Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

Department of the Treasury

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2004 calendar year, or tax year beginning D Employer Identification number C Name of organization B Check if applicable Please X Address change use IRS The Committee of One Hundred 95-8187105 label or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change print o type Initial return (619) 286-9559 Specific 7IP + 4 City or town State or country Final return F Accounting method: Instructions. Other (specify) Amended return San Diego 92159-0029 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(a)** Is this a group return for affiliates? G Website: H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? X 501(c) (3) ◀ (insert no) J Organization type (check only one) (If "No," attach a list See instructions) H(d) Is this a separate return filed by an organization If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the covered by a group ruling? mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number > If the organization is not required Check 39.108 to attach Sch B (Form 990, 990-EZ, or 990-PF) L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Part I Contributions, gifts, grants, and similar amounts received: Total lacotines 1a through 1c) (cash \$ ____ Program service penue including government fees and contracts (from Part VII, line 93) . 2 3 13,510 187 Interest on savings and temporary cash investments Dividends and interest from securities 5 **b** Less: renfal expenses c Net rental income or (loss) (subtract line 6b from line 6a) . . 6c Other investment income (describe 7 (A) Securities 8 a Gross amount from sales of assets other (B) Other 0 **8a** 0 8b **b** Less: cost or other basis and sales expenses . 0 8c c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) . 1,425 10 a Gross sales of inventory, less returns and allowances 10a c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c Other revenue (from Part VII, line 103) 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 28,213 12 13 13 185,437 14 Management and general (from line 44, column (C)) 14 8.835 15 3,947 15 16 16 17 198,219 17 Excess or (deficit) for the year (subtract line 17 from line 12) 18 -170,006 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 268,171 119 Other changes in net assets or fund balances (attach explanation) 20 Net 98,165 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Part II	Statement of Functional Expenses	All organizations must complete colur and section 4947(a)(1) nonexempt ch					(4) organizations
	Do not include amounts re		7.30	(A) Total	(B) Program	(C) Management	(0) 5
	6b, 8b, 9b, 10b, or 16	of Part I.		(A) Iotai	services	and general	(D) Fundraising
22	Grants and allocations (attach so	hedule)				Take Selection	
	(cash \$0 no	ncash \$0)	22	C	0		
23	Specific assistance to individuals	(attach schedule)	23	C			
24	Benefits paid to or for members (attach schedule)	24	C)		
25	Compensation of officers, directo	rs, etc	25	C)		
	Other salaries and wages		26	C			
	Pension plan contributions		27	C)	1	
	Other employee benefits		28	C	j		
29	Payroll taxes		29	C)		
30	Professional fundraising fees .		30	C	+		
	Accounting fees		31	2,000)	2,00	0
	Legal fees		32			2,00	
	Supplies		33			-	
	Telephone		34	Č		-	
	Postage and shipping		35				
	Occupancy		36	2,681		1,34	0
	Equipment rental and maintenan		37	2,001	 	1,04	
	Printing and publications		38	5,041		1,00	0 1,500
			39	3,041		1,00	1,500
	Travel		40	<u>_</u>			
	Interest		41	0			- -
			42				
	Depreciation, depletion, etc. (atta			6,645		 	
	Other expenses not covered above (I		43a	170,000			-
	I		43b	6,819	'		
•	Mounhoughin		43d	1,947	· · · · · · · · · · · · · · · · · · ·	3,40	
	Office 0 Cumpling					1.00	1,947
е.	Office & Supplies		43e	3,086	 	1,08	6 500
44	Tatal for all and average (add lines 2)	2 through 42) Occanizations	431		,		
	Total functional expenses (add lines 2 completing columns (B)-(D), carry the		44	198,219	185,437	8,83	5 3,947
Are any if "Yes, (iii) the Part I	yoint costs from a combined education " enter (i) the aggregate amount of the amount allocated to Management and	ese joint costs \$d general \$ Service Accomplishmen	0 ; ts (See	(ii) the amount and (iv) the am page 25 of t	allocated to Progra ount allocated to F he instructions	am services \$_Fundraising \$)	Yes X No ;
of clien organiz	inizations must describe their exempt ts served, publications issued, etc. Di ations and 4947(a)(1) nonexempt cha ne exempt purpose of The Commi	scuss achievements that are not intable trusts must also enter the	measura amount	ble. (Section 50 of grants and all	1(c)(3) and (4) ocations to others	.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
Ва	alboa Park. The Committee is cu e west arcade on the Balboa Park	rently raising funds and prep	aring thi		tural designs to		195.42
b					uons p		185,437
					ф		
c				nts and alloca	tions \$		
d				nts and alloca	tions \$)	
			(Gra	nts and alloca	tions \$		
e Ot	ther program services (attach sch	edule)	(Gra	nts and alloca	tions \$)	
	otal of Program Service Expens		ımn (B).	Program serv	ices)		185,437

Part IV Balance Sheets (See page 25 of the instructions.)

			<u> </u>			
	Note:	Where required, attached schedules and amounts within	n the description	(A)		(B)
				Beginning of year		End of year
	45	Cash—non-interest-bearing		90,788		8,303
	46	Savings and temporary cash investments		176,183	46	88,174
			1 1			
		Accounts receivable	47a 0		A COM	
	b	Less: allowance for doubtful accounts	47b 0	0	47c	0
			48a 0			
		Pledges receivable	_			
			48b 0	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and	, , ,	_		
		(attach schedule)		0	777665000	0
र	51 a	Other notes and loans receivable (attach	1 1			
Assets			51a 0			
¥		Less: allowance for doubtful accounts		0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		1,200		1,688
	54	Investments—securities (attach schedule)	▶∐_Cost FMV ٍ	0	54	0
	55 a	Investments—land, buildings, and	, ,			
	_	equipment: basis	0		3 3	
	b	Less: accumulated depreciation (attach				
		schedule)	55b 0		55c	0
	56	Investments—other (attach schedule)	, <u></u>	0	56	0
		Land, buildings, and equipment: basis	57a 0			
	b	Less: accumulated depreciation (attach				
		schedule)	57b 0	0		0
	58	Other assets (describe)	0	58	0
	59	Total assets (add lines 45 through 58) (must equ		268,171		98,165
	60	Accounts payable and accrued expenses		_	60	
	61	Grants payable			61	
	62	Deferred revenue			62	
8	63	Loans from officers, directors, trustees, and key e				
ij	24	schedule)		0		0
Liabili ties		Tax-exempt bond liabilities (attach schedule) .		0		0
_		Mortgages and other notes payable (attach sched		0		0
	65	Other liabilities (describe	,	0	65	0
	66	Total liabilities (add lines 60 through 65)		0	00	
	66	Total liabilities (add lines 60 through 65)		0	66	. 0
	Orga		► X and complete lines			
		67 through 69 and lines 73 and 74.				
88	67	Unrestricted		257,942		87,831
auc	68	Temporarily restricted			68	
32	69	Permanently restricted		10,229	69	10,334
ğ	Orga	nizations that do not follow SFAS 117, check h	ere ▶and			
Ē		complete lines 70 through 74.				
0	70	• • •			70	
¥S.	71	Paid-in or capital surplus, or land, building, and ed			71	
SS	72	Retained earnings, endowment, accumulated inco	· · · · · · · · · · · · · · · · · · ·		72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67	through 69 or			
2		lines 70 through 72;	<u> </u>			
		column (A) must equal line 19; column (B) must	· · · · · · · · · · · · · · · · · · ·	268,171	73	98,165
	74	Total liabilities and net assets / fund balances	(add lines 66 and 73) .	268,171	74	98,165

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

Form 990		The Committee					0107100		Page
Part I			Part	t IV-E		iliation of Exp			
	Financial Statements with Reve	enue per			Financia	al Statements	with Ex	pen	ses per
	Return (See page 27 of the instru	uctions.)			Return			•	•
a	Total revenue, gains, and other support	A A A A A A A A A A A A A A A A A A A	а	To	otal expenses	and losses per			GARAGO ST. J
	per audited financial statements	a 39,108				l statements .	▶	a	209,11
b	Amounts included on line a but not		b			ed on line a but	- 1		
-	on line 12, Form 990:		-		n line 17, Form				
(4)	Net unrealized gains				onated service				
(1)					nd use of facili				
(0)									
(2)	Donated services and				rior year adjus				
	use of facilities				ported on line				
(3)	Recoveries of prior				orm 990				
	year grants \$				osses reported				
(4)	Other (specify):			lir	ne 20, Form 99	90 <u>\$</u>			
	F/R Events \$ 9,261			(4) O	ther (specify):		ļ		
	CGS \$ 1,634	Service Table		<u>F/</u>	R Events		9,261		
	Add amounts on lines (1) through (4)	b 10,895			GS	\$	1,634		
				A	dd amounts or	n lines (1) throug	ıh (4) ▶	b	10,89
С	Line a minus line b	c 28,213	С			e b	,	-	198,21
d	Amounts included on line 12,		d		mounts include				
_	Form 990 but not on line a:		_		orm 990 but no	•			
(4)	Investment expenses				vestment expe				
(1)	not included on line				ot included on				
(0)	6b, Form 990 \$				o, Form 990 .				
(2)	Other (specify):			(2) (ther (specify):	_		it.	deii—a. e.
	<u>\$</u>					\$		er E	
	<u>\$</u>					<u> </u>			
	Add amounts on lines (1) and (2) >	d 0				n lines (1) and (2		d	
е	Total revenue per line 12, Form 990		е		·	per line 17, For			
	<u> </u>	e 28,213				d)		е	198,21
Part V	List of Officers, Directors, Trus	tees, and Key En	nplo	oyee:	s (List each or	ne even if not co	mpensat	ed; s	see page 27
	of the instructions.)								
		(B) Title and average ho	oure	(C)	Compensation	(D) Contribution			(E) Expense
	(A) Name and address	per week devoted to pos		(If not paid,	employee benefit		a	ccount and other
					enter -0)	deferred compe	nsation		allowances
	See Attached List Str P.O. Box 19029	Title			_ [_		
City	San Diego ST CA ZIP 92159-002	Hr/WK As Required		ļ	. 0		0	<u> </u>	
Name	Str	Title	- [
City	ST ZIP	Hr/WK							
Name	Str	Title							
City	ST ZIP	Hr/WK		<u> </u>		L.			
Name	Str	Title							
City		Hr/WK						İ	
Name		Title							
City		Hr/WK						1	
		Title							
Name									
City		Hr/WK						-	
Name		Trtle					f	ļ	
City		Hr/WK							
Name	· • • • • • • • • • • • • • • • • • • •	Title							
Cıty		Hr/WK							
Name	Str	Title						l	
Cıty	ST ZIP	Hr/WK							
Name	Str	Title							
City		Hr/WK		L_				L_	
	d any officer, director, trustee, or key emplo		ate e	nome	aneation of ma	re than \$100 00	10 from	0115	
				-				_	¬v
	ganization and all related organizations, of v		J,UUI	u was	provided by t	ne related organ	iizations?		YesNo
If '	'Yes," attach schedule—see page 28 of the	instructions.							

Page 5

Part '	Other Information (See page 28 of the instructions.)		Yes	No				
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х				
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77						
	If "Yes," attach a conformed copy of the changes.	W.						
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х				
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	L				
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X				
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			79,54				
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	SURFER D	X				
b	If "Yes," enter the name of the organization ▶							
	and check whether it isexempt ornonexempt.		5.70					
	Enter direct and indirect political expenditures. See line 81 instructions 81a		E. C	Harry Ch				
	Did the organization file Form 1120-POL for this year?	81b		X				
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge							
	or at substantially less than fair rental value?							
D	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . 82b							
92.0	- State of the Control of the Contro							
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Х	X				
	b If "Yes," did the organization include with every solicitation an express statement that such contributions							
_	or gifts were not tax deductible?							
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a						
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the							
	organization received a waiver for proxy tax owed for the prior year.							
C	Dues, assessments, and similar amounts from members							
d	Section 162(e) lobbying and political expenditures			in the same				
9	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e							
f								
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		ļ				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to	}		1				
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the							
86	following tax year?	85h		NEW YORK				
	Gross receipts, included on line 12, for public use of club facilities							
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	- 1		20.1				
-	Gross income from other sources. (Do not net amounts due or paid to other							
~	sources against amounts due or received from them.)							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	Paradament.	3 . X. X. A 4441	CONTRACT NO				
	partnership, or an entity disregarded as separate from the organization under Regulations sections							
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	_88						
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:							
				學學				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction							
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach							
	a statement explaining each transaction	89b		<u> X</u>				
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_				
	sections 4912, 4955, and 4958			0				
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0				
	List the states with which a copy of this return is filed							
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)							
91	The books are in care of ▶ Name Board of Directors Telephone no. ▶							
	Located at ► P.O. Box 19029 City San Diego ST CA ZIP + 4 ► 92159-0029	}						
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here							
	and enter the amount of tax-exempt interest received or accrued during the tax year • 92 N/A							

Analysis of Income-Producing Activities (See page 33 of the instructions.)

Part VII

Note: E	Enter gross amounts unless otherwise	Unrelated busing	ness income	Excluded by section	(E)				
indicate	ed.	(A)	(B)	(C)	(D)	Related or			
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	exempt function income			
а						liiconie			
					-				
_		——————————————————————————————————————	<u> </u>						
٠			 	····					
u									
e .	No disease (No diseased nos amondo				····				
	Medicare/Medicaid payments								
•	Fees and contracts from government agencies .				·	12.540			
	Membership dues and assessments			14	925	13,510			
	Interest on savings and temporary cash investments .			14	835				
	Dividends and interest from securities	Alim of the second statement is			3. 2 .23.1 - 11.0				
	Net rental income or (loss) from real estate:					**************************************			
	debt-financed property	· · · · · · · · · · · · · · · · · · ·							
	not debt-financed property		-						
	Net rental income or (loss) from personal property								
	Other investment income	•							
	Gain or (loss) from sales of assets other than inventory								
	Net income or (loss) from special events .					1,425			
	Gross profit or (loss) from sales of inventory					717			
103	Other revenue a								
b,									
C									
d		 							
е									
104	Subtotal (add columns (B), (D), and (E))		C		835				
	Total (add line 104, columns (B), (D), and (E))				>	16,487			
Note: L	<u>ine 105 plus line 1d, Part I, should equal the a</u>	mount on line 12, i	Part I.						
Part V	Relationship of Activities to the A	ccomplishment	of Exempt Po	u rposes (See pa	age 34 of the i	nstructions)			
Line N	lo. Explain how each activity for which income is	reported in column ((E) of Part VII cor	tributed importantly	to the accomplish	nment			
▼	of the organization's exempt purposes (other	than by providing fur	nds for such purpe	oses).					
94	Membership fees are charged to insure that	at there is interest on behalf of the members and that an accurate list of							
	members is kept. Newsletters, minutes, ar	nd other communic	ations are sent	to members.					
Part D	Information Regarding Taxable Se	ubsidiaries and	Disregarded	Entities (See pa	ge 34 of the ir	nstructions.)			
	(A)	(B)		(C)	(D)	(E)			
	Name, address, and EIN of corporation,	Percentage		re of activities	Total income	End-of-year			
	partnership, or disregarded entity	ownership inte	1691			assets			
			<u>%</u>		0	0			
			%		0				
			<u>%</u>		0				
		<u> </u>	<u>% </u>	61 0	0	<u> </u>			
Part X	Information Regarding Transfers	Associated with	Personal Be	netit Contracts	(See page 34 of	the instructions.)			
(a) Di	d the organization, during the year, receive any funds, dire	ectly or indirectly, to pay	y premiums on a po	ersonal benefit contrac	et?	Yes X No			
(h) Di	id the organization, during the year, pay premic	ıms, directly or indi	rectly, on a per	sonal benefit conti	ract?	Yes X No			
	If " Yes" to (b), file Form 8870 and Form 4720								
.1016.	Under penalties of perjury, I declare that I have examin			dules and statements a	and to the best of my	knowledge			
	and belief, it is true, correct, and complete Declaration	of preparer (other than	officer) is based on a	all information of which i	preparer has any kno	owledge			
Pleas			,	1	1/2 = 1	<u> </u>			
		Sr_			6/20/0	75			
				Date	•				
			REASUF	(CK					

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization

OMB No 1545-0047

The Comm	ittee of One Hundred				j	95-	8187105	
Part I		Five High	nest Paid Employees (Other Than Office	rs, Dire			
	-	_	ist each one. If there a					
(a) Nam	e and address of each employee p than \$50,000	oald more	(b) Title and average hours per week devoted to position	(c) Compensation	employ	Contributions to ree benefit plans & red compensation	(e) Expense account and oth allowances	ner
Name								
Str None	9							
City	\$T		Title		İ	ĺ		
Zip	Country		Avg hr/wk					
Name						ļ		
Str			-	n	ì			
City	ST		Title	1	}			
Zip	Country		Avg hr/wk					
Name Str				II	Ì	}		
City	ST	• • • • • • • • • • • • • • • • • • • •	Title		Ţ			
Zip _	Country		Avg hr/wk		ľ	ĺ		
Name				 				
Str				11				
City	ST		Title		1	ł		
Zip	Country		Avg hr/wk		<u> </u>			
Name								
Str		·						
City	ST		Title		1			
Zıp	Country		Avg hr/wk			E ACTION CONTRACTOR CONTRACTOR		Sadiai .
	er of other employees paid over	er				Service Control		
\$50,000 .	Componentian of the	Fina High	nest Paid Independent		Destant			ed for
Part II	-	_	ist each one (whether i					
(a)	Name and address of each indepe	endent contract	or paid more than \$50,000	(b) 1	ype of serv	rice	(c) Compensati	ion
Name City	of San Diego		Check here if a business					
Str 202	C Street							
City San	Diego							
ST CA	ZIP 92101	Count		Construction on	<u>Arcade</u>		17	0,000
Name			Check here if a business	<u> </u>				
Str								
City	710	0						
ST Name	ZIP	Count	Check here if a business					
Str			Check here if a business	<u> </u>				
City	• • • • • • • • • • • • • • • • • • • •							
ST	ZIP	Count	rv					
Name			Check here if a business					
Str								
City]				
ST	ZIP	Count	ry				· · · · · · · · · · · · · · · · · · ·	
Name			Check here if a business			_		
Str		.						
City								
ST	ZIP	Count	ry		berrall H		Programme 12 Programme	EL PRY
Total number	er of others receiving over \$50	0,000 for						PARTY.

Par	illi	Statements About Activities (See page 2 of the instructions.)		Yes	No			
1	atte or ir	Ing the year, has the organization attempted to influence national, state, or local legislation, including any impt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities	1		x			
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.						
2	sub with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the isactions)						
a b c d	Len Fun	e, exchange, or leasing of property?	2a 2b 2c 2d	AF STILL	X X X			
е	Trai	nsfer of any part of its income or assets?	2e		Х			
3 a	Do :	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a		Х			
b 4 a	Did on t	you have a section 403(b) annuity plan for your employees?	3b 4a		X			
b		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Х			
Par		Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
	rgani	ization is not a private foundation because it is (Please check only ONE applicable box)						
5	\vdash	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)						
6	님	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7	닏	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).						
8	닏	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state			. .			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(IV). (Also complete the Support Schedule in Part IV-A.)						
11 a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)						
11 b	H	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)							
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			_			
	-	Provide the following information about the supported organizations. (See page 5 of the instructions)						
	-	(a) Name(s) of supported organization(s) (b) Line nu from at						
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			•			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

	ndar year (or fiscal year beginning in)					(1) T-(-)
	The state of the s	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do	70.040	55,000	400.000	50,000	004.000
	not include unusual grants See line 28.)	76,312		106,668	56,080	
16	Membership fees received	17,487			ļ	17,487
17	Gross receipts from admissions, merchandise				ĺ	
	sold or services performed, or furnishing of	1	}			}
	facilities in any activity that is related to the					Ì
	organization's charitable, etc , purpose	12,310	ļ	·		12,310
18	Gross income from interest, dividends,	}	1]
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and	1	}			}
	unrelated business taxable income (less				i	
	section 511 taxes) from businesses acquired	ĺ	1			ĺ
	by the organization after June 30, 1975	3,612	1,449	5,569	8,131	18,761
19	Net income from unrelated business					
	activities not included in line 18				l	l 0
20	Tax revenues levied for the organization's			-		
	benefit and either paid to it or expended on		[
	ıts behalf		}		ĺ	} o
21	The value of services or facilities furnished to					
	the organization by a governmental unit	ĺ	1			Ì
	without charge. Do not include the value of	}	}			
	services or facilities generally furnished to the					
	public without charge	1	1		İ	l o
22	Other income Attach a schedule. Do not		· · · · · · · · · · · · · · · · · ·			<u>`</u>
	include gain or (loss) from sale of capital assets	(l o
23	Total of lines 15 through 22	109,721	56,477	112,237	64,211	
24	Line 23 minus line 17	97,411		112,237		
25	Enter 1% of line 23	1,097				
						
26	Organizations described on lines 10 or 11: a Enter 2% o				🕨 26a	6,607
b	Prepare a list for your records to show the name of and amount					
	governmental unit or publicly supported organization) whose total					A STATE OF THE PARTY OF THE PAR
	amount shown in line 26a. Do not file this list with your return				26b	
	Total support for section 509(a)(1) test: Enter line 24, column (e				. ► 26c	330,336
d	Add Amounts from column (e) for lines:	<u>18,761</u> 19		_0_	ANT-ANT	
	22	0 26		<u> </u>	26d	18,761
	Public support (line 26c minus line 26d total)				▶ <u>26e</u>	311,575
f	Public support percentage (line 26e (numerator) divided by				► 26f	94.32%
27	Organizations described on line 12: a For amounts incl					rson,"
	prepare a list for your records to show the name of, and total am		each year from, e	ach "disqualified p	person " Do not	
	file this list with your return. Enter the sum of such amounts for	or each year:				
	(2003) (2002)	(20	001)		(2000)	
b	For any amount included in line 17 that was received from each	person (other tha	n "disqualified per	sons"), prepare a	list for your reco	rds to
	show the name of, and amount received for each year, that was	more than the lar	ger of (1) the amo	ount on line 25 for	the year or (2) \$	5,000.
	(Include in the list organizations described in lines 5 through 11,			_		omputing the
	difference between the amount received and the larger amount	described in (1) or	r (2), enter the sun	n of these differen	ces (the excess	
	amounts) for each year:					
	(2003) (2002)	(20	001)		(2000)	
		•				
С	Add. Amounts from column (e) for lines: 15	0 16 0 21	0	•	~ (1
	170 20	0 21	0		► 27c	0
đ	Add: Line 27a total 0 and line	e 27b total	0		. 27d	0
е	Public support (line 27c total minus line 27d total)				. P 27e	0
f	Total support for section 509(a)(2) test: Enter amount from line 2	23, column (e) .		27f	0	
g	Public support percentage (line 27e (numerator) divided by	line 27f (denomi	nator))		. ▶ 27g	0.00%
<u>h</u>	Investment income percentage (line 18, column (e) (numera	tor) divided by li	ne 27f (denomina	ntor))	Þ 27h	0.00%
28	Unusual Grants: For an organization described in line 10, 11, or	or 12 that received	any unusual gran	ts during 2000 thr	ough 2003, prep	are
	a list for your records to show, for each year, the name of the co	ontributor, the date	and amount of th	e grant, and a brie	, , , ,	
	the nature of the grant. Do not file this list with your return. D	o not include thes	e grants in line 15		-	

Part V Private School Questionnaire (See page 7 of the instructions.)

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

	(10 be completed ONL'1 by schools that checked the box of file of the Part 14)		_	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32 a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		-
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		-
g	Athletic programs?	33g		\vdash
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
24 -				
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No." attach an explanation	35	is and) 186

Par	t VI-A Lobbying Expenditures by Electing P (To be completed ONLY by an eligible of				uctions.)				
Chec	k ▶a ☐ If the organization belongs to an affiliated group.	Check ▶	b I if you che	ecked "a" and	"limited cont	rol" prov	risions apply		
	Limits on Lobbying Ex	•			(a Affiliate	d group	(b) To be completed for ALL electing		
	(The term "expenditures" means ame				tota	els 	organizations		
36	Total lobbying expenditures to influence public opinion (gras				6				
37	Total lobbying expenditures to influence a legislative body (c				7				
38 39	Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures	8	0	0					
40	Total exempt purpose expenditures (add lines 38 and 39)				9				
41	Lobbying nontaxable amount. Enter the amount from the following nontaxable amount.		or Bark	U					
••		g nontaxable am	ount is			, £			
	Not over \$500,000								
		s 15% of the exce							
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plu			1	1	0	0		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plu	is 5% of the exces	s over \$1,500,000			T			
	Over \$17,000,000 \$1,000,000			J					
42	Grassroots nontaxable amount (enter 25% of line 41)			_	2	0	0		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than				3	0			
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than	n line 38		4	4	0	0		
	Caution: If there is an amount on either line 43 or line 44, yo	ou must file Eerm	4720						
				14/L)	TALLAND		3000000000000000000000000000000000000		
	4-Year Averagi (Some organizations that made a section 50 ⁻	_		` '	a aalumna ha	la			
	See the instructions for line				e columns be	iow.			
					V A				
		LODDy	ing Expenditui	es During 4	- Tear Aver	aging i	rerioa 		
	Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d 200	-	(e) Total		
45	Lobbying nontaxable amount	5 . Jr					0		
46	Lobbying ceiling amount (150% of line 45(e))				4		0		
47	Total lobbying expenditures						0		
48	Grassroots nontaxable amount						0		
				被手送我	4944				
49	Grassroots ceiling amount (150% of line 48(e))						0		
50	Grassroots lobbying expenditures						0		
	VI-B Lobbying Activity by Nonelecting Put	olic Charities			I				
	(For reporting only by organizations that		ete Part VI-A)	See page	11 of the in	structi	ons.)		
Durin	g the year, did the organization attempt to influence national,								
	pt to influence public opinion on a legislative matter or referen	_	_	ну	Yes	No	Amount		
а	Volunteers	. •				T _X			
b	Paid staff or management (Include compensation in expense					X			
С	Media advertisements	•	• .			X	A STATE OF THE PARTY OF THE PAR		
d	Mailings to members, legislators, or the public					Х			
е	Publications, or published or broadcast statements					X			
f	Grants to other organizations for lobbying purposes					Х			
g	Direct contact with legislators, their staffs, government official	als, or a legislative	body			Х			
h	Rallies, demonstrations, seminars, conventions, speeches, \boldsymbol{I}					Х			
i	Total lobbying expenditures (Add lines ${\bf c}$ through ${\bf h.}$)						0		
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.								

Par	t VII			sfers To and Transaction page 11 of the instructions	ns and Relationships With Noncharitat	ole		
51			•		ring with any other organization described in section 527, relating to political organizations?	n	·	
а				noncharitable exempt organiza			Yes	No
	(i)	Cash				51a(i)		Х
	(ii)	Other assets				a(ii)		Х
b	Other	transactions:						
	(i)	Sales or exchanges o	f assets with a no	ncharitable exempt organization		b(i)		Х
				ble exempt organization		b(ii)		Х
				assets	Г	b(iii)		Х
						b(iv)		Х
						b(v)		Х
				p or fundraising solicitations		b(vi)		Х
С				other assets, or paid employees		С		Х
d	If the a	answer to any of the a goods, other assets, o	bove is "Yes," co or services given i	mplete the following schedule. On the second the second of	Column (b) should always show the fair market valu the organization received less than fair market valu	ie		
	(a)	(b)		(c)	e goods, other assets, or services received: (d)			
Lir	ne no	Amount involved	Name of non	charitable exempt organization	Description of transfers, transactions, and sharing	ng arrange	ments	
						.		
			<u></u>					
							-	
		•						
52 a b	descri	-	of the Code (othe	ed with, or related to, one or mo r than section 501(c)(3)) or in se	· · ·	Yes	X	No
		(a) Name of organization	1	(b) Type of organization	(c) Description of relationship			
			· · · · · -					
								
			- -					
			<u> </u>					
							<u>-</u>	
		- · · · · ·						
		· ·						

The Committee of One Hundred

STATEMENT OF OFFICERS / DIRECTORS December 31, 2004

President	Patricia De Marce	Director	Charles Blake
Vice President	Ferdinand Fletcher	Director	James Bonner
Vice President	Mrs. Harold B. Williams	Director	Mark Bradbeer
Vice President	Mr. Wıllaım L Callaway	Director	Richard Bregante
Vice President	RAdm. Paul Rucci	Director	Anita Brown
Vice President	Mr. Hugh C. Carter	Director	William C. Callaway
Vice President	Mr. Richard Bregante	Director	Hugh C. Carter
Vice President	William Ferguson	Director	RAdm. Karl Christoph, Jr.
Treasurer	James Bonner	Director	Marjorie Crandall
Secretary - Recording	B.A. Mierlot	Director	Maybelle Crews
Secretary - Correspondence	Betsey Frankel	Director	Patricia De Marce
-	-	Director	Margaret Duff
		Director	William Ferguson
		Director	Ferdinand Fletcher
		Director	Betsey Frankel
		Director	Merlın H. Gale
		Director	Kathy Guymon
		Director	Maxene Hatch
		Director	Lois Hubble
		Director	Weston Jones
		Director	Jo Ann Knutson
		Director	Mary Jane Koenig
		Director	BGen. Jack Krasovich
		Director	Rıchard Lareau
		Director	Joy Ledford
		Director	Richard S. Ledford
		Director	Rev. E Vaughn Lyons, Jr.
		Director	Vincent Marchetti
		Director	Peggy Mathews
		Director	B. A. Mierlot
		Director	Pamela Mıller
		Director	Douglas L. Myrland
		Director	Rita Neeper
		Director	Kay Rippee
		Director	RAdm. Paul Rucci
		Director	Penny Scott
		Director	Phillip L. Ward
		Director	Betty Jo Williams
		Director	Robert S. Wohl
		Director	Judga Dauglas D Waaduranti

Director

Judge Douglas R Woodworth

Form **8868**

(Rev December 2004)

artment of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

hal Revenue Service	
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box .	▶ 🗶
• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (or	
Do not complete Part II unless you have already been granted an automatic 3-month extension or	
Part I Automatic 3-Month Extension of Time—Only submit original (no copies need	
E 000 T a surface as a surface the Consent to the Little L	·
Form 990-T corporations requesting an automatic 6-month extension—check this box and complete	·
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of the	
Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1	005, 1066, or 1041.
Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extends	
returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronic	
(not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part	II) of Form 8868. For more
details on the electronic filing of this form, visit www.irs.gov/efile	
Type or Name of Exempt Organization	Employer identification number
	95-81 <u>87105</u>
File by the Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your 6751 Caminito del Greco	
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions San Diego, CA 92120	
Check type of return to be filed (file a separate application for each return):	
X Form 990 Form 990-T (corporation)	orm 4720
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	orm 5227
Form 990-EZ Form 990-T (trust other than above)	orm 6069
Form 990-PF Form 1041-A F	orm 8870
The books are in the care of ▶	
TI I N A B	
Telephone No. ► FAX No. ►	
 If the organization does not have an office or place of business in the United States, check this box	
is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the	
names and EINs of all members the extension will cover.	
1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time up	ntil 8/15/2005 ,
to file the exempt organization return for the organization named above. The extension is for the	
►X calendar year 2004 or	
▶ tax year beginning , and ending	
Land ording	•
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les	ss any
nonrefundable credits. See instructions	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	-
payments made Include any prior year overpayment allowed as a credit	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required	d, deposit
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S	ee
instructions	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453	3-EO and Form 8879-EO
for payment instructions.	
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 12-2004)