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 benefit trust or private foundation)

2009 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internat Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2009 calendar year, or tax year beginning , and e	nding			_
	heck if app	plicable: Please C Name of organization Economic Roundtable		D Employer id	entification	number
_ A	Address c	IISE IRS	-	95-4313202		
1	lame cha	nge print or Number and street (or P.O. box if mail is not delivered to street address) R		E Telephone n	umber	
	nitial retu	type.	- 1	213-892-810		
Πī	erminate	Specific City or town, state or country, and ZIP + 4		002 0 10		
7	mended	Instruc-		G Gross receip	ls \$	390,273
-		n pending F Name and address of principal officer.	B/a/ le ti	nis a group return	for affiliates	25
	4.40.000	Daniel Flaming 315 West 9th Street, Los Angeles, CA 90015				Yes No
	701-207-00			all affiliates inclu Vo," attach a list.		
_	11.10.00	npt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	16.3	vu, anauri a nai.	(see manuc	andres)
JV	Vebsite	► www.economicrt.org	H(c) Gro	oup exemption nu	mber 🕨	
KF	no le mo	ganization: X Corporation Trust Association Other ▶ L Ye	ar of format	tion: 1991	M State o	of tegal domicile: CA
P	art I	Summary				3-1-2
	1	Briefly describe the organization's mission or most significant activities: Conduc	t researc	h and impler	nent prog	grams that
		contribute to the economic self-sufficiency of individuals and communities.				
Activities & Governance				The same of the sa	is someway	
13	1					
ove	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	d of more	than 25% of	its net a	ssels.
ত	3	Number of voting members of the governing body (Part VI, tine 1a)			3	10
es S	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	9
Σ	5	Total number of employees (Part V, line 2a)			5	4
Acti	6	Total number of volunteers (estimate if necessary)			6	9
•	1	Total gross unrelated business revenue from Part VIII, column (C), line 12			7a	
	Ь	Net unrelated business taxable income from Form 990-T, line 34			7b	
	1	Tele difference de la contraction de la contract		Prior Year	10	Current Year
	8	Contributions and grants (Part VIII, line 1h)			,935	389,569
ne	9	Program service revenue (Part VIII, line 2g)		240	,000	700
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).			,765	4
R.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,,,,,,,	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		247	,700	390,273
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2.71	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	500,410
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5~10	11	285	,270	295,169
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	′′		,210	230,103
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	1000	-	-	
Exi	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		61	.712	131,304
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			,982	426,473
	19	Revenue less expenses. Subtract line 18 from line 12			,282	-36,200
5 9	3	Trevense rese expenses ordeness and to nominate 12.	Begin	ning of Current		End of Year
Assets or	20	Total assets (Part X, line 16)	Dogui		,075	107,953
ASS	21	Total liabilities (Part X, line 26)			080,	15,158
Ne.	22	Net assets or fund balances Subtract line 21 from line 20			3,995	92,795
P	art II	Signature Block			,,000	42,700
		Under penalties of perjury, I declare that I have examined this return, including accompanying sche-	tules and s	tatements, and to	the best of	f riiv knowledge
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	ll informatio	on of which prepa	irer has any	knowledge
		(, (, ,)			-	-15
Sig	30	by LY		1 +	-20	010
		Signature of officer		Date		
He	i e	Paniel Flaming, President				
		Type or print name and title				
		Preparer's Date	Check if	55.00		identifying number
Pai	ld	signature 7/15/2010	501L	► X	(see instruc	tions)
Preparers						
Us	e Only	if self-employed), Howard J. Levine C.P.A.		EIN >		NAME OF TAXABLE PARTY.
_		address, and ZIP + 4 16600 Sherman Way #280, Van Nuys, CA 91406		Phone no.	(818) 99	04-5562
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		* * * * *		X Yes No

Pa	till Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Conduct research and implement programs that contribute to the economic self-sufficiency of individuals and communities.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O,
4	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 amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 388,781 including grants of \$) (Revenue \$) 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 Stabilization Ordinance in the City of Los Angeles, and technical assistance to First 5 LA.
	MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	

Par	t IV Checklist of Required Schedules			
	t and a second and		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete Schedule C,			
	Part II	4		X
5	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	1		-
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			V
	complete Schedule D, Part I	6		X
7	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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- 20		
	complete Schedule D, Part III	8		X
9	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,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		183	
	Schedule D. Part VI.		983	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	13000	3 00	800
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	17 18	19 3	1500
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	(0)	9	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			7000
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•		100.5		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	1000	100	1000
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	1000	1833	1800
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		100	1889
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes Ne year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking_fundraising,	.40	1	Ť
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1,0		+ ^
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.,,		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a ²	, , ,		+~
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	+-	X

Par	V 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			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	200	4	1
	garning (gambling) winnings to prize winners?	1c	X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1 8	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	No.	100	
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		13	
	instructions)			18
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1	March.	1000
	this return?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	-	_X_
Ь	If "Yes," enter the name of the foreign country: ▶	130		350
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		16.0
_	and Financial Accounts.		1000	
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5 c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١
	organization solicit any contributions that were not tax deductible?	6a	-	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	26		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2	2000	V
	and services provided to the payor?	7a	-	X
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+-	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		
		7c	-	
d	If "Yes," indicate the number of Forms 8282 filed during the year	The state of	1	1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		_X_
э h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		100	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			100
a	Did the organization make any taxable distributions under section 4966?	9a	T	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	Ť -
10	Section 501(c)(7) organizations. Enter:		de	198
а	Initiation fees and capital contributions included on Part VIII, line 12		1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations, Enter:			10000
a	Gross income from members or shareholders		180	1
b	Gross income from other sources (Do not net amounts due or paid to other sources		1 9110	100
	against amounts due or received from them.)	1	1	18
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule U. See instructions.			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	v
	any other officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			V
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7-		V
h.	of the governing body?	7a 7b	-	X
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		^
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			PXXS.
2	The governing body?	8a	Х	-
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	on	^	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal	98	_	
	enue Code.)			
1000	snae code./		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
Ь	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ъ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	100		
•••	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		No. 13	1000
12a		12a	Х	10000
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	IZA		
~	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	120		
•	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	1	X
15	Did the process for determining compensation of the following persons include a review and approval by	1000	17 3	1 Kin
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1000		
а	The organization's CEO, Executive Director, or top management official.	15a	X	
ь	Other officers or key employees of the organization	15b		X.
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1000		1000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	0000	93	1
	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	7797		1600
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1. 19	150
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			100
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of			
	available for public înspection. Indicate how you make these available. Check all that apply.	.,		
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ► Daniel Flaming 213-892-816			
	315 West 9th Street, Los Angeles, CA 90015		el e	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees. See instructions for definition of "key employees."
- 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.

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	or director	-	hec Officer	Key employee	employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Daniel Flaming President	40.	х		×	x			93,723	0	7,498
Angela Johnson Meszaros Chair	5.	Х		x				0	0	0
Beth Steckler Vice Chair	5.	х		X				0	0	0
Yolanda Arias Secretary/Treasurer	5.	x		x				0	0	0
Rosina Becerra Director	5.	х						0	0	0
Ruth Wilson Gilmore Director	5.							0		0
Paul Hunt Director	5.							0		0
Jennifer Ito Director	5.							0		0
Ali Modarres Director	5							0		0
Abel Valenzuela Director	5							0		0
		Х				- 4		La Company		
				1			T			

Par	VII Section A. Officers, Directors, Tru		picy	662			Jugar				1,100)	/E)
	(A)	(B)	_	165	((1.0	(D)	(E)		(F)
	Name and title	Average hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	con con on ar	stimated mount of other noensation the ganization of related panizations
										_		
						_						

1b	Total						_	. 1	93,723			7,4
2	Total number of individuals (including but n reportable compensation from the organization)					(e) y	Apo te	ecei	ved more than \$	100,000 in		
3	Did the organization list any former officer,	director or trus	stee.	kev (emp!	ove	e. or i	—– niah	est compensate	d		Yes No
	employee on line 1a? If "Yes," complete So	hedule J for su	ich in	divid	dual	ė.				25107 51 51	3	X
4	For any individual listed on line 1a, is the si the organization and related organizations individual	greater than \$1	50,0	00?	If "Y	es,"	comp		Schedule J for		4	×
5	Did any person listed on line 1a receive or	accrue comper	nsatio	n fro	om a	ny u	ınrela		organization for			
Sac	services rendered to the organization? If "Y	es, complete	SCHE	ume	0 10	1 5111	on pe	SCN.	Territoria de la compansión de la compan	· · · · ·	5	Σ
1	Complete this table for your five highest co compensation from the organization.	mpensated ind	lepen	dent	t cọn	trac	tors th	nat r	eceived more th	an \$100,000	of	
	(A) Name and business	address							(B) Description of se	ervioes	Cumper	(C) nsahon
	None										5000 E 20	100
-			_					1				
-								+		1		
2	Total number of independent contractors (more than \$100,000 in compensation from	•			to th	ose	listed	abo	ove) who receive	ed		

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).

Dor	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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			B. S. B. B. C.	
_	the U.S. See Part IV, line 22		-		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			Marin San Park	
	U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members			V1000000000000000000000000000000000000	
Ð	trustees, and key employees	92.723	83,451	9,272	
6	Compensation not included above, to disqualified	02,120	55,451	5,212	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	149,124	134,212	14,912	
8	Pension plan contributions (include section 401(k)	140,124	10 1,50 150	14,012	
~	and section 403(b) employer contributions)	19,384	17,446	1,938	
9	Other employee benefits	14,345	12,911	1,434	
10	Payroll taxes	19,593	17,634	1.959	
11	Fees for services (non-employees):	10,000	71,004	1,004	
а.	19-10-1 To 2013 TABLE TO BE STAND BUT ON TO ALTERNATION OF BUT				
ь	Legal				
С	Accounting	1,200		1,200	
đ	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f					
9	Other	80,188	80,188		
12	Advertising and promotion				
13	Office expenses	6,704	6,034	670	
14	Information technology	1,348	1,213	135	
15	Royalties				
16	Occupancy	26,175	23,558	2,617	
17	Travel	2,466	2,219	247	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,376	2,138	238	
20	Interest		influence (c		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,493	1,747	1,746	
24	Other expenses. Hemize expenses not				
	covered above. (Expenses grouped together		The second		
	and labeled miscellaneous may not exceed		Charles and the second		
	5% of total expenses shown on line 25 below.)	4 77.5	2 2 2 2	222	
a	Destant	2,727	2,454		
b	**************************************	150			
C	Tologiane	1,275		127	
đ	Telephone	2,548	2,293	255	
e		454		454	
	All other expenses: Miscellaneous	200	200 764	200	
25	Total functional expenses. Add lines 1 through 241	426,473	388,781	37,692	
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation.		<u> </u>		

Part X **Balance Sheet** (B) (A) End of year Beginning of year 1 107,437 135.559 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 8 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10c 11 11 12 12 Investments-other securities. See Part IV, line 11. Investments-program-related. See Part IV, line 11....... 13 13 14 14 516 15 15 136,075 107,953 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 7,080 17 15,158 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D. 25 7,080 26 26 15,158 Organizations that follow SFAS 117, check here > X and Balances complete lines 27 through 29, and lines 33 and 34. 128,995 27 27 92,795 28 28 Net Assets or Fund 29 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 128,995 33 92,795 34 136,075 34 107,953

Pari	XI Financial Statements and Reporting			
		2	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1750	1 111
	Schedule O.	The same of		Part I
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	0.00	
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	100
	Schedule O.		15	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	0	1	
	issued on a consolidated basis, separate basis, or both:		350	500
	Separate basis Consolidated basis Both consolidated and separate basis		10	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		0.	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36		

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

cono	mic	Roundtable								95-43	313202		
Part		Reason	for Public Ch	arity Status (All org	anizatio	ns must c	omplete	this part	t.) See in	struction	ns.		- 5
The or				ation because it is: (Fo									
1				rches, or association of			ed in sect	lion 170(t	b)(1)(A)(i)	•			
2	4			on 170(b)(1)(A)(li). (Att									
3 [A hospital or a	a cooperative h	ospital service organiz	zation des	scribed in	section 1	170(b)(1)(A)(iii).				
4			earch organiza ne, city, and sta	ition operated in conju	nction wit	h a hospit	al descrit	oed in sec	tion 170((b)(1)(A)	(lil). Ent	er the	
5 [An organization	on operated for	r the benefit of a colleg (Complete Part II.)	e or univ	ersity own	ed or ope	erated by	a govern	nental ur	nil descr	ibed	******
6					ital unit d	escribed in	n section	170(b)(1)(A)(v).				
- 6	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.)											
8			and the second second	i in section 170(b)(1)(omplete P	art II.)						
9 [\exists	An organizati receipts from support from	on that normall activities relate gross investme	ly receives: (1) more the ded to its exempt function and unrelated after June 30, 1975.	an 33 1/3 ns—subj ed busine	3 % of its a ect to cert ess taxable	support fr ain excep e income	ptions, an (less sec	d (2) no n tion 511 t	nore than	33 1/3	% of it	
10		An organizati	on organized a	and operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11 e f		purposes of c 509(a)(3). Ch a Type By checking persons othe 509(a)(1) or s If the organiz organization,	one or more pureck the box that I b this box, I certiler than foundation section 509(a)(cation received check this box	a written determination	zations d f support Type is not co r than on	lescribed ing organice III-Function II	n section zation an flonally in irectly or publicly s it is a Typ	509(a)(1) d completed integrated indirectly supported be I, Type	or section te lines 12 by one or l organiza	in 509(a) 1e throug d1 more dis tions des	(2), See gh 11h. Type III- squalifie scribed i	section Other	9.000m
		following per											
		1.754	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or indirectly controls,				A CONTRACTOR OF THE PARTY OF TH				Yes	No
				verning body of the su person described in (i)							11g(i)	-	
				ty of a person describe					5 10 102	V	11g(ii) 11g(iii)	-	
h				ation about the support		GOED CONTRACTOR					i ighti	_	
1.447	Name of supported (ii) EIN organization		(iii) Type of organization	(iv) is the (in cal. (i) ii		(v) Did you notify		organiza (i) organi	Is the flon in col. ized in the S.?	(vii) Amount of support			
					Yes	No	Yes	No	Yes	No			
	_		19-19-1-19					110000000					

95-4313202 Page 2 Schedule A (Faim 990 or 990-E2) 2009 Economic Roundtable 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 (f) Total Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not 390,269 1,916,045 include any "unusual grants.") 192,274 257,069 830,498 245,935 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf...... The value of services or facilities 3 furnished by a governmental unit to the 830,498 245,935 390,269 1,916,045 257,069 Total, Add lines 1 through 3 192,274 4 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 28,779 amount shown on line 11, column (f). 1,887,266 Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2009 (b) 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) > (a) 2005 192,274 257.069 830,498 245,935 390,269 1,916,045 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 128 2,619 1,765 4,539 23 Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets Total support. Add lines 7 through 10. 1,920,584 11 12 Gross receipts from related activities, etc. (see instructions). . . 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 98.27% 14 Public support percentage from 2008 Schedule A, Part II, line 14....... 15 15 89.21% 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

	and stop here. The organization qualifies as a publicly supported organization
b	33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this_
	box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test-2009. 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 🕨

b 10%-facts-and-circumstances test-2008. 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.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number Name of the organization 95-4313202 Economic Roundtable Organization type (check 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 foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

	24.0		100	
Page	1	63	1	of Part

Name of organization Employer identification number Economic Roundtable 95-4313202

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Conrad Hilton Foundation 10100 Santa Monica Boulevard Los Angeles CA 90067 Foreign State or Province: Foreign Country:	\$ 15,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Los Angeles Bureau of Public Works 433 South Spring Street Los Angeles CA 90013 Foreign State or Province: Foreign Country:	\$ 30,000	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
. 3	Los Angeles Housing Authority 1200 West 7th Street Los Angeles CA 90017 Foreign State or Province: Foreign Country:	\$ 336,981	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part If 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:	\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	mic Roundtable		95-4313202
Part			s or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV		#NF 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	(a) Donor ad	vised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writi		
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor advis		
	used only for charitable purposes and not for the benefit of the d		
6 34	purpose conferring impermissible private benefit?		
Part	I Conservation Easements, Complete if the organiza	tion answered Yes to F	-orm 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the organization of Preservation of land for public use (e.g., recreation or please Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified	re) Preservation of a Preservation of a	certified historic structure
	easement on the last day of the tax year.		A Line Company of the
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu		2c
d	Number of conservation easements included in (c) acquired after		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or termin	nated by the organization
	during the tax year		
4	Number of states where property subject to conservation easem	1,000	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation ea	asements during the year
_	***************************************		
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easem	ents during the year
	S		
8	Does each conservation easement reported on line 2(d) above s	기가 있어야 하면 하는데 하는데 아니라 아니는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	AND REPORTED TO THE PARTY OF TH
^			
9	In Part XIV, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's finan	icial statements that describes
Par	the organization's accounting for conservation easements.	-1 T	
Par	Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" to Form 990		milar Assets.
4 -			
ıa	If the organization elected, as permitted under SFAS 116, not to art, historical treasures, or other similar assets held for public ex	마음마음 투표 이번 경기에 가게 하는 것 같아. 그리는 아이를 가게 하는 것이 없는 것이다.	
	service, provide, in Part XIV, the text of the footnote to its finance		
ь	If the organization elected, as permitted under SFAS 116, to rep		
-	historical treasures, or other similar assets held for public exhibit service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1.		> \$
	(ii) Assets included in Form 990, Part X	CONTRACTOR OF ELECTRIC SEC.	▶ \$
2	if the organization received or held works of art, historical treasu	ires or other similar accet	s for financial pain, provide the
-	following amounts required to be reported under SFAS 116 rela-		a for interioral flam, brownering
а	Revenues included in Form 990, Part VIII, line 1	mig to trese items.	> c
	Assots included in Form 000, Part V		Ψ
ь	Assets included in Form 990, Part X		

Part	Organizations Maintaining	Collections of A	rt, Histo	orical T	reasures, or	Othe	er Similar As	sets (cc	nlinue	ed)
3	Using the organization's acquisition.	accession, and oth	ier record	ls, checi	k any of the fo	llowin	g that are a sig	gnificant		
	use of its collection items (check all	that apply);	-							
a	Public exhibition		d	Loan o	r exchange p	rogran	ns			
ь [Scholarly research		e 🗌	Other						
c	Preservation for future genera	ations								
	Provide a description of the organiz Part XIV.		nd explai	n how th	ey further the	orgai	nization's exer	npt purpo	ose in	
5	During the year, did the organization									5 1 -
Part	assets to be sold to raise funds rath Escrow and Custodial Ar	THE						Ye orm 990		No
	IV, line 9, or reported an ar								10000000	
	is the organization an agent, trusted included on Form 990, Part X?							☐ Ye	s	No
	if "Yes," explain the arrangement in								·	
							F	mount		-
C	Beginning balance	E POR SOMETHING	15434	100004		1c				
d	Additions during the year					1d				
e	Distributions during the year	TOTAL CONTRACT OF THE	39 9 93			1e				
f	Ending balance	unu p perm o .	30 O S	104 1	mie i vaj	1f				
2a	Did the organization include an ame	ount on Form 990. F	art X lin	e 212				Ye	s X	No
ь	If "Yes," explain the arrangement in		Det 24 mil			5 11 5	0.000		- [11]	
Part			zation ar	swered	"Yes" to Fo	erm 99	0 Part IV lin	ne 10		
-	Elisoniion Lunes. Com	(a) Current year	(b) Prior		(c) Two years b		d) Three years bac		ur years	back
1a	Beginning of year balance	tay contone year	(c) I iiui	your	(c) The years o	DON.	ay Tillac years con	(6)10	ar Joure	200
									_	
b	Contributions							-		
C	Net investment earnings, gains,									
	and losses				the Think	-				
d	Grants or scholarships									-
е	Other expenditures for facilities	1 1								
	and programs			_						
f	Administrative expenses					500				
g	End of year balance				EVEL S		, to			
2	Provide the estimated percentage of		ince held	as:						
а	Board designated or quasi-endown	nent 🕨								
b	Permanent endowment									
С	Term endowment									
3a	Are there endowment funds not in	the possession of th	ne organiz	zation th	at are held ar	nd adn	ninistered for t	he		
	organization by:								Yes	No
	(i) unrelated organizations		SP 1 1 5			V 40		3a(i)		YO KARE
	(Ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related org	ganizations listed as	required	on Sch	edule R?			3b		An essen
4	Describe in Part XIV the intended of	uses of the organiza	ation's en	dowmen	t funds.			0.555 (0.00)	11.25	
Part						X, lin	e 10.			
J.Co.	Description of investment	(a) Cost or oth		1 4 1	st or other s (other)		ccumulated preciation	(d) B	ook value	е
1	Land		- 19	Desce	- (Survey)	00	p. Johnson	_	-	
1a	Land						3			
Ь	Buildings	* *		_						
C	Leasehold improvements						P 200	_	_	
d e	Equipment				5,221		5,221			

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market v	value
inancial d	erivatives			
	d equity interests			
Other				
				_
				_

Catal (Column)	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		od Saa Form 000 Bart V	line 13	AT A LINE TO
rart viii	Investments—Program Relate			_
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
			Coat or Grid-or-year market	Visitor
				_
				_
Total /Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, I			
FaitiA		(a) Description		(b) Dank of a
		(a) Description		(b) Book value
_				_
				_
Total, (Co.	lumn (b) must equal Form 990, Part X,	col (B) line 15)	•	
Part X	Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Amount		
	come taxes	(0)//////		
r dddrdr iir	oomo taxos			
			Out the second second	
			Company of the Compan	
_		+		
		-		
Zotal (Column	(b) must equal Form 990, Part X, cel. (8) line 25.)			
- was - County (1)	The state of the s			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Economic Roundtable

Employer Identification number

95-4313202

Form 990 Part VI Section B Line 11 The tax returns are carefully reviewed by the President and then
presented to the ful Board of Directors.
Form 990 Part VI Section B Line 12 All instances of possible conflict of interest are reviewed at
each Board meeting.
Form 990 Part VI Section B Line 15 A finance and compensation committee reviews comparible salaries,
inflation and performance prior to salary actions.
Form 990 Part VI Section C Line 19 The conflict of interest policy and financial statements are
available upon written request.

California Exempt Organization Annual Information Return

P.	m	r	٠,	ĸ,	ĸ.	
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т.	•	r.n.	٩	11	п	
_	_		-	-	_	۰

199

2009	Annual Ir	nformation Ret	urn					199	
Calendar Yea	ar 2009 or fiscal year be		lay	year, and	ending month		day	year	
First Return	Filed? Yes	B Type of organization		(insert letter)	CORP	#			
	No.	Exempt under Section 23 (RC Section 4947 (a)(1) to			1492	728			
orporation/On	ganization Name	INC Section 4347 (8)(1)10	uşı 🗀		FEIN	20	3.00		- 175
conomic F	Roundtable				95-43	1320	2		
ddress	1001101010								155
15 West 9	th Street, Suite 1209								
ity					State	ZIP (Code		
os Angele	s				CA	900	15		
Amended Ret	lum?	•	Yes X N		neral Instruction F. No.			• 🛛	
Are you a sub	oordinate/attiliale in a group exe	imption?	Yes XN		used (1) X Cash (2)	Acon	gai (3) Other		
	roup filing for affiliates? See Ge	eneral Instruction L .	Yes XN		TC Section 23701d, ha				
	nter the number of affiliales	-	П.		eign or (2) attempted t		(1)		
	irates included? tach a list. See instructions.)		Yes N		under R&TC Section nd attach form FTB 35				
	aparate return filed by an organ	stration covered by a		23701d Organizatio		9-1-1-20-100			XNo
group ru			Yes N		have any changes in i	s activiti	es, governing instru	ment, articles o	d
(e) Federal G	Froup Exemption Number	00-1-0-0-0-0		incorporation, or by	laws that have not been	reporte	d to the Franchise T	ax Board? # "Y	es,"
(f) is a roster	of subordinates attached?		Yes N	complete an explan	ation and attach copies	of revise	ed documents	and the second	X No
Final return?	2			K is the organization	exempt under R&TC Se	ction 23	701g?	Yes	X No
Disso	olved Surrendere	d (Wilhdrawn)		If "Yes," enter amor	int of gross receipts fro	топто	ember sources \$		
Merg	od/Reorganized (allach explan	alion)		L Is the organization	inder audit by the IRS	or has th	a IRS audited in	-	-
If a box is one	ecked, enter date			a prior year?				● Yes	X No
		lowing federal forms or schedule:			s Limited Liability Com		77.70	Yes	X No
-	OT (2) ● 990PF (3) €	[Contequie H) 990 on 23701d and is exclusively religious,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i lile Form 100 or Form			• Yes	No.
	엄마를 가격한 통이 목어로 하는 이 사람이 되었다.	primarily (50% or more) by public conf		GILLENY 7				-C)	(24)
		not required to file this for		neral Instructions B	and C.				
1		eipts from other sources. From				0 1			4 00
		sessments from members ar							00
		s, gifts, grants, and similar an				_		390,26	69 00
Receipts	4 Total gross receipt:	s for filing requirement test. A	odd line 1	brough line 3					
and Revenues		completed. If the result is le				• 4		390,27	73 00
Maranas	5 Cost of goods sold			• 5	(00			
	6 Cost or other basis	and outer amounts of the	ets sold .	• 6		00			
1	7 Total costs Add lin	i, and sales expenses of assi				///			
	i reser sector, rem in	ne 5 and line 6				. 7			00
						. 7 • B		390,2	73 00
Fynanses	8 Total gross income 9 Total expenses and	ne 5 and line 6	2, Part II,	line 18		. 7 • 8 • 9		426,4	73 00 73 00
Expenses	8 Total gross income 9 Total expenses and 10 Excess of receipts	ne 5 and line 6 s. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse	2, Part II, ments. Su	line 18 btract line 9 from line	6	7 8 9 10		426,4	73 00 73 00 00 00
Expenses	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2	ne 5 and line 6 Subtract line 7 from line 4, d disbursements. From Side over expenses and disburse 25. See General Instruction F	2, Part II, ments Su	line 18 btract line 9 from line	ß	7 8 9 10 11		426,4	73 00 73 00 00 00 00
Expenses	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments	ne 5 and line 6 a Subtract line 7 from line 4, d disbursements. From Side over expenses and disburse 25. See General Instruction F	2, Part II, ments Su	line 18 btract line 9 from line	6	7 8 9 10 11		426,4	73 00 73 00 00 00 00 00
	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F	2, Part II, ments Su	line 18 btract line 9 from line	6	7 8 9 10 11 12 13		426,4	73 00 73 00 00 00 00 00 00
Filling	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F rest. See General Instruction eral Instruction K	2, Part II, ments Su	line 18 btract line 9 from line	6	7 8 9 10 11 12 13 14		426,4	73 00 73 00 00 00 00 00 00
Filling	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add	ne 5 and line 6 a. Subtract line 7 from line 4 and disbursements. From Side over expenses and disburse 25. See General Instruction Forest. See General Instruction K and line 11, line 13, and line 14.	2, Part II, ments Su	line 18 btract line 9 from line	6 esult	7 8 9 10 11 12 13 14 15		426,4 -36,2	73 00 73 00 00 00 00 00 00 00
Fiting Fee	8 Total gross income 9 Total expenses ain 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of perju	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F rest. See General Instruction eral Instruction K	2, Part II, ments Su	line 18 btract line 9 from line ract line 12 from the line	esult schedules and state	7 8 9 10 11 12 13 14 15 Extraords;	and to the best of	426,4 -36,20	73 00 73 00 00 00 00 00 00 00
Filling	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of perjubellef, it is true, correct	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F rest. See General Instruction eral Instruction K I line 11, line 13, and line 14. ry, I declare that I have examined	2, Part II, ments Su	line 18 btract line 9 from line ract line 12 from the including accompanying	esull	7 8 9 10 11 12 13 14 15 Expenses, which p	and to the best oreparer has any i	426,4 -36,20 of my knowledge.	73 00 73 00 00 00 00 00 00 00 00 00
Filing Fee Sign	8 Total gross income 9 Total expenses ain 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of perju	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F rest. See General Instruction eral Instruction K I line 11, line 13, and line 14. ry, I declare that I have examined	2, Part II, ments Su Then subt It his relum, parer (other	line 18 btract line 9 from line ract line 12 from the including accompanying than taxpayer) is based of	esull	7 8 9 10 11 12 13 14 15 Extraords;	and to the best of reparer has any of Telephone 213-31	426,4 -36,20 of my knowled knowledge.	73 00 73 00 00 00 00 00 00 00 00 00
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Filing Fee Sign Here	8 Total gross income 9 Total expenses ain 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of periobellet, it is true, correct. Signature of officer	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F rest. See General Instruction eral Instruction K I line 11, line 13, and line 14. ry, I declare that I have examined	2, Part II, ments Su Then subt It his relum, parer (other	tine 18 btract line 9 from line ract line 12 from the including accompanying than taxpayer) is based of	esult	7 8 9 10 11 12 13 14 15 minimum in properties which p	and to the best of reparer has any in Telephone 2/3-39	426,4 -36,20 of my knowled knowledge Z-8104 SNIPTIN	73 00 73 00 00 00 00 00 00 00 00 00
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Fee Sign Here	8 Total gross income 9 Total expenses ain 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of perjubellet, it is true, correct. Signature of officer	ne 5 and line 6 a. Subtract line 7 from line 4 , d disbursements. From Side over expenses and disburse 25. See General Instruction F rest. See General Instruction eral Instruction K I line 11, line 13, and line 14. ry, I declare that I have examined	2, Part II, ments. Su	tine 18 btract line 9 from line ract line 12 from the lincluding accompanying than taxpayer) is based of the lincluding accompanying than taxpayer) is based of the lincluding accompanying than taxpayer) is based of the lincluding accompanying than taxpayer) and the lincluding accompanying than taxpayer) and lincluding accompanying than taxpayer) and lincluding accompanying that lincluding accompanying the lincluding accompanying that lincluding accompanying the lincluding accompanying accompanying accompanying accompanying accom	esult	7 8 9 10 11 12 13 14 15 minimum in properties which p	and to the best of reparer has any in Telephone 2/3-391 Preparer's SP00009906 FEIN 95-3535569	426,4 -36,20 of my knowled knowledge. Z-8104 SNIPTIN	73 00 73 00 00 00 00 00 00 00 00 00
Filing Fee Sign Here Paid Preparer's	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of perjubellet, it is true, correct, Signature of officer Preparer's signature Firm's name (or yours,	ne 5 and line 6 a Subtract line 7 from line 4 and disbursements. From Side over expenses and disburse 25. See General Instruction Forest. See General Instruction K. I line 11, line 13, and line 14. Iny, I declare that I have examined and complete. Declaration of pressure of the second sec	J. Then subtitute of this return, parer (other Title	ract line 12 from the including accompanying than taxpayer) is based of pate 7/15/20	esult schedules and state on all information of Date 7- Check it set employed	7 8 9 10 11 12 13 14 15 minimum in properties which p	and to the best or reparer has any of Telephone 2/3-3/1 Preparer's S-P00009906 FEIN 95-3535569	426,4 -36,20 of my knowledge. Z-8104 SNIPTIN	73 00 73 00 00 00 00 00 00 00
Filing Fee Sign Here Paid Preparer's	8 Total gross income 9 Total expenses and 10 Excess of receipts 11 Filing fee \$10 or \$2 12 Total payments 13 Penalties and inter 14 Use tax. See Gene 15 Balance due. Add Under penalties of perjubellef, it is true, correct. Signature of officer Preparer's signature Firm's name (or yours, if self-employed)	ne 5 and line 6 a. Subtract line 7 from line 4 and disbursements. From Side over expenses and disburse 25. See General Instruction Frest. See General Instruction eral Instruction K. I line 11, line 13, and line 14. Try, I declare that I have examined and complete. Declaration of pres	J. Then subtitute of this return, parer (other Title	tine 18 btract line 9 from line ract line 12 from the lincluding accompanying than taxpayer) is based of the lincluding accompanying than taxpayer) is based of the lincluding accompanying than taxpayer) is based of the lincluding accompanying than taxpayer) and the lincluding accompanying than taxpayer) and lincluding accompanying than taxpayer) and lincluding accompanying that lincluding accompanying the lincluding accompanying that lincluding accompanying the lincluding accompanying accompanying accompanying accompanying accom	esult schedules and state on all information of Date 7- Check it set employed	7 8 9 10 11 12 13 14 15 minimum in properties which p	and to the best of reparer has any in Telephone 2/3-391 Preparer's SP00009906 FEIN 95-3535569	426,4 -36,20 of my knowledge. Z-8104 SNIPTIN	73 00 73 00 00 00 00 00 00 00 00 00

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 Infor	mation. See Specific Li	ne Instructions.		
	1 Gross sales or receipts from all business	activities. See instruction	ns		00
	2 Interest				4 00
Receint	3 Dividends	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	00
from	4 Gross rents			4	00
Other	5 Gross royalties				00
Receipts from Other Sources It Expenses and Disbursements It I	6 Gross amount received from sale of asse	ets (See Instructions)		6	0.0
	7 Other income. Attach schedule			7	00
	8 Total gross sales or receipts from other s	sources, Add line 1 throu	gh line 7.		
	Enter here and on Side 1, Part I, line 1			8	4 00
	9 Contributions, gifts, grants, and similar at	mounts paid. Attach sche	edule	9	00
	10 Disbursements to or for members				00
-	11 Companies ion of officers, directors, and				92,723 00
	12 Other salaries and wages				149,124 00
					00
	14 Taxes			• 14	00
Simple of Tel	15 Rents	26,175 00			
	16 Depreciation and depletion (See instructi	00			
	17 Other, Attach schedule	158,451 00			
	18 Total expenses and disbursements. Add		426,473 00		
Sched		Beginning of		End of tax	
		(a)	(b)	(c)	(d)
	b		135,559.		107,437
	accounts receivable		7,20,200		
	notes receivable. Attach schedule			The same of the Lat	•
0.433771	entories				•
	eral and state government obligations				•
	estments in other bonds. Attach schedule				•
	estments in stock. Altach schedule				•
	tgage loans (number of loans)				
	er investments. Attach schedule				•
	Depreciable assets	5,221.		5,221.	
	Less accumulated depreciation	(5,221.)		(5,221.)	
	d	U,EE1. J		O,EE II)	0
	er assets. Attach schedule Rent deposit		516.		516
			136,075.		107,953
	al assets		100,010.		107,000
			7,080.		0 15,158
	ounts payable tributions, gifts, or grants payable		7,000.		. 10,100
	[18] [18] [18] [18] [18] [18] [18] [18]				
	nds and notes payable. Attach schedule				
	rtgages payable er liabilities. Attach schedule				
	ortal stock or principle fund				
	d in or capital surplus. Attach reconciliation		128,995.		92,795
	tained earnings or income fund		136,075.		107,95
	a) liabilities and net worth Sule M-1 Reconcillation of income per boo	lis with income per reli			101,33
Sched	Do not complete this schedule if the			ss than \$25 000	
a Me	Income per books	-36,200.	7 Income recorded or		
	deral income tax:	-39,200.	not included in this		
110	cess of capital lasses over capital gains	•		rogina.	
	게 N 100-1019 (1997) (1997) 이 게 되고 있다면서 120 (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (19		B Deductions in this re		
	ome not recorded on books this.	•		A SALAN TO A STATE OF THE SALAR	1 6 -
	ar Attach schedule	Contract of the	against book incom	e mis year.	•
	penses recorded on books this year not	•		d line 8	
(2)	ducted in this leturn. Attach schedule				
6 To		20.000	10 Net income per retu		30.00
Ad	d line 1 through line 5	-36,200.	Subtract line a trott	line 6	36,20

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

- ''	(ic 11,) ait ii (or 100). Other bedaotions		
1	Pension plans	. 1	19,384
2	Employee benefits	2	14,345
3	Accounting fees	3	1,200
4	Other professional fees	4	80,188
5	Travel.		2,466
6	Printing		1,275
7	Payroll taxes		19,593
8	Office expenses		6,70
9	Telephone	9	2,460
0	Internet	10	1,348
11	Meetings	11	2,376
12	Insurance	12	3,493
13	Dues and subscriptions	13	2,72
14	Other expenses	14	88
15	Total	. 15	158,451

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/charlties/

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

Failure 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 Charity Registration Number		81006		Check if:				
Economic Roundtable				Пс				
Name of Organization				□ A	mended report			
315 West 9th Street, Suite 1209 Address (Number and Street)				_			. et 100	_
				Corp	orate or Organization No.	14927	28	_
Los Angeles, CA 90015 City or Town, State and ZIP Code				Feder	ral Employer I.D. No.	95-43132	202	
ANNUAŁ REG		N RENEWAŁ FEE SCHEDU neck Payable to Attorney G			i. sections 301-307, 311 and 312 haritable Trusts	!)		
Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	Gross Annual Revenue			<u>Fee</u>
Less than \$25,000 Between \$25,000 and \$100,000	0 \$2 5	Between 100,001 and \$. Between \$250,001 and \$		\$50 \$75	Between \$1,000,001 and \$10 a Between \$10,000,001 and \$50 Greater than \$50 million		Ş	\$150 \$225 \$300
PART A - ACTIVITIES					•			
For your most recent full ac	counting p	eriod (beginning	1/1/2009	end	Ing 12/31/2009) list:			
Gross annual revenue \$		390,273	Total assets	s	107,953			
								-
PART B - STATEMENTS REGA	RDING OF	RGANIZATION DURING	THE PERIO	D OF TH	IIS REPORT			
	187	w RRF-1 instructions for Ir			ons between the organization and	i anv	Yes	No
					ctor or trustee had any financial in			Х
2. During this reporting period, wa	is there any	theft, embezziement, divers	ion or misuse	of the org	ganization's charitable property or	funds?		Х
3. During this reporting period, did	i non-progra	am expenditures exceed 50%	% of gross revi	enues?				X
During this reporting period, we internal Revenue Service, atta-		inization funds used to pay a	iny penalty, fir	e or judgi	ment? If you filed a Form 4720 wi	ith the		Х
 During this reporting period, we provide an attachment listing the 					el for charitable purposes used? I	If "yes,"		X
 During this reporting period, did the agency, mailing address, or 			ental funding?	If so, pro	vide an attachment listing the nan Sched	me of tule "B"	х	
 During this reporting period, dis number of raffles and the date 			able purposes	? If "yes,"	provide an attachment indicating	the		X
Ooes the organization conduct operated by the charity or whe					dicating whether the program is charitable purposes.			X
Did your organization have pre- reporting period?	pared an au	udited financial statement in	accordance w	ith genera	ally accepted accounting principles	s for this		X
Organization's area code and teleph	one numbe	213-892-8104						
Organization's e-mail address								
I declare under penalty of perjury knowledge and belief, it is true, o	that I have orrect and	complete.	luding accom		documents, and to the best of r	ту 7-	-7	20k
Dans. 16		Livio.	Printed Nam	-	Title	_	Date	
· · · · · · · · · · · · · · · · · · ·			THINGU INDIT		1100			