

**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)

- 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 \$500,000 and total assets less than \$1,250,000 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.

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning****, and ending****B Check if applicable:**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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)

2125 Park Blvd

Room/suite

City, town, or country

San Diego

State

CA

ZIP + 4

92101-4753

**D Employer identification number**

95-8187105

**E Telephone number**

(619) 295-6841

**F Group Exemption Number**

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 Tax-exempt status** (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ**

► \$ 58,074

**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	20,918
	2	Program service revenue including government fees and contracts . . . . .	2	7,581
	3	Membership dues and assessments . . . . .	3	14,605
	4	Investment income . . . . .	4	1,971
	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) . . . . .	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	0
	b	Less: direct expenses other than fundraising expenses . . . . .	6b	0
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	506
	b	Less: cost of goods sold . . . . .	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	506
	8	Other revenue (describe ► Insurance Reimbursement)	8	12,493
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	58,074
	10	Grants and similar amounts paid (attach schedule) . . . . .	10	0
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	5,400
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .	14	1,121
	15	Printing, publications, postage, and shipping . . . . .	15	14,467
	16	Other expenses (describe ► See Attached Statement)	16	43,290
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	64,278
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-6,204
	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	120,369
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	114,165

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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 . . . . .	118,464	22 111,176
23 Land and buildings . . . . .		23
24 Other assets (describe ► See Attached Statement)	3,149	24 3,033
25 <b>Total assets</b> . . . . .	121,613	25 114,209
26 <b>Total liabilities</b> (describe ► Accounts Payable)	1,244	26 44
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	120,369	27 114,165

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

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

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, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 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 \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	42,227
29			
30	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
31	Other program services (attach schedule) (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	<b>Total program service expenses.</b> (add lines 28a through 31a)	32	42,227

**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
Michael Kelly 2125 Park Blvd San Diego CA 92101-4753	Title President Hr/WK 10.00	0	0	0
Nancy Rodriguez 2125 Park Blvd San Diego CA 92101-4753	Title Vice President Hr/WK 10.00	0	0	0
James T. Bonner 2125 Park Blvd San Diego CA 92101-4753	Title Treasurer Hr/WK 10.00	0	0	0
Richard Bregante 2125 Park Blvd San Diego CA 92101-4753	Title Officer Hr/WK 1.00	0	0	0
Betsey Frankel 2125 Park Blvd San Diego CA 92101-4753	Title Corresponding Secre Hr/WK 10.00	0	0	0
Paul Rucci 2125 Park Blvd San Diego CA 92101-4753	Title Recording Secretary Hr/WK 10.00	0	0	0
Ronald Buckley 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Marjorie Crandall 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Quintous Crews, Jr 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Darlene Gould Davies 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Betsey Frankel 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
David Frost 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Pamela Hartwell 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Thomas Jackson 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Gladys Jones-Morrison 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Welton Jones 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Mary Jane Koenig 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Gerald Kolaja 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0

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

	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? 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end of the period covered by this return? . . . . .	38a	X
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
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 organization's books are in care of ▶ 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.? . . . . .	42c	X
If "Yes," enter the name of the foreign country: ▶		
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **X** **X** **X** **X** **X**
- 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 a section 527 organization? **X** **X** **X** **X** **X**

50 Complete this table for the organization's 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 <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's 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 <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	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 _____	
<b>Paid Preparer's Use Only</b>	Preparer's signature <u><i>[Signature]</i></u>		Date <u>3/4/2010</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Sonnenberg &amp; Co. CPAs</u>		Preparer's identifying number (See instructions) <u>P00287581</u>	
	<u>5190 Governor Dr, Ste. 201, San Diego, CA 92122</u>		EIN <u>95-3749711</u>	
			Phone no. <u>(858) 457-5252</u>	

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
Jack Krasovich 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Richard Lareau 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Joy Ledford 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Vincent Marchetti 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Peggy Matthews 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Pamela Miller 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Nancy Moors 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Fern Murphy 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Douglas L. Myrland 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Cub Parker 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Ross Porter 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Kay Rippee 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Kendall Squires 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
Robert S. Wohl 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Committee of One Hundred

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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: (For lines 1 through 11, check only one box.)

- 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).
- 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).
- 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 supported organization(s).

(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
<b>Total</b>									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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	41,235	48,527	49,328	55,841		194,931
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	41,235	48,527	49,328	55,841	0	194,931
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) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						194,931

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	41,235	48,527	49,328	55,841	0	194,931
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,564	3,588	3,791	-2,249		7,694
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	977	647		1,624
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						204,249
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	95.44%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	88.21%
16a <b>33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test-2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test-2009.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test-2008.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0				0
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%
<b>19a 33 1/3% support tests—2009.</b> 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 . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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**

OMB No. 1545-0047

**2009**

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

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

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	County of San Diego 1600 Pacific Highway, Room 352 San Diego CA 92101 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	   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.)
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 II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----



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

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

43,290

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	6,958
6	Depreciation	6	200
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Insurance	13	8,160
14	Projects - Administration bldg	14	
15	Projects - Alcazar Garden	15	8,600
16	Goodhue-Gilbert Award	16	1,570
17	Misc	17	1,639
18	Banking	18	
19		19	
20	Vandalism expenses	20	16,163
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

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

3,149

3,033

Description		Beginning	End
1	Prepaid Expenses	2,298	2,416
2	Equipment, net of depreciation	851	617
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

# California Exempt Organization Annual Information Return

2009

199

Calendar Year 2009 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

A First Return Filed? ☐ Yes ☒ No

B Type of organization ☐ d (insert letter)  
Exempt under Section 23701 ☐  
IRC Section 4947 (a)(1) trust ☐

CORP #  
C-0529690

Corporation/Organization Name  
The Committee of One Hundred

FEIN  
95-8187105

Address  
2125 Park Blvd

City  
San Diego

State  
CA

ZIP Code  
92101-4753

C Amended Return? ☐ Yes ☒ No

D Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No

(a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates \_\_\_\_\_

(c) Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

(e) Federal Group Exemption Number \_\_\_\_\_

(f) Is a roster of subordinates attached? ☐ Yes ☐ No

E Final return?  
☐ Dissolved ☐ Surrendered (Withdrawn)  
☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date \_\_\_\_\_

F Check the box if the organization filed the following federal forms or schedule:  
(1) ☐ 990T (2) ☐ 990PF (3) ☐ (Schedule H) 990

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, \_\_\_\_\_

H Accounting method used (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

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 ☐ Yes ☒ 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 ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

## 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	22,551	00
	2	Gross dues and assessments from members and affiliates	14,605	00
	3	Gross contributions, gifts, grants, and similar amounts received.	20,918	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	58,074	00
	5	Cost of goods sold	0	00
	6	Cost or other basis, and sales expenses of assets sold	0	00
	7	Total costs. Add line 5 and line 6	0	00
	8	Total gross income. Subtract line 7 from line 4	58,074	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	64,278	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	-6,204	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	0	00
	12	Total payments	0	00
	13	Penalties and Interest. See General Instruction J	0	00
	14	Use tax. See General Instruction K	0	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	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.			
Paid Preparer's Use Only	Signature of officer	Title	Date	Telephone
	Preparer's signature	3/4/2010	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		
	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	8,087	00
	2 Interest	2	1,971	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	12,493	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	22,551	00
Expenses and Disbursements	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	1,121	00
	16 Depreciation and depletion (See instructions)	16	0	00
	17 Other. Attach schedule	17	63,157	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	64,278	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		118,464.		●	111,176.
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.	( 0. )		0.
11 Land		0.		●	0.
12 Other assets. Attach schedule		3,149.		●	3,033.
13 Total assets		121,613.			114,209.
<b>Liabilities and net worth</b>					
14 Accounts payable		1,244.		●	44.
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					
19 Capital stock or principle fund		0.			0.
20 Paid-in or capital surplus. Attach reconciliation		0.		●	0.
21 Retained earnings or income fund		120,369.		●	114,165.
22 Total liabilities and net worth		121,613.		●	114,209.

**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	● -6,204.	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	-6,204.	Subtract line 9 from line 6	-6,204.

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

1	Other Income . . . . .	1	12,493
2	-----	2	-----
3	-----	3	-----
4	-----	4	-----
5	-----	5	-----
6	-----	6	-----
7	-----	7	-----
8	-----	8	-----
9	-----	9	-----
10	Total . . . . .	10	12,493

**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	5,400
5	Travel, conferences, and meetings . . . . .	5	0
6	Printing and publications . . . . .	6	14,467
7	Special events direct expenses . . . . .	7	0
8	Office expenses . . . . .	8	0
9	Other Expenses . . . . .	9	43,290
10	-----	10	-----
11	-----	11	-----
12	Total . . . . .	12	63,157

**Line 18, Sch L (CA 199) - Other Liabilities**

		Beginning of Year	End of Year
1	Liabilities . . . . .	1 1,244	44
2	-----	2 -----	-----
3	-----	3 -----	-----
4	-----	4 -----	-----
5	-----	5 -----	-----
6	-----	6 -----	-----
7	-----	7 -----	-----
8	-----	8 -----	-----
9	-----	9 -----	-----
10	Total . . . . .	10 1,244	44

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

**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 1/1/2009 ending 12/31/2009 ) list:

Gross annual revenue \$ 58,074 Total assets \$ 114,209

**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



# 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

March 10, 2010

**The Committee of One Hundred**

C/o James Bonner, Treasurer  
3450 2<sup>nd</sup> Avenue, #32  
San Diego, CA 92103

Dear James:

Enclosed are your Exempt Organization Information and Tax Returns for the year ended December 31, 2009. Please review, sign, and mail as instructed. They must be mailed by May 15, 2010.

**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 Manager