(vi). (Complete I		ls support	from a g	overnme	ntal unit o	r from th	e genera	al publi	C
8	A community	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	receipts from support from	activities relati gross investme	ly receives: (1) more the dot its exempt function on the its exempt function on the its exempt function after June 30, 1975.	ons—subjeted busine	ect to cert ss taxable	ain exce <sub>l</sub> s income	otions, an (less sec	d (2) no nation 511 t	nore than	33 1/39	% of its	
10	An organizat	ion organized a	and operated exclusive	ly to test f	or public s	safety. Se	ee sectio	n 509(a)(	4). (see i	nstructio	ins)	
e f	509(a)(3). Ch a Type By checking persons othe 509(a)(1) or If the organiz organization	this box, I certier than foundation section 509(a)(cation received, check this box	a written determination	of supporti Type is not con er than one	ng organis III-Func ntrolled di e or more IRS that i	zation an tionally in rectly or publicly s it is a Typ	d comple ntegrated Indirectly supported be I, Type	by one or organiza	d d more distinct des	gh 11h. Type III- squalifie scribed i	-Other	
J	following per	rsons?		Salar Caller								
			or indirectly controls,								Yes	No
	(ii) A fami	i) below, the go	verning body of the su person described in (i	bboued or	rganizatio	n?				11g(i) 11g(ii)	-	
			ty of a person describe							11g(iii)		
h			nation about the organi									
	me of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organical,(I)	you notify nization in of your port?	organiza (i) organ	Is the tion in cot. ized in the S.7		(viii) Amount of support	
			a distance to a first to him?	Yes	No	Yes	No	Yes	No			
		No. of the last of				100						
Total		The state of the s	The second second	The same of	100000	The same	1	100	10	134		

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 269,880 192,274 257,069 830,498 245,935 1,795,656 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . . Total Add lines 1-3 . . . . . . . . . . . . . 269,880 192,274 257,069 830,498 245,935 1,795,656 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . 189,687 Public support. Subtract line 5 from line 4. 1,605,969 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 . . . . . . 269,880 192,274 257,069 830,498 245,935 1,795,656 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 40 23 128 2.619 1.765 4,575 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)....... 1,800,231 Total support. Add lines 7 through 10. 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . . 89.21% 15 15 69.96% 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . > Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

### Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization	Employer identification number							
Economic Roundtable		95-4313202						
Organization type (che	ck one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private	a foundation						
		s louridation						
	501(c)(3) taxable private foundation							
	- 50 5 500 000 57 500 D5 H	<b>#</b> F 000						
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, by one contributor. Complete Parts I and II.	\$5,000 or more (in money or						
Special Rules								
under sections 5	1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 3 09(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, du 000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of s I and II.	iring the year, a contribution of the						
during the year,	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the aggregate contributions or bequests of more than \$1,000 for use expressional purposes, or the prevention of cruelty to children or	rclusively for religious, charitable,						
during the year, not aggregate to year for an exclu applies to this or	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the some contributions for use exclusively for religious, charitable, etc., more than \$1,000. (If this box is checked, enter here the total contributions, charitable, etc., purpose. Do not complete any of the ganization because it received nonexclusively religious, charitable,	, purposes, but these contributions did ributions that were received during the he parts unless the General Rule etc., contributions of \$5,000 or more						
Courties Occanizations	that are not covered by the Coneral Pule and/or the Special Pules	do not file Schedule R (Form 900						

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

				The state of the s
Page	7	σí	1	of Part

	Form 990, 990-EZ, or 990-PF) (2008)		Page_1_ of _1_ of Part I
	rganization Roundtable		Employer identification number 95-4313202
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	California Endowment  1000 North Alameda Street  Los Angeles CA 90012  Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	First 5 L.A.  750 North Alameda Street  Los Angeles CA 90012  Foreign State or Province: Foreign Country:	\$ 35,829	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Los Angeles Housing Authority  1200 West 7th Street  Los Angeles CA 90017  Foreign State or Province: Foreign Country:	\$182,006	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province:	\$	Person Payroli Noncash (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 6	Foreign State or Province: Foreign Country:	\$	Person Payroll

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

Name	of the organization		Employer	identification number
Econ	omic Roundtable		95-43132	02
Part	Organizations Maintaining Don	or Advised Funds or Other Similar Fur	nds or Ac	counts. Complete if
	the organization answered "Yes"			
		(a) Donor advised funds	(b) Fu	inds and other accounts.
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			V 10
5	그 사람들이 얼마나 하다 하다 하다 하는 사람들이 다른 사람들이 되었다. 그 나는 사람들이 없는 바로 나를 먹는 것이다.	donor advisors in writing that the assets held		
_	- [10] [10] 이 아는 아이라고 있는 이 이 아이들이 아이들이 있다면 하는데	ect to the organization's exclusive legal contro		
6	그렇게 많아 이렇게 되었다. 그리아 아름이 이번에 된 이번 없었다. 그렇게 되었다는 그 모든 그는 그를 살아 있다면 하다고 있다.	onors, and donor advisors in writing that grant	The state of the s	be
		for the benefit of the donor or donor advisor or		
Par	Conservation Easements. Com	plete if the organization answered "Yes" t	to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements hel	d by the organization (check all that apply).		
	Preservation of land for public use (e.g.	g., recreation or pleasure) Preservation of	of an histori	cally important land area
	Protection of natural habitat	Preservation of	of certified l	nistoric structure
	Preservation of open space			
2		eld a qualified conservation contribution in the	o form of a	conconstion assement
r	on the last day of the tax year.	eid a quained conservation contribution in the	o tomi or a	conservation eastment
	on the last day of the tax year.			Held at the End of the Year
а	Total number of consequation passements		. 2a	neid at the cho of the rear
ь		asements		
	그림 가게 보고 있다면 가게 하고 있다면 하는데	sertified historic structure included in (a)		
d		ed in (c) acquired after 8/17/06		
3		ed in (c) acquired after a 17700 . ed, transferred, released, extinguished, or ter		the empoization
3	during the taxable year	ed, transferred, released, extinguished, or let	minated by	the organization
4	Number of states where property subject to	a consequation argament is located		
5		y regarding the periodic monitoring, inspection	n violation	s and
•		ts it holds?		
6		ring, inspecting, and enforcing easements du		
7		g, inspecting, and enforcing easements during		▶ \$
8		ed on line 2(d) above satisfy the requirements		*
J	- CO FIGURE 1940 CO FIGURE 1 19 19 19 19 19 19 19 19 19 19 19 19 1	?		Yes No
9		reports conservation easements in its revenu		
•		he text of the footnote to the organization's fir		
	the organization's accounting for conserva		10.70.01	
Par		tions of Art, Historical Treasures, or Other	Similar As	ssets.
		red "Yes" to Form 990, Part IV, line 8.		
10	(The organization elected as nermilled up	nder SFAS 116, not to report in its revenue sta	atement an	d balance sheet works of
Ia	art historical treasures or other similar as	sets held for public exhibition, education, or re	esearch in	furtherance of public
		e footnote to its financial statements that desc		
ь	A CONTRACTOR OF THE PROPERTY O	nder SFAS 116, to report in its revenue staten		
		s held for public exhibition, education, or reser		
	service, provide the following amounts reli			
		7)		▶ €
		/III, line 1		
	(ii) Assets included in Form 990, Part X.		notes for E	analal ania perulah Na
2		of art, historical treasures, or other similar as:	sets for fina	ancial gain, provide the
	following amounts required to be reported			
а		line 1		
b	Assets included in Form 990, Part X			- 3

Part	Organizations Maintaining	g Collections of	Art, Histo	<u>orical T</u>	reasures, o	r Oth	er Similar Ass	ets (co	ntinu	ea)
3	Using the organization's accession	and other records,	check any	y of the f	following that	are a	significant use	of its co	lection	n:
	items (check all that apply):									
а	Public exhibition		d 📗	Loan c	ir exchange p	orogra	ms			
b	Scholarly research		е 🗌	Other						
C	Preservation for future genera	ations	- t-ciù							
4	Provide a description of the organiz Part XIV.	ation's collections	and expla	in how ti	ney further the	e orga	inization's exem	pt purpo	ose in	
5	During the year, did the organization assets to be sold to raise funds rath							Пуе	sП	No
Part						-		-		
	Part IV, line 9, or reported				1 - 1 - <del>1</del> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			n •		
	Is the organization an agent, trusted included on Form 990, Part X?							Ye	s 🗌	No
þ	If "Yes," explain the arrangement in	Part XIV and com	plete the f	ollowing	table:		T .	mount		
	Desiration below					-	A	nount		
2	Beginning balance									
d	Additions during the year						-			
e	Distributions during the year									
f	Ending balance					1f			-	1000
2a	Did the organization include an ame		Part X, lin	e 21?.				Ye	s X	No
	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com	plete if organizat	ion answ	ered "Y	es" to Form	990,	Part IV, line 10	+		
		(a) Current year	(b) Prior	r year	(c) Two years t	back	(d) Three years back	(e) Fo	or years	back
1a	Beginning of year balance	J == -==			Transcent -			1	9,44	
b	Contributions							-		
C	Investment earnings or losses.					000 SE				-
d	Grants or scholarships		F			100				-2
e	Other expenditures for facilities				2 7	-	100			
	and programs				1 - 2	54		1 3 4		
f	Administrative expenses					37		rigar,	114	
В	End of year balance							3	Thirty	
2	Provide the estimated percentage of	of the year end bal	ance held	as:						
а	Board designated or quasi-endown	nent 🕨								
b	Permanent endowment									
С	Term endowment ▶									
3a	Are there endowment funds not in t	the possession of	the organi:	zation th	at are held a	nd adi	ministered for th	е		
	organization by:								Yes	No
	(i) unrelated organizations			•				3a(l)		
	(ii) related organizations							3a(ii)		
ь	If "Yes" to 3a(ii), are the related org							3b		
4	Describe in Part XIV the intended in	50 H. B. H (1987년 일 : 1987년 - 1987년 - 1987년 - 1987								
Part						X. lir	ne 10.			
	Description of investment	(a) Cost or o (investor	ther basis	(b) Co	st or other s (other)		Depreciation	(d) B	ook valu	ie
1a	Land.		9							
b	Buildings									
C	Leasehold improvements			-						
d	Equipment				5,221		5,221			
										-
ø	Other									

Schedule D (For					Page 3
Part VII	Investments	Other Securities	. See Form 990, Part X,		
	(a) Description of se tegory (including name	e of security)	(b) Book value	(c) Method of v Cost or end-of-year	
		icial products			
	equity interests	er e regra e			
Other					
		***************************************			
	**********				
	**********				
	should equal Form 990.		4 C C 000 D+ V	1 Sec. 42	
Part VIII			d. See Form 990, Part X		LINEAR E.
3	(a) Description of inve-	stment type	(b) Book value	(c) Method of Cost or end-of-year	
_				South and Strain	THE STATE OF THE S
200					
-					
Tatal (Column /h)	Laborated married Chinas (000)	Dust Ward (D) less 12.1			
Part IX	Othor Asset	Part X, col. (6) line 13.) ► s. See Form 990, P	net V. lino 15		
Pallix	Other Asset		a) Description		(b) Book value
Rent deposi			a) Description		516
rent deposi	t .				310
3					4-5
				<u></u>	
Total (Colu	imp (h) phould as	and Form 000 Part V	(, col. (B) line 15.)		► 516
Part X		itles. See Form 990			010
raitA	(a) Description of		(b) Amount	place - 2 miles - 10	
Federal inco			(-)		
T de mortar miss					
	= 1 #c = -				
		= 2		- IDE-(II)	
_					
Total. /Column //	ol should equal Form 1990	7. Part X. col. (B) line 25.)			
The second second section in the	The second secon	The second secon			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Name of the organization  Attach to Form 990. To be completed by organizations to provide additional Information for responses to specific questions for the Form 990 or to provide any additional information.

e 	Open to Public Inspection dentification number
<b>U</b>	2008
0	OMB No. 1545-0047

Economic Roundtable	95-4313202
Form 990 Part VI Section A Line 10 The tax returns are carefully rev	iewed by the President before filing and later presented to the
full Board of Directors.	
Form 990 Part VI Section B Line 12c All instances of possible conflic	ct of interest are reviewed by Directors at each meeting.
Form 990 Part VI Section B Line 15 The Finance and Compensation	reviews the compensation to other persons in similar
non-profit organizations, rate of inflation and performance.	
Form 990 Part VI Section B Line 19 The conflict of interest policy an	d financial statements are available upon written request.
***************************************	
***************************************	
***************************************	
***************************************	
***************************************	
••••	

California Exempt Organization

Annual Information Return

-	~	m.	
-	IJ	ĸ	DO:
7.0	747	7.7	171

2008	Z XIII			on Retur	'n					199	
		cal year be	ginning month	day	year	, and	ending monti	1	day	/ year	
A First Return		☐ Yes 図 No		janization der Section 23701 n 4947 (a)(1) trust	d (insert	letter)	14	ORP#	8		
	rganization Nam	ie					F	EIN			
Economic Address	Roundtable						95	5-4313	3202		-
315 West 9	9th Street, S	uite 1209									
City							Si	late	ZIP Code		
Los Angele	es						C	A S	90015		
C Amended Re	num?	00 100 100		Yes	X No H	Accounting method u	ised (1) X Cash	(2)	Accrual (3)	Other	
D Are you a su	bordinale/affiliale	n a group exer	notion?	Yes	X No I	If exempt under R&T	C Section 23701	d, has the	e organization d	during the year: (1) par	tiopate
	group filing for affili enter the number o		eral Instruction L	• Yes	23					on or any ballot meas. Hobbying by public chi	
	hilales included? Bach a list. See inc	Inuctions.)		Yes		If "Yes," complete an 23701d Organization				stative Activities by Sec	E 2
(d) is this a s	separate relum Ne	d by an organa	zation covered by a			Did the organization	have any change	s in its ac	ctivities, govern	ing instrument, articles	-
group n.				Yes	No					anchise Tax Board? If	Cont.
The state of the	Group Exemption f			По	<u> </u>	complete an explana				H	A
(f) is a roster E. Finel return?	of subordinates a	llached?		Yes	_	Is the organization e	Charles Control of Control		11.21.21.14.14.	Yes	XN
Dissi		Surrendered	(Wilhdrawn)			If "Yes," enter amour					
-	ged/Reorganized (		AND THE RESERVE		L	Is the organization us a prior year?	nder audit by the				X,
_	ecked, enter date				м	Is the organization a				=	X.
F Check the bo	ox if the organization	on filed: (1)	990T (2) •	990PF (3) 0	1	Did the organization					123
G If organization	on is exempt under	R&TC Section	23701d and is exclu	sively religious,		income?			-000 -0 K 10 To 10 CO		X
				by public contribution	SITS,						
	iee General Instru	dion F. No filin	g fee is required	• 🛛							
Part I C	PERSONAL PROPERTY OF THE PARTY					Instructions B			-		
						line 8			• 1	1,7	765
									• 2		- (
Receipts									• 3	245,9	35 0
and						line 3					
Revenues	100.1					see General Ins	struction C		• 4	247,7	700
								00			
	435-97		William E.	nses of assets s				00			- 1.
								1	7	0.17	700
								_	8	247,7	_
Expenses								- 1	9	346,9	_
						ine 9 from line 8			•10	-99,4	282 (
	12 Total pay								11		
Filing									13		-
Fee			al Instruction K						•14		(
						e 12 from the re			15		1
										e best of my knowle	
Sign	belief, it is in	ns, correct, a	sd complete. Deci	aration of preparer		payer) is based or		of whit		as any Sixowledge.	
Here	Signature of efficer •				Title		Oate		● Tieles	shane	
	Preparer's					Date	Chack I		-	arer's SSN/PTIN	
matel.	signature *					7/22/200	g employe	ed 🕨		The second second	
Paid Preparer's	Firm's name	lor source							FEIN		
Use Only	il self-emplo		Howard J. L	ewine C.P.A.					95-35		
500 <b></b> j	and address								● Tates	phone	
			16600 Sher	rman Way #28	0 1	an Nuys, CA	91406		818-9	94-5562	
	May the F	TB discuss				fan Nuys, CA				94-5562 Yes No	

3651084

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.

	And the state of t	made a premiu a	are mean meanwriter		
	1 Gross sales or receipts from all business	activities. See instruction	ns,		00
	2 Interest				1,765 00
Receipts	3 Dividends		.,	• 3	00
from	4 Gross rents				00
Other	5 Gross royalties				00
Sources	6 Gross amount received from sale of asse				00
	7 Other income. Attach schedule	• 7	100		
	8 Total gross sales or receipts from other:				
	Enter here and on Side 1, Part I, line 1		1,765 00		
	9 Contributions, gifts, grants, and similar a				00
	10 Disbursements to or for members				00
Expenses	11 Compensation of officers, directors, and	70 km 50 70 70 70 km 50 70 70 70 70 70 70 70 70 70 70 70 70 70			93,723 00
and	12 Other salaries and wages				139,003 00
Disburse-	13 Interest			The state of the s	00
ments	14 Taxes				00
	15 Rents		20,636 00		
	16 Depreciation and depletion (See instruct		00		
	17 Other. Attach schedule				93,620 00
ф., I., . I., . I., . I.	18 Total expenses and disbursements. Add		. [1] 1일 : [1] 12 :	The state of the s	346,982 00
Schedule	L Balance Sheets	Beginning of		End of taxal	
Assets	A	(a)	(b)	(c)	(d)
			297,363.		135,559.
	counts receivable				
	tes receivable. Attach schedule				
	ories			•	
	and state government obligations				
	nents in other bonds. Attach schedule		- 13		
	nents in stock. Attach schedule				
	ge loans (number of loans)				
	nvestments, Attach schedule	5.004		5.004	
	preciable assets	5,221.		5,221	
	ss accumulated depreciation	( 5,221.)		5,221. )	
11 Land			7/0		
	assets. Attach schedule Rent deposit	The same of the sa	516.		516.
13 Total a	경쟁기에는 사용한 등이 경험하다 하나 하는 것이 되었다.		297,879.		136,075.
	and net worth		20.000		7.000
	nts payable		69,602.		7,080.
	outions, gifts, or grants payable				<u> </u>
	and notes payable. Attach schedule				
12.000000000000000000000000000000000000	ges payable				
	labilities. Attach schedule				P
	I stock or principle fund				
	or capital surplus. Attach reconciliation		228,277.		• 128,995.
	ed earnings or income fund		- VANDED		136,075.
	abilities and net worth	for with I was a second	297,879.		130,013.
Schedul	Do not complete this schedule if the			han \$25,000	
A State Inc.		• -99,282.			
	come per books	-99,202.	not included in this retu	All Shows on section 1	
	al income tax			-	
	s of capital losses over capital gains		Attach schedule		
	e not recorded on books this		8 Deductions in this return	Programme and the state of the	
	Attach schedule		against book income th		
	ses recorded on books this year not		Attach schedule		
	ted in this return. Attach schedule	<u> </u>	9 Total. Add line 7 and lin	0 0	
6 Total.		20.000	10 Net income per return.		-99,282.
Add li	ne 1 through line 5	-99,282.	Subtract line 9 from line	0	-39,202.

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	34,264
2	Payroll taxes		18,280
3	Accounting fees	3	1,125
1	Other professional fees	4	10,275
	Meetings		9,843
5	Telephone		2,629
7	Dues and subscriptions	7	5,429
3	Office expenses	8	6,276
9	Insurance	9	3,726
	Internet	10	1,136
1	Miscellaneous	11	637
12	Total	12	93,620

### MAIL TO:

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

Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Fallure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State C	harity Registration Number		81006		Check If:				
	omic Roundtable				"	idings of dddised			
	of Organization				🗀 Аг	nended report			
315 W	Vest 9th Street, Suite 1209 (Number and Street)				Come	orate or Organization I	No. 14927	728	
	ngeles, CA 90015				Согре	nate or Organization	1432	20	
City or T	own, State and ZIP Code				Feder	al Employer I.D. No.	95-4313	202	
	ANNUAL REC		RENEWAL FEE SCHEOU eck Payable to Attorney G				1 and 312)		
Gross	Annual Revenue	Fee	Gross Annual Revenue		Fee	Gross Annual Reve	nue		F00
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million						Between \$1,000,001 Between \$10,000,00 Greater than \$50 mi	1 and \$50 million	\$	\$150 \$225 \$300
PART	A - ACTIVITIES		-						
	For your most recent full a	ccounting pe	erlod (beginning	1/1/2008	endl	ng 12/31/2008	) list;		
	Gross annual revenue \$		247,700	Total assets \$		20	 1 <b>3</b> 6,075		
					_				
PARI	B - STATEMENTS REG	ARDING OF	RGANIZATION DURING	THE PERIOD	OF TH	IS REPORT			
Note:			iestions below, you must i v RRF-1 instructions for in			t providing an explan	ation and detalls fo	r 	
	To the street and the second street to the second s	onto Table 1 and 1						Yes	No
	During this reporting period, w								
	officer, director or trustee there	or either dire	ectly or with an entity in which	on any such offic	er, airea	tor or trustee had any t	inancial interest?	igsquare	X
2.	During this reporting period, w	as there any	theft, embezzlement, divers	sion or misuse o	f the org	anization's charitable p	roperty or funds?		X
3.	During this reporting period, d	d non-progra	m expenditures exceed 50%	6 of gross reven	ues?				X
	During this reporting period, was nternal Revenue Service, atta		nization funds used to pay a	any penalty, fine	or judgr	nent? If you filed a For	m 4720 with the		×
	During this reporting period, wo provide an attachment listing t						es used? If "yes,"		x
	During this reporting period, d he agency, malling address,			ental funding? II	so, pro		ng the name of edule "B"	×	
	During this reporting period, d			able purposes?	If "yes,"				×
8. 1	Does the organization conductor	t a vehicle do	nation program? If "yes," pr				ogram is	<del>                                     </del>	
- 100	Did your organization have pr	necessary and the second		Authoritation according	1660714		principles for this	_	X
	eporting period?			COMMISSION ASSESSMENT					Х
Organ	ization's area code and telep	hone number	213-892-8104						
Organ	nization's e-mail address								
	are under penalty of perjuditedge and belief, it is true, or			uding accomp	anying (	documents, and to the	a best of my		
		- <u></u>				<u> </u>			
			-	Printed Name		101	le	Date	