Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

B critical supportable:   CECNOMIC ROUNDY ABLE   Address range   Security   Address range   Security   Address range   Addre	Α	For the	2020 calen	dar year, or tax	year beg	inning 7/0	1	, 2020, and	dending	9 6/	30		20 2021	
Same Ref C Above	В	Check if a	applicable:	С										
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Summary					DRG		,					umber 🟲		
PROGRAMS THAT CONTRIBUTE TO THE ECONOMIC SELF-SUFFICIENCY OF INDIVIDUALS AND  TOMPONITIES.  2 Check this box *   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 1 14  4 Number of voting members of the governing body (Part VI, line 1a).  3 1 14  4 Number of independent voting members of the governing body (Part VI, line 1b).  4 1 13  5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).  5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).  6 Total number of individuals employed in calendar year 2020 (Part V, line 2a).  7 Total unrelated business revenue from Part VIII, column (C), line 12.  7 Total unrelated business taxable income from Porn 990-T, Part I, line 11).  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 1b).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 11).  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 12).  16 Professional fundraising fees (Part IX, column (A), line 25).  17 Other expenses (Part IX, column (A), line 25).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Self the Column (A), line 25).  10 Total inabilities (Part X, line 16).  10 Total revenue less expenses (Part IX, column (A), line 25).  10 Total inabilities (Part X, line 16).  10 Total contracting the compense of th					Trust	Association	Other	L Year o	of formatio	n: 199	1 M s	state of leg	jal domicile: CA	1
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12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 25).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  20 Total assets (Part X, line 16).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Net assets or fund balances. Subtract line 21 from line 20.  25 Signature Block  171, 544.	æ											34.		86.
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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)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge.  Paid Preparer  Sign  Primit Type or print name and title  Primitype preparer's name  Preparer's signature  Primits EIN * 95-3521941  Sherman Oaks, CA 91403  Prione no. 818 509 0066											333,2	43.	393	, 304.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 192,036. 177,420.  16a Professional fundraising fees (Part IX, column (A), line 11e)												_		
16a Professional fundraising fees (Part IX, column (A), line 11e)											102 0	2.0	177	400
Total expenses (Part IX, column (A), lines 11a-11d, 117-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  264, 522.  385, 443.  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  20 Total assets (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Part II Signature Block  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid Preparer  Signature of officer  DANIEL FLAMING Type or print name and title  Preparer's signature FABIO VASCO Frim's name FIRM's name FRABIO VASCO FABIO VASCO	60										192,0	36.		,420.
Total expenses (Part IX, column (A), lines 11a-11d, 117-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  264, 522.  385, 443.  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  20 Total assets (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Part II Signature Block  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid Preparer  Signature of officer  DANIEL FLAMING Type or print name and title  Preparer's signature FABIO VASCO Frim's name FIRM's name FRABIO VASCO FABIO VASCO	9119					• • •	•							
Total expenses (Part IX, column (A), lines 11a-11d, 117-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  264, 522.  385, 443.  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  20 Total assets (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Part II Signature Block  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid Preparer  Signature of officer  DANIEL FLAMING Type or print name and title  Preparer's signature FABIO VASCO Frim's name FIRM's name FRABIO VASCO FABIO VASCO	å					, , ,	· —							
19 Revenue less expenses. Subtract line 18 from line 12  134,727. 9,921.  20 Total assets (Part X, line 16). 171,544. 281,494.  21 Total liabilities (Part X, line 26). 0. 0.  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Signature Block  25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  26 Preparer  27 Date  28 Part II Signature Block  28 Daniel Flaming  29 Date  20 Total assets (Part X, line 16).  20 Current Year  20 End of Year  21 Total liabilities (Part X, line 26).  20 Current Year  21 Total liabilities (Part X, line 26).  20 Date  21 Total liabilities (Part X, line 26).  20 Date  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total assets (Part X, line 16).  24 Date  25 Date  26 Date  27 Date  28 Date  29 Date  29 Date  29 Date  20 Check of PTIN Self-Part Part Part Part Part Part Part Part	_										72,4	86.	208	,023.
Beginning of Current Year End of Year  Total assets (Part X, line 16)												22.	385	,443.
Beginning of Current Year End of Year 201 Total assets (Part X, line 16). 202 Total assets (Part X, line 26). 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			evenue less	expenses. Sub	tract line	18 from line 1:	2				134,7	27.	9	,921.
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Danie   Danie   Date	5 8									Beginnin	g of Curren	t Year	End of Ye	ar
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Danie   Danie   Date	ale a										171,5	44.	281	,494.
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Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Oeclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  DANIEL FLAMING Type or print name and title  Print/Type preparer's name  Preparer's signature  FABIO VASCO FABIO VASCO FABIO VASCO FABIO VASCO Frim's name  GTL, LLP  Firm's name  GTL, LLP  Firm's address  Total Check Self-employed Firm's EIN  95-3521941  Sherman Oaks, CA 91403  Phone no. 818 509 0066	S.	22 N	et assets or	fund balances.	Subtract	line 21 from lii	ne 20:				171.5	44.	281	494
Sign Here    Daniel Flaming   Date	Pa	rt II	Signature	e Block										
Sign Here    Daniel Flaming   Date	Unde	r penalties	s of perjury, I de	clare that I have example	mined this ri	eturn, including acco	ompanying sche	dules and statements,	, and to th	e best of m	v knowledae	and belief.	it is true, correct	. and
Sign Here    Daniel Flaming   President	count	lete. Deck	aration of prepar	er (other than officer	) is based o	n all information of	which preparer	has any knowledge.			1			
Paid Preparer's name FABIO VASCO Firm's name Firm's address  Preparer's signature Firm's address  Preparer's signature Firm's name Firm's name SGTL, LLP Firm's address  Preparer's signature Firm's name Firm's name SGTL, LLP Firm's address  Preparer's signature Firm's name Firm's name SGTL, LLP Firm's address  Preparer's signature Firm's name Firm's name SGTL, LLP Firm's EIN P5-3521941 Sherman Oaks, CA 91403 Prione no. 818 509 0066				1 20	0					/	Oc.	bobe	54.2	021
Type or print name and title  Print/Type preparer's name  Preparer's signature  Prim's name  Preparer's signature  Prim's name  Prim's name  Prim's name  Prim's address  Prim's address  Prim's EIN   Prim's	Sig	ın	Signalur	e of officer	X					Dat	te			
Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's signature Print/Type preparer's name Print/Type preparer's na	He	re	DAN	EL FLAMIN	G					Presi	dent.			
Paid Preparer Use Only FABIO VASCO FABIO VASCO FABIO VASCO 9/30/2021 Self-employed P00332485  Firm's name Firm's address Firm's address Firm's address Sherman Oaks, CA 91403  FABIO VASCO FABIO VASCO 9/30/2021 Self-employed P00332485  Firm's name Firm's name Firm's address Poone No. 818 509 0066			Type or	print name and title				1						
Paid Preparer Use Only FABIO VASCO FABIO VASCO 730 2021 Self-employed P00332485  Firm's name Firm's address 515315 Magnolia Blvd., Suite 110 Firm's EIN 509 0066			Print/Type pi	reparer's name		Preparer's signa	ature 1	Date	/		Check	if P	TIN	
Preparer Use Only Firm's name Firm's address ► GTL, LLP	Pai	id	FABIO	VASCO		FABIO VA	ASCO +	Wester 91	130/	2021	self-employe	d P	00332485	
Use Only         Firm's address         15315 Magnolia Blvd., Suite 110         Firm's EIN ▶ 95-3521941           Sherman Oaks, CA 91403         Phone no. 818 509 0066	Pre	parer	Firm's name		LP			11		- 1		1-		
Sherman Oaks, CA 91403 Phone no. 818 509 0066	Us	e Only	Firm's addres			lia Blvd	Suite	110			Firm's FIN	95-	35219/1	
	May	the IRS	3 discuss thi					uctions				<u> </u>		No

## Form 990 (2020) ECONOMIC ROUNDTABLE Part IV Checklist of Required Schedules

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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		х
•	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
9	d 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	11 d		x
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
	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? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
Ь	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
AA		_	_	

Form 990 (2020) ECONOMIC ROUNDTABLE

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		х
24:	a 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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, 'complete Schedule L. Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35 8	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	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 VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
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Form 990 (2020) ECONOMIC ROUNDTABLE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b If 'Yes,' enter the name of the foreign country ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		-
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	-	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			
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Part VI 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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year   1 a	4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			
of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	3		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 supervision			-
of officers, directors, trustees, or key employees to a management company or other person?	. 3		Х
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?	. 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	. 7a		х
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			
stockholders, or persons other than the governing body?	. 7ь		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
<b>b</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 at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		х
Section B. Policies (This Section B requests information about policies not required by the Internal I	Reven	ue Co	ode.)
	-0-7	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	. 10a		Х
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
operations are consistent with the organization's exempt purposes?			
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?.	11a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule Q		Х	
13 Did the organization have a written whistleblower policy?		X	
14 Did the organization have a written document retention and destruction policy?		X	
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?			
a The organization's CEO, Executive Director, or top management official. See . Schedule 0.	15	V	
b Other officers or key employees of the organization		Х	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	15 b	Х	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity during the year?	16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	101		
Section C. Disclosure	16b		
17 List the states with which a copy of this Form 990 is required to be filed CA	_	-	
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	 501(c)(	- <b></b> 3)s on	 ly)
X   Own website   Another's website   X   Upon request   Other (explain on Schedule O)			
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule O	lable to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records >			
PATRICK BURNS 244 S. SAN PEDRO ST., STE 506 LOS ANGELES CA 90012 (213) 892	-8104		

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

Check if Schedule O contains a response or note to any line in this Part VII......

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

- 1 a 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.
- 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, if any. See instructions for definition of 'key employee.'
- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
<del></del>				(C)	)						
(A) Name and title	(B) Average hours per	thar	one both	box, an c	unles		n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/10 <del>99</del> -MISC)	compensation from the organization and related organizations	
(1) DANIEL FLAMING	40						- 1				
President	0	Х		X				<u>9</u> 3,723.	0.	7,498.	
(2) JENNIFER ITO	2										
Board Chair		] X		X				0.	0.	0.	
(3) JAN BREIDENBACH	2										
Sec/Treasurer	0	X		Х				0.	0.	0.	
(4) YOLANDA ARIAS	2									,	
Director	0	X			1			0.	0.	0.	
(5) GARY BLASI	2										
Director	0	] x				<u> </u>		0.	0.	0.	
(6) JUAN DE LARA	2					IT					
Director	0	] X						0.	0.	0.	
(7) RUTH WILSON GILMORE	2										
Director	0	X						0.	0.	0.	
(8) JOHN GRANT	2	]									
Director	0	Х						0.	0.	0,	
(9) BETTY HUNG	2					·					
Director	0	Х						0.	0.	0.	
(10) KOKAYI KWA JITAHIDI	2	<u> </u>									
Director	0	X						0.	0.	0.	
(11) JOAN LING	2						ı				
Director	0	Х						0.	0.	0.	
(12) ALI MODARRES	2	]									
Director	0	X			<u> </u>			0.	0.	0.	
(13) YASMIN TONG	2	ļ									
Director	0	X			<u> </u>		$ \bot \!\!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	0.	0.	0.	
(14) ABEL VALENZUELA JR.	2										
Director	0	Х						0.	0.	0.	

(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (1 b Subtotal Correction A		(B) (C)											
(15)  (16)  (17)  (18)  (20)  (21)  (22)  (23)  (24)  (25)  1 b Subtotal  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (21)  (29)  (29)  (20)  (21)  (29)  (29)  (29)  (29)  (20)  (21)  (29)  (29)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (27)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (27)  (27)  (28)  (29)		hours per	offic	មកles	ss pe	erson direct	ıs bot or/trus	h ал   tee)	Reportable compensation from	Reportable compensation from	Estin		ount
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person for services rendered to the organization? If 'Yes,' complete Schedule J for such person for such person from the organization.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation of services including but not limited to those listed above) who received more than	from the organization 0											T.	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer, dire	ctor, truste	e, key	∕ em	nplo	yee	, or l	high	est compensated	employee		Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than											3		X
for services rendered to the organization? If 'Yes,' complete Schedule J for such person	such individual					٠					. 4		Х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	for services rendered to the organization? If 'Ye	s, ' comple	te Scl	i iro hedu	m a	J for	unre suc	h pe	rson	ndividual	. 5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		ested ind	nond	ont	505	tran	torc	that	received more th	on \$100 000 -4			
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization. Report compe	nsation for	the ca	lend	ar y	ear	endir	ig W	th or within the org	an \$100,000 of janization's tax year			
	(A) Name and business add	iress							( <b>B)</b> Description o	f services	Compe	<b>C)</b> ensatio	n
				_				+					
	*			_									
	2 Total number of independent contractors (including	but not limi	ted to	thos	se In	sted	abov	(e) w	ho received more	than			
BAA TEFANINS 10/07/20 Form 900	\$100,000 of compensation from the organization			,					reserved more	5.940			

#### Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Federated campaigns	112,382. 282,896.				
ont Dr	1	lines 1a-1f					
	n	Total. Add lines 1a-1f	Business Code	395,278.			
Program Service Revenue							
	3	Investment income (including dividends,					
	4 5	other similar amounts)	bond proceeds	86.			86.
	b	Gross rents	(ii) Personal				
	ı	Rental income or (loss) 6c					
	7 a	Ret rental income or (loss)	(ii) Other			- 11	
	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
<u> </u>		See Part IV, line 18					
the state							
0		Net income or (loss) from fundraising e Gross income from gaming activities. See Part IV, line 19					
	ь	Less: direct expenses 9					
	С	Net income or (loss) from garning active	rities				
	ь	Gross sales of inventory, less	b				
	С	Net income or (loss) from sales of inve					
scellaneous Revenue	11 a b c d		Business Code				
Re S	ď	All other revenue	-				
Ē		Total. Add lines 11a-11d					
		Total revenue. See instructions		395,364.	0.	0.	86.
		4 Z VC Z		000,001		0.	00.

#### 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). Check if Schedule O contains a response or note to any line in this Part IX.... (D) Fundraising (B) (A) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals, See Part IV, line 22 ...... 3 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members... Compensation of current officers, directors, trustees, and key employees ..... 93,723 84,351 9,372 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 58,821 52,939 5,882. Pension plan accruals and contributions (include section 401(k) and 403(b) 11,510 10,359 1,151 929 836 93 Payroll taxes..... 12,437 11,193 1,244 Fees for services (nonemployees): c Accounting...... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5ch. 0 126,664 113,998 12,666 Advertising and promotion..... 6,696 6,026 670 Information technology..... 15 Royalties.... 35,259 31,733 3,526 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 1,500 1,350 150 20 Interest ...... Payments to affiliates..... Depreciation, depletion, and amortization . . . 23 8,164 4,082 4,082 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ..... MOMELESS ASSISTANCE GRANT 19,307 17,376 1,931 b PUBLICATIONS & DATA 9,614 8,653 961 C BANK FEES 425 425 d GOVERNMENT FEES & TAXES 355 394 39 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 385,443 343,251. 42,192. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).....

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	• • • • • • • • • • • • • • • • • • • •		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing.	167,834.	1	197,656.
	2	Savings and temporary cash investments	3,194.	2	83,322.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	<del></del>	7	
9	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
As		Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10 c	
	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	
	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 33)	171,544.	16	281,494.
					,
ī	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
9	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>=</u>	27	Net assets without donor restrictions	171,544.	27	281,494.
ä	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
ş	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
80	31	Retained earnings, endowment, accumulated income, or other funds		31	
1	32	Total net assets or fund balances	171,544.	32	281,494.
ž	33	Total liabilities and net assets/fund balances	171,544.	33	281,494.
ЗА	A	TEEA0111L 10/07/20			Form <b>990</b> (2020)

	99 4919202		age 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			🗍
1 Total revenue (must equal Part VIII, column (A), line 12)	1	395,	364.
2 Total expenses (must equal Part IX, column (A), line 25)	2	385,	443.
3 Revenue less expenses, Subtract line 2 from line 1	3	9,	921.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	171,	544.
5 Net unrealized gains (losses) on investments	5		
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8	100,	029.
9 Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	281,	
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
Check it Schedule o contains a response of note to any line in this Part XII		-	_
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	iewed on a		
		2 b	l x
<b>b</b> Were the organization's financial statements audited by an independent accountant?		20	
basis, consolidated basis, or both:	parate		
Separate basis Consolidated basis Both consolidated and separate basis			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit		1
review, or compilation of its financial statements and selection of an independent accountant?		2 c	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	}le	3a	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	l audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
TEEA0112L 10/19/20			

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

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

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the organization					Employer identifica	rtion number						
ECC	NOMIC ROUNDTABLE					95-431320							
Par							ctions.						
The o	organization is not a private found		the same of the sa										
1	A church, convention of church			,		i).							
2	A school described in section 1												
3	A hospital or a cooperative h	=											
4	A medical research organizate name, city, and state:		unction with a hospital				nter the hospital's						
5	An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a colle					escribed in						
6	A federal, state, or local gove	ernment or governme	ental unit described in s	section 1	70(b)(1)	(A)(v).							
7	X An organization that normally rule in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pub	olic described						
8													
9	· · · · · · · · · · · · · · · · · · ·												
10	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	receives (1) more to xempt functions, sub ated business taxabl	han 33-1/3% of its suppoject to certain exception income (less section	ons; and	(2) no r	more than 33-1/3% of it	s support from gross						
11	An organization organized an		•	ety. See	section	509(a)(4).							
12	An organization organized an or more publicly supported or lines 12a through 12d that de	rganizations describe scribes the type of s	ed in <b>section 509(a)(1)</b> ( upporting organization	or <b>sectio</b> and com	<b>n 509(a</b> ) plete lir	<b>)(2).</b> See <b>section 509(a</b> ) nes 12e, 12f, and 12g.	(3). Check the box in						
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect a <b>nd B.</b>	d, or controlled by its su t a majority of the directo	pported o ors or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	tne supported on. <b>You must</b>						
Ь	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that o	with its control or	support manage	ed organization(s), by i the supported organizati	having control or ion(s) <b>. You</b>						
С		A supporting organizat	tion operated in connection	n with, an	nd function	onally integrated with, its	supported						
d		ated. A supporting org	anization operated in co	nnection	with its s	supported organization(s) t and an attentiveness	that is not requirement (see						
е		ation received a writt	en determination from	the IRS									
f	Enter the number of supported of												
g	Provide the following information	about the supported	d organization(s).										
	(i) Name of supported organization	(ii) EIN	(fii) Type of organization (described on lines 1-10 above (see instructions))	(iv) le organizat in your g docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
				Yes	No								
(A)													
(B)													
•													
(C)													
(D)													
(E)													
Total													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						_
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	324,364.	209,394.	238,373.	399,215.	395,278.	1,566,624.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	324,364.	209,394.	238,373.	399,215.	395,278.	1,566,624.
5	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)						0.
6	Public support. Subtract line 5 from line 4						1,566,624.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	324,364.	209,394.	238,373.	399,215.	395,278.	1,566,624.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.	29.	59.	34.	86.	214.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		= 1				0.
	Total support. Add lines 7 through 10						1,566,838.
12	Gross receipts from related activ	ities, etc. (see inst	tructions)				0.
13	First 5 years. If the Form 990 is a organization, check this box and	for the organization stop here	n's first, second, t	hird, fourth, or fif	th tax year as a s	ection 501(c)(3)	▶ []
Sec	tion C. Computation of Pul	olic Support Pe	ercentage				
	Public support percentage for 20						99.99%
15	Public support percentage from 2	2019 Schedule A, F	Part II, line 14	• • • • • • • • • • • • • • • • • • • •			99.99%
16a	33-1/3% support test—2020. If the and stop here. The organization	ne organization did qualifies as a publ	I not check the bo licly supported org	x on line 13, and ganization	line 14 is 33-1/39	6 or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported or	on line 13 or 16a, ganization	and line 15 is 33	-1/3% or more, cl	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-an	d-circumstances t	test, check this bo	ox and stop here.	Explain in Part \	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-an d-circumstances' te	d-cīrcumstances t est. The organizat	test, check this bo ion qualifies as a	ox and <b>stop here.</b> publicly supporte	Explain in Part \ d organization	/I how the
18	Private foundation. If the organiz	zation did not chec	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	box and see ins	tructions ►

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
•	any 'unusual grants.')						
~	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities	-					
•	that are not an unrelated trade						
	or business under section 513						
4	Tax revenues levied for the organization's benefit and				1 0 0 1		
	either paid to or expended on		4.1				
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
ь	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
C	Add lines 7a and 7b						
8	Public support, (Subtract line						
500	7c from line 6.)tion B. Total Support				-		-
	· · · · · · · · · · · · · · · · · · ·	4 > 0015	4 > 0017	4 > 0010	4 15 004 5	4 2 0000	40 = 11
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
D	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						<b>-</b>
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
12	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is f	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
-	organization, check this box and				*************		····· <u></u>
	tion C. Computation of Pub				<u> </u>		
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Inve					<del>,-</del>	
17	Investment income percentage for						
	Investment income percentage fr						%
19a	33-1/3% support tests-2020. If this not more than 33-1/3%, check	he organization of	fid not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	l line 17
h	33-1/3% support tests-2019. If the						
	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported organ	ization
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions.	▶ □

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

				Yes	No
	1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
	4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
	6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
	7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
	Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9c		
1	0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
	b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)					
11	∐ac ti	be examination accounted a gift or contribution from any of the following percent?		Yes	No		
	A pers	he organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,					
L		overning body of a supported organization?	11a 11b				
	b A family member of a person described in line 11a above?  C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.						
		3. Type I Supporting Organizations	110				
-		7. Typo I supporting Organizations		Yes	No		
1	or mo office organ than were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's rs, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1				
2	Did th that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2				
Sec	tion (	C. Type II Supporting Organizations					
				Yes	No		
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees on the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Sec	tion [	D. All Type III Supporting Organizations					
1	Did #	as example from a could be easily of the supported example than by the last day of the fifth month of the		Yes	No		
7	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the sization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the sization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2				
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3				
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations					
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	Т	he organization satisfied the Activities Test. Complete line 2 below.					
ь	т 🔲 т	he organization is the parent of each of its supported organizations. Complete line 3 below.					
c	т 🔲 т	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ctions	5).		
2	Activi	ties Test. Answer lines 2a and 2b below.	1	Yes	No		
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported izations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a				
b	more reaso	ne activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b				
3	Paren	nt of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	За				
b	Did the suppo	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b				

	Integrated 509(a)(3) Supporting Orga sfied the Integral Part Test as a qualifying trust i-functionally integrated supporting organization			n Part VI). <b>See</b> through E.			
Section A - Adjusted Net Income							
1 Net short-term capital gain		1					
2 Recoveries of prior-year distributions		2					
3 Other gross income (see instructions)		3					
4 Add lines 1 through 3.		4					
5 Depreciation and depletion		5	<u> </u>				
	incurred for production or collection of gross on, or maintenance of property held for )	6					
7 Other expenses (see instructions)		7					
8 Adjusted Net Income (subtract lines 5	6, and 7 from line 4)	8					
Section B — Minimum Asset Amou	nt		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non- tax year or assets held for part of year	exempt-use assets (see instructions for short ):						
a Average monthly value of securities		1a					
<b>b</b> Average monthly cash balances		1b					
c Fair market value of other non-exempt	-use assets	1c					
d Total (add lines 1a, 1b, and 1c)		1d					
e Discount claimed for blockage or othe (explain in detail in Part VI):	r factors						
2 Acquisition indebtedness applicable to	non-exempt-use assets	2					
3 Subtract line 2 from line 1d.		3					
4 Cash deemed held for exempt use. En see instructions).	ter 0.015 of line 3 (for greater amount,	4					
5 Net value of non-exempt-use assets (s	ubtract line 4 from line 3)	5	•				
6 Multiply line 5 by 0.035.		6					
7 Recoveries of prior-year distributions		7					
8 Minimum Asset Amount (add line 7 to	line 6)	8					
Section C — Distributable Amount				Current Year			
1 Adjusted net income for prior year (from	n Section A, line 8, column A)	1					
2 Enter 0.85 of line 1.		2					
3 Minimum asset amount for prior year (	from Section B, line 8, column A)	3					
4 Enter greater of line 2 or line 3.		4					
5 Income tax imposed in prior year		5					
temporary reduction (see instructions).	from line 4, unless subject to emergency	6					
7 Check here if the current year is the (see instructions).	e organization's first as a non-functionally integ	grated	Type III supporting org	ganization			
BAA			Schedule A (Fo	orm 990 or 990-EZ)			

Sec	tion D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
<b>b</b> From 2016			
¢ From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
C Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

ECONOMIC ROUNDTABLE 95-4313202 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. >\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number 95-4313202 ECONOMIC ROUNDTABLE

	Contributors (see instructions). Use duplicate copies of Part I if additional s	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. SBA PAYCHECK PROTECTION PROG.		Person X
	312 N SPRING ST	\$37,382.	Payroll
	LOS ANGELES, CA 90012	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WEINGART FOUNDATION		Person X
	700 SOUTH FLOWER ST. STE 1900	\$ 100,000.	Payroll Noncash
	LOS ANGELES, CA 90017	·	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LA COUNTY DEPT OF WORKFORCE DEV		Person X
	3175 W 6TH ST	\$60,000.	Payroll Noncash
	LOS ANGELES, CA 90020	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	INTERNAT'L LONGSHORE & WAREHOUSE UN		Person X
			Payroll
	1188 FRANKLIN ST	\$ <u>78,000.</u>	Noncash
	1188 FRANKLIN ST SAN FRANCISCO, CA 94109		Noncash  (Complete Part II for noncash contributions.)
(a) No.			(Complete Part II for
(a) No. 	SAN FRANCISCO, CA 94109	(c)	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person
-	SAN FRANCISCO, CA 94109  (b)  Name, address, and ZIP + 4	(c)	(Complete Part II for noncash contributions.)  (d)  Type of contribution
-	SAN FRANCISCO, CA 94109  Name, address, and ZIP + 4  UFCW LOCAL 21	(c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
-	SAN FRANCISCO, CA 94109  Name, address, and ZIP + 4  UFCW LOCAL 21  5030 FIRST AVE SOUTH, STE 200	(c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
5	SAN FRANCISCO, CA 94109  Name, address, and ZIP + 4  UFCW LOCAL 21  5030 FIRST AVE SOUTH, STE 200  SEATTLE, WA 98134  (b)	(c) Total contributions  \$ 80,074.	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
5 (a) No.	SAN FRANCISCO, CA 94109  Name, address, and ZIP + 4  UFCW LOCAL 21  5030 FIRST AVE SOUTH, STE 200  SEATTLE, WA 98134  Name, address, and ZIP + 4	(c) Total contributions  \$ 80,074.	(Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution

1

Name of organization

ECONOMIC ROUNDTABLE

Employer identification number

95-4313202

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	- <b>-</b>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	<b></b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	- <b></b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   <b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E	Z, or 990-PF) (2020

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		1 1 Page	4
Name of organ	nization IC ROUNDTABLE		Employer identification number 95–4313202	
Part III		ear from any one contributo eting Part III, enter the total of er this information once. See i	zations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and of exclusively religious, charitable, etc	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
		(e) Transfer of gift	·	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	_
(a) No. from	(b) Purpose of gift	(c) Use of qift	(d) Description of how gift is held	
No. from Part I	(a) i ii post oi gii.		(a) bescription of now gift is field	
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				 
ı		(e) Transfer of gift		<u>-</u> -
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee	  
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	<u>-</u>
<b></b> -				 
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	_

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

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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, Line 11b - Form 990 Review Process

THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR REVIEW AND COMMENT PRIOR TO FILING.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ALL INSTANCES OF POSSIBLE CONFLICT OF INTEREST ARE REVIEWED BY THE DIRECTORS AT EACH QUARTERLY MEETING. CONFLICTS ARE EXPECTED TO BE DISCLOSED AND THE DIRECTORS ARE EXPECTED TO ABSTAIN FROM DISCUSSION AND VOTING ON SUCH MATTERS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE BOARD PERIODICALLY CONVENES A FINANCE AND COMPENSATION AD HOC COMMITTEE TO

REVIEW THE AMOUNT OF INFLATION SINCE PREVIOUS PAY RAISE AND TO COMPARE THE OVERALL

AMOUNT OF COMPENSATION PAID TO STAFF AT SIMILAR EXEMPT ORGANIZATIONS.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ON THE WEB SITE AND AVAILABLE UPON WRITTEN REQUEST.

#### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management <u>&amp; General</u>	Fund- <u>raising</u>
CONTRACT SERVICES	Total 🕏	126,664. 126,664.	113,998. \$ 113,998.	12,666. \$ 12,666.	<u>\$</u> _0.

# 2020 California Exempt Organization Annual Information Return

FORM

199

Calendar Y	ear 202	20 or fiscal y	/ear beginning (mm/dd/	<sup>(</sup> уууу) <u>7 /</u>	01/202	, and ending	(mm/dd/yyyy) <u>6/30</u> ,	202	<u>1</u> .	
Corporation/O	rganizati	ion name							California corporation nu	ımber
		OUNDTAE  . See instruction							1492728 EIN	
Additional into	iiiiatioii.	. See ilistruction	15.						95-4313202	
Street address	•	,	G===== #506					F	PMB no.	
244 S. City	SAN	PEDRO	STREET #506				State	Z	lip code	
LOS AN	GELE	S					CA		90012	
Foreign countr	ry name						Foreign province/state/county	F	oreign postal code	
A First retu	ırn			Yes	X No		ation have any changes to its o			X No
<b>B</b> Amended	d return			• ☐ Yes	X No		the FTB? See instructions		• Yes	<b>T</b> 110
C IRC Section	ion 4947	7(a)(1) trust		Yes	X No		R&TC Section 23701d, has th gaged in political activities?	е		
	issolved	d S	Surrendered (Withdrawn)	Merged/R	Reorganized	,	5		● Yes	X No
Enter dat E Check ac		/dd/yyyy) ●				K Is the organizati	ion exempt under R&TC Section	n 23701	1g? ● Yes	X No
			al <b>3</b> Other				ne gross receipts from Irces	Ś	<u>—</u>	_
			990T <b>2</b> ● 990-PF	3 ● 🗌 Sc	ch H (990)		ion a limited liability company	-		X No
4 X 0tl			uctions	• Yes	X No	M Did the organiza	ation file Form 100 or Form 10	9 to rep	oort	
				_	_	N Is the organizati	ion under audit by the IRS or I	nas the	IRS	X No
		ion in a group of the parent's na	exemption	· · · · Yes	X No		or year?		=	X No
100,	Wildt 10	ano parone o ne					1023/1024 pending?		Yes	X No
						Date filed with I	RS			
Part I	Com	plete Part I	unless not required t	o file this form	n. See Ge	neral Information	n B and C.			
	1	Gross sale	s or receipts from oth	er sources. Fr	om Side 2	2, Part II, line 8	•	1		86.
Danainta							• • • • • • • • • • • • • • • • • • • •	2		
Receipts and							SEE SCH. B.	3	395	<u>,278.</u>
Revenues	4	•	receipts for filing rec	•		•	eral Information B •	4	395	,364.
	5		ods sold				oral morniation B	-		7501.
			er basis, and sales e							
								7		
	8						•	8		,364.
Expenses							•	10		,443.
	10 11		receipts over expense				om line 8	10	9	,921.
		Total paym Use tax. Se						12		
							line 11	13		
Filing	14	Use tax ba	lance. If line 12 is mo	ore than line 1	1, subtrac	t line 11 from lin	e 12 •	14		
Fee	15	Penalties a	and Interest. See Gen	eral Informatio	on J			15		
	16	Balance due.	Add line 12 and line 15. TI	nen subtract line 1	1 from the i	result	·····•	16		0.
Cian	Under	penalties of pe	rjury, I declare that I have ex	amined this return,	including ac	companying schedules	and statements, and to the bespreparer has any knowledge.	st of my	knowledge and belief,	it is true,
Sign Here			. Declaration of preparer (otr	ier than taxpayer) i	Title	all information of which	Date		<ul><li>Telephone</li></ul>	
	of office	ture >			PRESI			(	(213) 892-8	104
<b>D</b> : 1	Prepa	rer's >	TO 173 GGO			Date	Check if self-		PTIN	
Paid Preparer's	signat		GTL, LLP				employed	<del>-  </del>	00332485 ● Firm's FEIN	
Use Only	(or you	name urs, if nployed)	15315 MAGNOL	IA BLVD	SUIT	E 110			95-3521941	
	and ac	ddress	SHERMAN OAKS					•	Telephone	
	ļ.,	::				2.6 : :			318 509 006	
	May	tne FIB di	scuss this return with	tne preparer s	snown ab	ove? See instruc	tions	•	X Yes	No

#### ECONOMIC ROUNDTABLE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		regai	uless of aniount of gross receipts	- complete r	art ii Or Turriisii	เวนมว	titute iiiioiiiiatioi	l			
		1	Gross sales or receipts from all	business ac	tivities. See ir	nstruc	tions		1		
		2	Interest						2		
		3	Dividends						3		
Rece		4 Gross rents.					4				
Othe		5 Gross royalties.									
Sour	ces	ces									
		6 Gross amount received from sale of assets (See Instructions).  7 Other income. Attach schedule									86.
		8	Total gross sales or receipts from other								
		9	Contributions, gifts, grants, and similar		-		-				86.
				•						_	
		10	Disbursements to or for member								
		11	Compensation of officers, direct								93,723.
Fyne	nses	12	Other salaries and wages								58,821.
and		13	Interest								
	urse-	14	Taxes						14		12,437.
men	ıs	15	Rents								35,259.
		16	Depreciation and depletion (See								
		17	Other expenses and disburseme	ents. Attach	schedule		SEE ST	ATEMENT 2	17		185,203.
		18	Total expenses and disbursements. Add								385,443.
Sch	edule	L	Balance Sheet		eginning of t					xable year	
Asse				(a			(b)	(c)			(d)
1				·	,		171,028.	(-)			280,978.
2			receivable				1,1,020.			•	20072701
3			eivable							•	
4										•	
5	Federal	and s	tate government obligations							•	
6			n other bonds							•	
7			n stock							•	
8			18							•	
9			nents. Attach schedule							•	
•			ssets							-	
	•										
			ated depreciation							•	
11			лин Стм				F1.6			•	
12			Attach schedule				516.				516.
13							171,544.				281,494.
Liabi			et worth							_	
14			able							•	
15			, gifts, or grants payable							•	
16	Bonds	and no	tes payable							•	
17	Mortga	ges pa	yable							•	
18	Other li	abilitie	es. Attach schedule								
19	Capital	stock	or principal fund							•	
20			oital surplus. Attach reconciliation							•	
21			ings or income fund				171,544.				281,494.
22	Total I	abiliti	es and net worth				171,544.				281,494.
Sch	edule	• M-1									
			Do not complete this schedule			., line	13, column (d), i	s less than \$50,000	)		
			or books	•	9,921.	7		books this year not inc	cluded		
2			ne tax	•			in this return. Attac			•	
3			tai iooooo otoi oapitai gama : : : : : : :	•		8	Deductions in this				
4			corded on books this year.				against book incom				
				•		_				•	
5			orded on books this year not deducted			9		nd line 8			
_			Attach Schodule	•		10	Net income pe				
6	Total. <i>F</i>	dd lin	e 1 through line 5		9,921.		Subtract line 9	from line 6			9,921.

Page 2 Form 199 2020 059 3652204 CACA1112L 12/22/20

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## California Copy Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2020

ECONOMIC ROUNDTABLE 95-4313202 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address). II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.  $\triangleright$ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1

Name of organization

ECONOMIC ROUNDTABLE

Employer identification number

95-4313202

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	U.S. SBA PAYCHECK PROTECTION PROG.		Person X		
	312 N SPRING ST	\$ <u>37,382.</u>	Payroll Noncash		
	LOS ANGELES, CA 90012		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	CALIFORNIA COMMUNITY FOUNDATION		Person X  Payroll		
	221 S FIGUEROA ST #400	\$7,600.	Noncash		
	LOS ANGELES, CA 90012		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	WEINGART FOUNDATION		Person X Payroll		
	700 SOUTH FLOWER ST. STE 1900	\$100,000.	Noncash		
	LOS ANGELES, CA 90017		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	LA COUNTY DEPT OF WORKFORCE DEV		Person X Payroll		
	3175 W 6TH ST	\$60,000.			
	LOS ANGELES, CA 90020		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>5</u>	INTERNAT'L LONGSHORE & WAREHOUSE UN		Person X Payroll		
	1188 FRANKLIN ST	\$78,000.	Noncash		
	SAN FRANCISCO, CA 94109		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>6</u>	UFCW LOCAL 21		Person X Payroll		
	5030 FIRST AVE SOUTH, STE 200	\$80,074.	Noncash		
	SEATTLE, WA 98134		(Complete Part II for noncash contributions.)		

Schedule B (Form 990	, 990-EZ,	or 990-PF) (2	2020)					
Name of organization								

Employer identification number

ECONOMIC ROUNDTABLE	95-4313202

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CA OFFICE - SMALL BUSINESS ADVOCATE  1325 J ST. STE 1800  SACRAMENTO, CA 95814	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ - -	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

1

Employer identification number

Name of organization

ECONOMIC ROUNDTABLE

BAA

95-4313202

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional sp	oace	e is needed.	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		_		
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			- -		
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			ŝ		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

ECONOMIC ROUNDTABLE

	- (		<u> </u>					
Name of organ ECONOM	nization IC ROUNDTABLE		Employer identification number 95–4313202					
Part III		ear from any one contributo eting Part III, enter the total of er this information once. See in	exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, ar	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			+					
		(e) Transfer of gift	I					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

2020	California Statements	Page 1
	ECONOMIC ROUNDTABLE	95-4313202
Form Othe	ement 1 1 199, Part II, Line 7 r Income er Investment Income \$ Total \$	86. 86.
Form	ement 2 n 199, Part II, Line 17 r Expenses	
Conf GOVE HOME Insu Offi Othe Othe Pens	FEES erences, Conventions, and Meetings RNMENT FEES & TAXES LESS ASSISTANCE GRANT trance ce Expenses er Employee Benefit er fees ion Plan Contributions ICATIONS & DATA  Total \$	425. 1,500. 394. 19,307. 8,164. 6,696. 929. 126,664. 11,510. 9,614. 185,203.
Form	ement 3 n 199, Schedule L, Line 12 r Assets	
DEPO	SITS	516. 516.

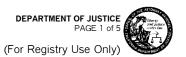
#### STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.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 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

		Check if:	-				
ECONOMIC ROUNDTABLE		Change of address					
Name of Organization		Amended report					
List all DBAs and names the organization uses or has used			Сроге				
244 S. SAN PEDRO STREET #506		State Charity F	Registration Number 81006				
Address (Number and Street)							
LOS ANGELES, CA 90012 City or Town, State and ZIP Code		Corporation or	Organization No. 1492728				
(213) 892-8104 Telephone Number E-mail Ad	ddysaa	Federal Emplo	oyer ID No. 95-4313202				
·	RENEWAL FEE SCHEDULE (11 Cal	·	-				
ANNUAL REGISTRATION	Make Check Payable to Depart						
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	F	ee		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	•	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 millio Greater than \$50 million	n \$2	150 225 300		
PART A – ACTIVITIES							
For your most recent full accounting per	riod (beginning 7/01/20	ending	6/30/21 ) list:				
Gross Annual Revenue \$ 395, 36	4. Noncash Contributions \$		0. Total Assets \$ 28	1,49	94.		
Program Expenses \$	343,251.	Total Expenses	385,443 <u>.</u>				
PART B – STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT				
Note: All questions must be answered. If you	answer "yes" to any of the quest	ions below, you	u must attach a separate page				
providing an explanation and details fo			•	Yes	No		
1 During this reporting period, were there any officer, director or trustee thereof, either directly of	or with an entity in which any sucl	n officer, director of	r trustee had any financial interest?	Ш	Χ		
2 During this reporting period, was there any t	theft, embezzlement, diversion or	misuse of the o	organization's charitable property or funds?		X		
3 During this reporting period, were any organ	ization funds used to pay any per	nalty, fine or jud	dgment?		X		
4 During this reporting period, were the service coventurer used?	es of a commercial fundraiser, fundrai	sing counsel for	r charitable purposes, or commercial		Χ		
5 During this reporting period, did the organiza	ation receive any governmental fu	ınding?	SEE STATEMENT 1	Χ			
6 During this reporting period, did the organiza	ation hold a raffle for charitable p	urposes?			X		
7 Does the organization conduct a vehicle don	nation program?				X		
Did the organization conduct an independen generally accepted accounting principles for	t audit and prepare audited finand this reporting period?	cial statements	in accordance with		Χ		
9 At the end of this reporting period, did the o	rganization hold restricted net assets,	while reporting	negative unrestricted net assets?		X		
I declare under penalty of perjury that I have earnd belief, the content is true, correct and cor			locuments, and to the best of my kno	wledo	ge		
DAN	IIEL FLAMING	PRESIDENT					
	d Name	Title	Date				

95-4313202

Statement 1 Form RRF-1, Part B, Line 5 **Government Agency That Provided Funding** 

NAME: LOS ANGELES COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT, AGING AND COMMUNITY

SERVICES (WDACS) ADDRESS: 3175 W 6TH ST

LOS ANGELES, CA 90020 CONTACT PERSON: OTTO SOLORZANO, ACTING DIRECTOR

TELEPHONE: (213) 738-2600

NAME: CALIFORNIA OFFICE OF THE SMALL BUSINESS ADVOCATE (CALOSBA)

ADDRESS: 1325 J ST. STE 1800 SACRAMENTO, CA 95814 CONTACT PERSON: TARA LYNN GRAY, DIRECTOR

TELEPHONE: (877) 345-4633

NAME: U.S. SMALL BUSINESS ADMINISTRATION'S (SBA) LOS ANGELES DISTRICT OFFICE

ADDRESS: 312 N SPRING ST.

LOS ANGELES, CA 90012 CONTACT PERSON: BEN RAJU, DEPUTY DISTRICT DIRECTOR TELEPHONE: (213) 634-3855

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2020, and ending

Open to Public Inspection

, **20** 2021

В	Check	if applicable:	С							D Employ	er identi	fication number		
	Ad	ddress change	ECONOMIC 1	ROUNDTA	ABLE					95-	4313	202		
	Na	ame change	244 S. SAI			#506				E Teleph	one numb	er		
	In	Initial return LOS ANGELES, CA 90012								(213) 892-8104				
	Fir	nal return/terminated												
	Ar	mended return								<b>G</b> Gross	eceipts	<sup>395</sup> ,	364.	
	Ap	oplication pending	F Name and addr	ess of princip	al officer:				H(a) Is the	nis a group retu	n for sub		X <sub>No</sub>	
	_		Same As C	Above					H(b) Are	all subordinate:	included	1? Yes	No	
I	Tax-	exempt status:	X 501(c)(3)	501(c) (	) <b> </b>	nsert no.)	4947(a)(1) or	527	" "	io, attacii a iis	566 1115	uucuons		
J	We	bsite: ► EC	CONOMICRT.C	RG					H(c) Gro	up exemption n	umber 🕨			
K	Form	of organization:	X Corporation	Trust	Association	Other ►	L	Year of format	ion: 19	91 <b>M</b>	State of le	egal domicile: CA		
Pa	rt I	Summar					•			J.				
Governance			be the organiza THAT CONT											
<u>s</u>	2	Check this bo	ox ► if the	organizatio	on discontinu	ed its oper	ations or disp	osed of mo	ore than	25% of its	net as:	sets.		
ŏ	_		oting members of								3		14	
Activities &			dependent votin	-	-		•	-			4		13	
jŧ	5		of individuals e								5		2	
ŧ	72		r of volunteers ( ed business rev								6 7a		13	
⋖			d business taxab								7a 7b		0.	
		Trot diniolator	a buomioso taxae	710 111001110		.50 1,1 are	1, 1110		1	Prior Year	7.5	Current Ye		
	8	Contributions	and grants (Pa	rt VIII, line	e 1h)					399,215.			,278.	
Jue	9		vice revenue (Pa							03371	110.	030	<u>,                                    </u>	
Revenue	10	Investment in	ncome (Part VIII	, column (	(A), lines 3, 4	, and 7d).						86.		
æ	11	Other revenu	e (Part VIII, colu	umn (A), l	ines 5, 6d, 8d	e, 9c, 10c,	and 11e)							
	12		e – add lines 8							399,2	249.	395	,364.	
	13	Grants and s	imilar amounts <sub>l</sub>	paid (Part	IX, column (	A), lines 1-	3)							
	14	Benefits paid	I to or for memb	ers (Part l	X, column (A	A), line 4).								
Ø	15	Salaries, other	er compensatior	n, employe	ee benefits (P	art IX, colu	umn (A), lines	s 5-10)	-	192,0	177	,420.		
Expenses	16 a	Professional	fundraising fees	(Part IX,	column (A),	line 11e)								
e d	b	Total fundrais	sing expenses (l	Part IX, co	olumn (D), lin	e 25) ►								
ũ	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)							72,4	186.	208	,023.	
	18		es. Add lines 13			-				264,			,443.	
	19	Revenue less	s expenses. Sub	tract line	18 from line 1	12				134,			,921.	
- 8 8			· · · · · · · · · · · · · · · · · · ·							ning of Curre		End of Ye		
ağ ağ	20	Total assets	(Part X, line 16)							171,		281	,494.	
Ass Ba	21	Total liabilitie	es (Part X, line 2	26)						•	0.		0.	
Net Asse Fund Bal	22	Net assets or	fund balances.	Subtract	line 21 from I	ine 20				171,	544.	281	,494.	
	rt II	Signatur	e Block							,		-		
Unde	er penal	ties of perjury, I de	eclare that I have exa arer (other than office	mined this re	turn, including acc	companying so	chedules and state	ements, and to	the best o	f my knowledge	and belie	ef, it is true, correct	, and	
com	olete. D	eclaration of prepa	arer (other than office	r) is based or	all information o	f which prepar	er has any knowle	edge.		T				
Siç	jn 💮	Signatu	re of officer							Date				
He	re		IEL FLAMIN	G					Pre	sident				
		, ,	print name and title		Ta .			Ta .		<del>                                      </del>	, ,			
		3, ,	oreparer's name		Preparer's sign			Date		Check	<b>⊣</b> "	PTIN		
Pa		FABIO			FABIO V	ASCO				self-employ	ed	P00332485		
Pre	epare	Firm's name		LLP										
US	ė On	Firm's addre			ia Blvd.		e 110			Firm's EIN		-3521941		
					, CA 914					Phone no.	818	509 0066		
May	the I	RS discuss th	nis return with th	e prepare	r shown abov	e? See ins	structions					X Yes	No	

Part I		
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	CONDUCT RESEARCH AND IMPLEMENT PROGRAMS THAT CONTRIBU	TE TO THE ECONOMIC
2	SELF-SUFFICIENCY OF INDIVIDUALS AND COMMUNITIES.	
_		
<b>2</b> D	Did the againstian undertale and similar to account and the control of the contro	not listed on the writer
	Form 990 or 990-EZ?	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts	a any nyanyan aoniisaa?
	If "Yes," describe these changes on Schedule O.	s, any program services? Yes X No
	·	and are are a consistent of the constant of th
S	Describe the organization's program service accomplishments for each of its three lar Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grand revenue, if any, for each program service reported.	gest program services, as measured by expenses, ants and allocations to others, the total expenses,
4a ((	a (Code: ) (Expenses \$ 343,251. including grants of \$	) (Revenue \$
	RESEARCH TO DEVELOP PRACTICAL SOLUTIONS TO SOCIAL AND	
	GENERAL RELIEF AND THE LABOR MARKET IN SOUTHERN CALIF	
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4b (0	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
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4 c ((	c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$
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	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$	) (Revenue \$ )
4 e ⊤	e Total program service expenses ► 343,251.	

## Form 990 (2020) ECONOMIC ROUNDTABLE Part IV Checklist of Required Schedules

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Χ

# Form 990 (2020) ECONOMIC ROUNDTABLE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	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 VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
RA/	(gambling) winnings to prize winners?	1 c	X aan	2020

Form 990 (2020) ECONOMIC ROUNDTABLE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.,,
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
١	of If 'Yes,' enter the name of the foreign country ►			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		21
		30		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	Form 8282?	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.  Did the opposition argenization make any toyoble distributions under certion 40663	0		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	Section 501(c)(7) organizations. Enter:	30		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ě	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14		v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?............. Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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 a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 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 with a taxable entity during the year? 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

STE 506 LOS ANGELES CA 90012 (213)

PATRICK BURNS 244 S. SAN PEDRO ST.,

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

Check if Schedule O contains a response or note to any line in this Part VII......

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

- 1 a 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.
- 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, if any. See instructions for definition of 'key employee.'
- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles	,	on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIEL FLAMING	40									
President	0	Χ		Χ				93,723.	0.	7,498.
(2) JENNIFER ITO	2									
Board Chair	0	Χ		Χ				0.	0.	0.
(3) JAN BREIDENBACH	2									
Sec/Treasurer	0	Χ		Χ				0.	0.	0.
(4) YOLANDA ARIAS	_ 2							_		_
Director	0	Χ						0.	0.	0.
_(5) GARY_BLASI	2									
Director	0	X						0.	0.	0.
_(6)_ JUAN_DE_LARA	2	.,						•	•	•
Director GIVEN AND GIVEN	0	X						0.	0.	0.
	2	3.7						0	0	0
Director	0	X						0.	0.	0.
(8) JOHN GRANT	2	37						0	0	0
Director	0	Х						0.	0.	0.
(9) BETTY HUNG	2	v						0.	0.	0
Director (10) KOKAYI KWA JITAHIDI	2	Х						0.	0.	0.
Director	0	Х						0.	0.	0.
(11) JOAN LING	2	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(12) ALI MODARRES	2	Λ.						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(13) YASMIN TONG	2							J.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(14) ABEL VALENZUELA JR.	2									
Director	0	Х						0.	0.	0.

Part VII	Section A. Office	ers, Directors, Tru		Key	Em	_	_	es, a	and	Highest Con	ipensated Emp	loyees	(conti	nued)
			(B)			((	•							
	(A)		Average	(do	not o	heck	more	than	one	(D)	(E)		(F)	
	Name and titl	e	hours per week	offic	cer ar	nd a	direct	is both or/trus	tee)	Reportable compensation from	Reportable compensation from	Estim	ated amo	ount
			(list any hours	or o	sul	Off	Kej	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation t rganizati	from
			for related	Individual or director	ipni	Officer	Key employee	Highest co employee	ŭ.			an	d related	1
			organiza - tions	ig to	onal		ploy	com e				9		
			below dotted	ndividual trustee or director	institutional trustee		8	pens						
			line)	0	99			Highest compensated employee						
(1F)														
(13)														
(16)														
<u> </u>				1										
(17)														
				1										
(18)														
(19)														
(20)														
(21)														
(21)				-										
(22)														
<u> </u>				-										
(23)														
				1										
(24)														
(25)														
1 b Sub	total			ļ					<b>.</b>	02 722	0		7 /	100
	ll from continuation she	eets to Part VII Section	Λ						<b>.</b>	93,723.	0.		1,4	198. 0.
	l (add lines 1b and 1c).								<b></b>	93,723.	0.		7 /	198.
2 Total	I number of individuals (ir	ncluding but not limited	to those I	isted	abo	ve) v	who	recei	ved			pensatio		50.
	the organization •	0				,					·			
		-											Yes	No
<b>3</b> Did t	the organization list any	former officer, direct	tor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee			
on li	ne 1a? If 'Yes,' comple	te Schedule J for such	h individu	ıal	· · · ·							. 3		X
4 For a	any individual listed on organization and related	line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
tne d such	organization and related n <i>individual</i>	organizations greate	er tnan \$1	50,00	UU? 	<i>IT</i> 1	'es,`		трте 	te Scneaule J for		. 4		Х
<b>5</b> Did a	any person listed on line	e 1a receive or accrue	e comper	satio	n fr	om	anv	unre	late	ed organization or	individual			
for s	services rendered to the	organization? If 'Yes	,' comple	te So	chec	lule	J fo	r suc	ch p	erson		. 5		X
	B. Independent Co		acted ind	onon	don	+ 001	atro	otoro	tho	t received more t	non \$100 000 of			
comp	pensation from the organi	ization. Report compens	sation for	the c	alen	dar <u>j</u>	year	endii	เมล ng v	vith or within the or	ganization's tax yea	r.		
		(A) me and business addr								_ (B)		. (	C)	
	Nar	me and business addr	ess							Description (	of services	Compe	nsatio	n
2 Total	I number of independent	contractors (including b	out not lim	ited to	o thr	se I	ister	l aho	ve)	Mho received more	than			
	0,000 of compensation f	•						. 400	,	1000.100 111010				
T . 3		- 3	<u> </u>											

86

0

#### Form 990 (2020) ECONOMIC ROUNDTABLE 95-4313202 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) . . . . 1 e 112,382 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 282,896 **q** Noncash contributions included in 1 g lines 1a-1f. . . . . . . . . . h Total. Add lines 1a-1f . . . . 395,278 Business Code Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) ..... 86 86. Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . . 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events ...... 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

395

364

0

d All other revenue. e Total. Add lines 11a-11d

Total revenue. See instructions......

#### 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).

	Check if Schedule O contains a renot include amounts reported on lines 7b, 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 domestic organizations and domestic governments. See Part IV, line 21		211,211,000	5	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	93,723.	84,351.	9,372.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	58,821.	52,939.	5,882.	•
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,510.	10,359.	1,151.	
9	Other employee benefits	929.	836.	93.	
10	Payroll taxes	12,437.	11,193.	1,244.	
	Fees for services (nonemployees):	12, 137.	11,133.	1,244.	
	Management				
	b Legal				
	: Accounting.				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0.5ch. O Advertising and promotion	126,664.	113,998.	12,666.	
13	Office expenses	6,696.	6,026.	670.	
14	Information technology	7,000	3,7223	7.77	
15	Royalties				
16	Occupancy	35,259.	31,733.	3,526.	
17	Travel	00/2001	027.001	0,0201	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,500.	1,350.	150.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,164.	4,082.	4,082.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	HOMELESS ASSISTANCE GRANT	19,307.	17,376.	1,931.	
	PUBLICATIONS & DATA	9,614.	8,653.	961.	
	BANK FEES	425.		425.	
	GOVERNMENT FEES & TAXES	394.	355.	39.	
	All other expenses.				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	385,443.	343,251.	42,192.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	o any line in this Part X	<u></u>	<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		167,834.	1	197,656.
	2	Savings and temporary cash investments		3,194.	2	83,322.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form	ner officer, director.			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	I contributor, or 35%		_	
			-		5	
	6	Loans and other receivables from other disqualified p	` —			
	_	section 4958(f)(1)), and persons described in section			6	
S	7	Notes and loans receivable, net	<b> </b>		7	
ets	8	Inventories for sale or use	-		8	
Assets	9	Prepaid expenses and deferred charges		9		
1	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10 c	
	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	
	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	33)	171,544.	16	281,494.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities	_		20	
ies	21	Escrow or custodial account liability. Complete Part			21	
Ή	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu	ficer, director, trustee,			
Liabilities		controlled entity or family member of any of these pe	rsons		22	
_	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>≥ ►</b> X			
an	27	Net assets without donor restrictions		171,544.	27	281,494.
Bal	28	Net assets with donor restrictions	-	171,544.	28	201, 191.
n		Organizations that do not follow FASB ASC 958, che	eck here ►			
Net Assets or Fund Balance		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	<u> -</u>		30	
455	31	Retained earnings, endowment, accumulated income	<u> </u>		31	
et.)	32	Total net assets or fund balances	<u> -</u>	171,544.	32	281,494.
	33	Total liabilities and net assets/fund balances		171,544.	33	281,494.
BA	Α		TEEA0111L 10/07/20			Form <b>990</b> (2020)

BAA Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI.								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		395,3	364.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		385,4	143.				
3	Revenue less expenses. Subtract line 2 from line 1	3			921.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments	5		71,5					
6 Donated services and use of facilities									
7	7 Investment expenses								
8	Prior period adjustments	8		.00,0	)29.				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	,	281,4	101				
Pa	rt XII Financial Statements and Reporting	10		.01,	194.				
ı a	<u> </u>								
	Check if Schedule O contains a response or note to any line in this Part XII			1					
_	A 1' 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			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 Schedule O.									
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a							
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2t	,	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te							
	Separate basis Consolidated basis Both consolidated and separate basis								
•	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?		20						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х				
I	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k						
BAA	TEEA0112L 10/19/20		Forr	n <b>990</b>	(2020)				

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

Department of the Treasury Internal Revenue Service

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

_	ame of the organization Employer identification number										
	C ROUNDTABLE					95-431320					
	eason for Public Cha					<u> </u>	ctions.				
1 A c	ation is not a private found church, convention of church school described in <b>section 1</b>	es, or association of cl	hurches described in sect	tion 1 <b>70</b> (	b)(1)(A)(	•					
	hospital or a cooperative h		•			Viii)					
<b>—</b>	medical research organiza	•					inter the hospital's				
<u> </u>	me, city, and state:	tion operated in conju	andion with a nospital t	20301100	a 111 <b>300</b>		inter the hospital's				
5 An	organization operated for ction 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in				
6 A f	federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	<b>70(b)</b> (1)	(A)(v).					
7 X An	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 A 0	community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)							
or	agricultural research organi. university or a non-land-grar iversity:										
inv	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)										
<b>11</b> An	organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).					
or or	organization organized ar more publicly supported o es 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> d	r sectio	n 509(a`	)(2). See section 509(a	ut the purposes of one ()(3). Check the box in				
ord ord	pe I. A supporting organization ganization (s) the power to remplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported or rs or trus	rganizati stees of t	ion(s), typically by giving he supporting organizati	g the supported on. <b>You must</b>				
ma	pe II. A supporting organiz anagement of the supporting ust complete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>				
с Туј	pe III functionally integrated.	A supporting organization	tion operated in connectio	n with, a	nd function	onally integrated with, its	supported				
d Tyj	pe III non-functionally integrated. The o	rated. A supporting org	janization operated in cor must satisfy a distribu	nnection	with its s	supported organization(s t and an attentiveness	) that is not requirement (see				
e Ch	structions). <b>You must com</b> eck this box if the organize egrated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally				
	the number of supported of										
-	de the following information		d organization(s).								
(i) Name o	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
<u>(D)</u>											
(E)											
Total											

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support											
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	324,364.	209,394.	238,373.	399,215.	395,278.	1,566,624.					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
	<b>Total.</b> Add lines 1 through 3 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)	324,364.	209,394.	238,373.	399,215.	395,278.	1,566,624.					
6	Public support. Subtract line 5 from line 4						1,566,624.					
Sec	tion B. Total Support						,					
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total					
7	Amounts from line 4	324,364.	209,394.	238,373.	399,215.	395,278.	1,566,624.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.	29.	59.	34.	86.	214.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on		=20				0.					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.					
	Total support. Add lines 7 through 10						1,566,838.					
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.					
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)						
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 (0)		1 1						
	Public support percentage for 20 Public support percentage from 2						99.99%					
	33-1/3% support test—2020. If the and stop here. The organization	he organization di	d not check the b	ox on line 13. and	d line 14 is 33-1/3	S% or more, check	this box					
b	<b>33-1/3% support test—2019.</b> If th and <b>stop here.</b> The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	check this box					
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how					
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization meets the organization organization is the organization.	meets the facts-a d-circumstances' t	nd-circumstances test. The organiza	test, check this betien qualifies as a	oox and <b>stop here</b> a publicly support	Explain in Part ed organization.	VI how the ►					

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		picase complete				
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,	.,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•	1	1		
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here	<u></u>				▶ □
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	•		-		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					T T	
	Investment income percentage for	•		-	***		0/0
	Investment income percentage fi					<u> </u>	%
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	as a publicly supp	oorted organization	▶ ∐
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	cly supported organ	nization ►

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sect	tion I	B. Type I Supporting Organizations		1	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
3	Bv rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	Пτ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Δctivi	ities Test. <i>Answer lines 2a and 2b below.</i>	ļ	Yes	No
				162	NO
	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
		he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
	reaso	ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did th	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
		of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	, , , , , , , , , , , , , , , , , , , ,	3		
4	3	4		
5		5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated		
BAA			Schedule A (F	orm 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2020

Sche	edule A (Form 990 or 990-EZ) 2020 ECONOMIC ROUNDTABLE	95-4313	3202	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ntinued)		
Sec	tion D – Distributions		Current '	Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2020 from Section C, line 6	9		

10 Line 8 amount divided by line 9 amount		10	
Ente d'ambant arriada by mie y ambant	(ii)	(iii)	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
BAA		Schedule A (Ec	rm 990 or 990-EZ) 202

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (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, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

ECONOMIC ROUNDTABLE 9			95-4313202
Organiz	ation type (check one)	:	
Filers of	f:	Section:	
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-	nly a section 501(c)(7)	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Spec	pecial Rule. See instructions.
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special	Rules		
X	under sections 509(a)( received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, total purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in diaddress), II, and III.	ific, literary, or educational
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recerbutions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions that were received during the year ose. Don't complete any of the parts unless the <b>General Rule</b> applies to this divively religious, charitable, etc., contributions totaling \$5,000 or more during the	tributions totaled more than r for an <i>exclusively</i> religious, organization because
		sn't covered by the General Rule and/or the Special Rules doesn't file Schedolo' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

95-4313202

ECONOMIC ROUNDTABLE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. SBA PAYCHECK PROTECTION PROG.  312 N SPRING ST	\$ <u>37,382.</u>	Person X Payroll Noncash
	LOS ANGELES, CA 90012		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WEINGART FOUNDATION 700 SOUTH FLOWER ST. STE 1900 LOS ANGELES, CA 90017	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LA COUNTY DEPT OF WORKFORCE DEV  3175 W 6TH ST  LOS ANGELES, CA 90020	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	INTERNAT'L LONGSHORE & WAREHOUSE UN  1188 FRANKLIN ST  SAN FRANCISCO, CA 94109	\$ 78,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	UFCW LOCAL 21  5030 FIRST AVE SOUTH, STE 200  SEATTLE, WA 98134	\$80,074.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	CA OFFICE - SMALL BUSINESS ADVOCATE  1325 J ST. STE 1800  SACRAMENTO, CA 95814	\$ <u>15,000.</u>	Person X Payroll

1

Employer identification number

Name of organization

ECONOMIC ROUNDTABLE

BAA

95-4313202

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional sp	oace	e is needed.	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		_		
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			- -		
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			ŝ		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

ECONOMIC ROUNDTABLE

	- (		<u> </u>			
Name of organ ECONOM	nization IC ROUNDTABLE		Employer identification number 95–4313202			
Part III						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, ar	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, ar	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			+			
		(e) Transfer of gift	I			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **2020** 

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number ECONOMIC ROUNDTABLE 95-4313202

#### Form 990, Part VI. Line 11b - Form 990 Review Process

THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR REVIEW AND COMMENT PRIOR TO FILING.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ALL INSTANCES OF POSSIBLE CONFLICT OF INTEREST ARE REVIEWED BY THE DIRECTORS AT EACH OUARTERLY MEETING. CONFLICTS ARE EXPECTED TO BE DISCLOSED AND THE DIRECTORS ARE EXPECTED TO ABSTAIN FROM DISCUSSION AND VOTING ON SUCH MATTERS.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE BOARD PERIODICALLY CONVENES A FINANCE AND COMPENSATION AD HOC COMMITTEE TO REVIEW THE AMOUNT OF INFLATION SINCE PREVIOUS PAY RAISE AND TO COMPARE THE OVERALL AMOUNT OF COMPENSATION PAID TO STAFF AT SIMILAR EXEMPT ORGANIZATIONS.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ON THE WEB SITE AND AVAILABLE UPON WRITTEN REQUEST.

#### Form 990, Part IX, Line 11q Other Fees For Services

		(A)	(B)	(C)	(D)
			Program	Management	Fund-
		Total	Services	& General	<u>raising</u>
CONTRACT SERVICES	Total \$	126,664. 126,664.	113,998. \$ 113,998.	12,666. \$ 12,666.	\$ 0.