

Sonnenberg & Company, CPAs

A Professional Corporation

5190 Governor Drive, Suite 201, San Diego, California 92122

Phone: (858) 457-5252 • (800) 464-4HOA • Fax: (858) 457-2211 • (800) 303-4FAX



Leonard C. Sonnenberg, CPA

April 14, 2009

The Committee of One Hundred

C/o James Bonner, Treasurer

3450 2nd Avenue, #32

San Diego, CA 92103

Dear James:

Enclosed are your Exempt Organization Information and Tax Returns for the year ended December 31, 2008. They must be mailed by May 15, 2009.

Form 990EZ

Review and sign the Form 990EZ (Page 4)

Mail to Internal Revenue Service Center, Ogden, Utah 84201-0027.

Form 199

Review and sign the Form 199 (Page 1)

Sign attached Form 990EZ

Mail to the Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0701

Form RRF1

Review and sign the Form RRF-1

Sign attached Form 990EZ

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

Attach a check for \$25 payable to Attorney General's Registry of Charitable Trusts.

Duplicate copies of the returns are enclosed for your files.

If you have any questions, please call.

Sincerely,

Carol Stachwick, CPA

Senior Audit Manager

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Committee of One Hundred

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2125 Park Blvd

City, town, or country State ZIP + 4
San Diego CA 92101-4753

D Employer identification number
95-8187105

E Telephone number
(619) 295-6841

F Group Exemption Number . . . ►

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► www.c100.org

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59,715

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	28,146
	2	Program service revenue including government fees and contracts	2	196
	3	Membership dues and assessments	3	27,695
	4	Investment income	4	-2,249
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	5,919
Expenses	b	Less: direct expenses other than fundraising expenses	6b	5,272
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	647
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ► Miscellaneous)	8	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	54,443
	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,700
	14	Occupancy, rent, utilities, and maintenance	14	1,035
	15	Printing, publications, postage, and shipping	15	18,406
	16	Other expenses (describe ► See attached statement)	16	21,086
	17	Total expenses. Add lines 10 through 16	17	44,227
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,216
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	110,310	
20	Other changes in net assets or fund balances (attach explanation)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	120,526	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	108,306	22 118,464
23 Land and buildings		23
24 Other assets (describe ► See attached statement)	2,004	24 3,149
25 Total assets	110,310	25 121,613
26 Total liabilities (describe ► Accounts Payable)	0	26 1,224
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	110,310	27 120,389

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

What is the organization's primary exempt purpose? Preservation of Spanish Colonial Architecture in Balboa Park
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,
 describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3)
 and (4) organizations
 and 4947(a)(1) trusts;
 optional for others.)

28	The exempt purpose of the Committee of One Hundred is preserving the Spanish Colonial Architecture in Balboa Park. The Committee raises funds for preservation and restoration projects for various buildings and features of Balboa Park (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	35,382
29			
30	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	31a	0
		32	35,382

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Michael Kelly Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title President Hr/WK 10.00	0	0	0
Name William E Ferguson Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Vice President Hr/WK 10.00	0	0	0
Name James T. Bonner Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Treasurer Hr/WK 10.00	0	0	0
Name Richard Bregante Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Officer Hr/WK 1.00	0	0	0
Name Hugh Carter Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Officer Hr/WK 1.00	0	0	0
Name Betsey Frankel Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Corresponding Secre Hr/WK 10.00	0	0	0
Name Paul Rucci Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Recording Secretary Hr/WK 10.00	0	0	0
Name Betty Jo Williams Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Officer Hr/WK 1.00	0	0	0
Name Mark Bradbeer Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Anita Brown Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Ronald Buckley Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Karl Christoph, Jr. Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Marjorie Crandall Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Quintous Crews, Jr. Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Merlin H. Gale Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Lois Hubble Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Thomas Jackson Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Welton Jones Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed. ▶ CA		
42 a	The books are in care of ▶ Name Board of Directors Telephone no. ▶ (619) 295-6841 Located at ▶ 2125 Park Blvd City San Diego ST CA ZIP + 4 ▶ 92101-4753		
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)?	42b	X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

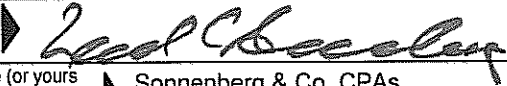
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b** If "Yes," was the related organization(s) a section 527 organization? **46** **47** **48** **49a** **49b**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature 		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP +4		Preparer's Identifying Number (See instructions)	
	Sonnenberg & Co. CPAs		EIN ▶ 95-3749711	
	5190 Governor Dr, Ste. 201, San Diego, CA 92122		Phone no. ▶ 858-457-5252	

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ ☒ **Yes** ☐ **No**

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
Name Jo Ann Knutson Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Mary Jane Koenig Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Jack Krasovich Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Richard Lareau Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Joy Ledford Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name E. Vaughan Lyons, Jr. Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Vincent Marchetti Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Peggy Matthews Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Pamela Miller Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Fern Murphy Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Douglas L. Myrland Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Kay Rippee Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Penny Scott Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Philip L. Ward Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Robert S. Wohl Str 2125 Park Blvd City San Diego ST CA ZIP 92101	Title Director Hr/WK 1.00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

The Committee of One Hundred

Employer identification number

95-8187105

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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 community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,236	41,235	48,527	49,328	55,841	220,167
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	25,236	41,235	48,527	49,328	55,841	220,167
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)						17,000
6 Public support. Subtract line 5 from line 4.						203,167

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	25,236	41,235	48,527	49,328	55,841	220,167
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	835	2,564	3,588	3,791	-2,249	8,529
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 IV.)	0	0	0	977	647	1,624
11 Total support. Add lines 7 through 10.						230,320

12 Gross receipts from related activities, etc. (see instructions.)	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.21%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.17%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other 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, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

The Committee of One Hundred

95-8187105

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(HTA)

Name of organization The Committee of One Hundred	Employer identification number 95-8187105
--	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Georgia Crow 4660 Aragon Dr San Diego CA 92115-4117 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SD Foundation- Crusso Fund 2508 Historic Decatur Rd, Suite 200 San Diego CA 92105 Foreign State or Province: Foreign Country:	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization The Committee of One Hundred	Employer identification number 95-8187105
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>1</u>	...............	...............	...............
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	..... ..... ..... For. Prov. Country	..... ..... .....
<u>2</u>	...............	...............	...............
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	..... ..... ..... For. Prov. Country	..... ..... .....
<u> </u>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	..... ..... ..... For. Prov. Country	..... ..... .....
<u> </u>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	..... ..... ..... For. Prov. Country	..... ..... .....

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

The Committee of One Hundred

Employer identification number

95-8187105

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Annual Luncheon (event type)	(b) Event #2 Annual Holiday Party (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	4,439	1,480	0	5,919
	2 Less: Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	4,439	1,480	0	5,919
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	3,847	1,425	0	5,272
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(5,272)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				647

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				0
	2 Cash prizes				0
Direct Expenses	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$ 0		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	260
2	Dividends and interest from securities	2	1,561
3	Gross rents	3	
4	Other investment income	4	-4,070
5	Total	5	-2,249

Part I, Line 16 (990-EZ) - Other Expenses

21,086

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	150
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Insurance	11	7,610
12	Projects - Administration bldg	12	153
13	Projects - Alcazar Garden	13	10,899
14	Goodhue-Gilbert Award	14	1,313
15	Misc	15	287
16	Banking	16	674
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

2,004

3,288

Description		Beginning	End
1	Prepaid Expenses	2,004	2,437
2	Equipment, net of depreciation		851
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

2008

California Exempt Organization Annual Information Return

199

Calendar Year 2008 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed?	<input type="checkbox"/> Yes	B Type of organization Exempt under Section 23701 IRC Section 4947 (a)(1) trust <input type="checkbox"/>	CORP # C-0529690
	<input checked="" type="checkbox"/> No			d (insert letter) ☐

Corporation/Organization Name The Committee of One Hundred	FEIN 95-8187105
---	--------------------

Address 2125 Park Blvd		State CA	ZIP Code 92101-4753
City San Diego			

C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H Accounting method used (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other
D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(a) Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) If "Yes," enter the number of affiliates _____	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.)	L If "Yes," enter amount of gross receipts from nonmember sources \$ _____
(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	M Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(e) Federal Group Exemption Number _____	N Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(f) Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation)	
If a box is checked, enter date _____	
F Check the box if the organization filed: (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> 990H	
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/>	

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,874	00
	2 Gross dues and assessments from members and affiliates	2	27,695	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	28,146	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
	This line must be completed. If the result is less than \$25,000, see General Instruction C			
	5 Cost of goods sold	5	0	00
	6 Cost or other basis, and sales expenses of assets sold	6	0	00
	7 Total costs. Add line 5 and line 6	7		0 00
8 Total gross income. Subtract line 7 from line 4.	8	59,715	00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	49,656	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	10,059	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	0	00
	12 Total payments	12		00
	13 Penalties and Interest. See General Instruction J	13		0 00
	14 Use tax. See General Instruction K	14		0 00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15		0 00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title Date Telephone		
Paid Preparer's Use Only	Preparer's signature	Date 4/13/2009	Check if self-employed <input type="checkbox"/>	Preparer's SSN/PTIN P00287581
	Firm's name (or yours, if self-employed) and address	Sonnenberg & Co. CPAs		
	5190 Governor Dr, Ste. 201 San Diego, CA 92122	FEIN 95-3749711 Telephone 858-457-5252		
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	● 1	5,468	00
	2 Interest	● 2	-2,249	00
	3 Dividends	● 3	0	00
	4 Gross rents	● 4	0	00
	5 Gross royalties	● 5	0	00
	6 Gross amount received from sale of assets (See instructions)	● 6	0	00
	7 Other income. Attach schedule	● 7	655	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,874	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	0	00
	10 Disbursements to or for members	● 10	0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	● 11	0	00
	12 Other salaries and wages	● 12	0	00
	13 Interest	● 13	0	00
	14 Taxes	● 14	0	00
	15 Rents	● 15	1,035	00
	16 Depreciation and depletion (See instructions)	● 16	151	00
	17 Other. Attach schedule	● 17	48,470	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	49,656	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			108,306.	●	118,464.
2 Net accounts receivable			0.	●	0.
3 Net notes receivable. Attach schedule			0.	●	0.
4 Inventories			0.	●	0.
5 Federal and state government obligations			0.	●	0.
6 Investments in other bonds. Attach schedule			0.	●	0.
7 Investments in stock. Attach schedule			0.	●	0.
8 Mortgage loans (number of loans _____)			0.	●	0.
9 Other investments. Attach schedule			0.	●	0.
10 a Depreciable assets		0.		0.	
b Less accumulated depreciation		()	0.	()	0.
11 Land			0.	●	0.
12 Other assets. Attach schedule			2,004.	●	3,149.
13 Total assets			110,310.		121,613.
Liabilities and net worth					
14 Accounts payable			0.	●	1,244.
15 Contributions, gifts, or grants payable			0.	●	0.
16 Bonds and notes payable. Attach schedule			0.	●	0.
17 Mortgages payable			0.	●	0.
18 Other liabilities. Attach schedule			0.		0.
19 Capital stock or principle fund			0.	●	0.
20 Paid-in or capital surplus. Attach reconciliation			0.	●	0.
21 Retained earnings or income fund			110,310.	●	120,369.
22 Total liabilities and net worth			110,310.		121,613.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	●	10,059.	7 Income recorded on books this year not included in this return.	
2 Federal income tax	●		Attach schedule	●
3 Excess of capital losses over capital gains	●		8 Deductions in this return not charged against book income this year.	
4 Income not recorded on books this year. Attach schedule	●		Attach schedule	●
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		9 Total. Add line 7 and line 8	0.
6 Total.			10 Net income per return.	
Add line 1 through line 5		10,059.	Subtract line 9 from line 6	10,059.

Line 7, Part II (CA 199) - Other Income

1	Other Income	1	8
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	8

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

1	Pension plans, employee benefits	1	0
2	Legal fees	2	0
3	Accounting fees	3	0
4	Other professional fees	4	3,700
5	Travel, conferences, and meetings	5	0
6	Printing and publications	6	18,406
7	Special events direct expenses	7	5,272
8	Office expenses	8	0
9	Other Expenses	9	21,086
10		10	
11		11	
12	Total	12	48,464

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number <u>CT-18454</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
The Committee of One Hundred Name of Organization		Corporate or Organization No. <u>C-0529690</u>	
2125 Park Blvd Address (Number and Street)		Federal Employer I.D. No. <u>95-8187105</u>	
San Diego, CA 92101-4753 City or Town, State and ZIP Code			

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 1/1/2008 ending 12/31/2008) list:

Gross annual revenue \$ 59,715 Total assets \$ 121,752

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (619) 295-6841

Organization's e-mail address j.michael.kelly@cox.net

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

_____ Printed Name
_____ Title
_____ Date