

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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 or town state or country ZIP + 4
San Diego CA 92101-4753

D Employer identification number
95-8187105

E Telephone number
(619) 295-6841

F Group Exemption Number ►

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

I Website: ► **www.c100.org**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **53,864**

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	22,440
	2	Program service revenue including government fees and contracts	2	9,175
	3	Membership dues and assessments	3	18,690
	4	Investment income	4	228
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	3,331
	7b	Less: cost of goods sold	7b	140
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,191
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	53,724
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
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	3,400
14		Occupancy, rent, utilities, and maintenance	14	1,779
15		Printing, publications, postage, and shipping	15	6,743
16		Other expenses (describe in Schedule O)	16	30,163
17		Total expenses. Add lines 10 through 16 ►	17	42,085
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,639
Net Assets	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	159,462
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	171,101

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
2 Cash, savings, and investments	157,533	22 168,552
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2,186	24 5,681
25 Total assets	159,719	25 174,233
26 Total liabilities (describe in Schedule O)	257	26 3,132
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,462	27 171,101

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☐**Expenses**

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

What is the organization's primary exempt purpose? Preservation of Spanish Colonial Architecture in Balboa Park

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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 buildings and features of Balboa (Grants \$ 4,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	26,590
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
Total program service expenses. (add lines 28a through 31a)	32	26,590

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael Kelly 2125 Park Blvd San Diego CA 92101-4753	Title President Hr/WK 10.00	0		
Nancy Rodriguez 2125 Park Blvd San Diego CA 92101-4753	Title Vice President Hr/WK 10.00	0		
James T. Bonner 2125 Park Blvd San Diego CA 92101-4753	Title Treasurer Hr/WK 10.00	0		
Richard Bregante 2125 Park Blvd San Diego CA 92101-4753	Title Officer Hr/WK 1.00	0		
Betsey Frankel 2125 Park Blvd San Diego CA 92101-4753	Title Corresponding Se Hr/WK 10.00	0		
Paul Rucci 2125 Park Blvd San Diego CA 92101-4753	Title Recording Secreta Hr/WK 10.00	0		
Ronald Buckley 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0		
Quintous Crews, Jr. 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0		
Marjorie Crandell 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0		
Darlene Gould Davies 5 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0		
Karl Christoph, Jr. 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0		
David Frost 2125 Park Blvd San Diego CA 92101-4753	Title Director Hr/WK 1.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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		
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 tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of ▶ James Bonner 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)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside 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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		X
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			

- 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 None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Leonard Sonnenberg		7/16/2012		P00287581
	Firm's name ▶ Sonnenberg & Company, CPAs	Firm's EIN ▶ 95-3749711			
	Firm's address ▶ 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

Page 1 of 2 of Part IV

Name of Organization

The Committee of One Hundred

Employer identification number

95-8187105

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-.)	Contributions to emp. benefit plans & deferred compensation	Estimated amount of other compensation
Pamela Hartwell Director	1.00	0	0	0
Thomas Jackson Director	1.00	0	0	0
Gladys Jones-Morrison Director	1.00	0	0	0
Welton Jones Director	1.00	0	0	0
Mary Jane Koenig Director	1.00	0	0	0
Gerald Kolaja Director	1.00	0	0	0
Jack Krasovich Director	1.00	0	0	0
Richard Lareau Director	1.00	0	0	0
Joy Ledford Director	1.00	0	0	0
Vincent Marchetti Director	1.00	0	0	0
Peggy Matthews Director	1.00	0	0	0
mela Miller Director	1.00	0	0	0
Nancy Moors Director	1.00	0	0	0
Fern Murphy Director	1.00	0	0	0
Douglas L. Myrland Director	1.00	0	0	0
Cub Parker Director	1.00	0	0	0
Ross Porter Director	1.00	0	0	0
Kay Rippee Director	1.00	0	0	0

Page 2 of 2 of Part IV

Employer identification number

95-8187105

[illegible]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2011

**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: (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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,328	55,841	43,104	77,937	50,305	276,515
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	49,328	55,841	43,104	77,937	50,305	276,515
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 Public support. Subtract line 5 from line 4.						276,515

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	49,328	55,841	43,104	77,937	50,305	276,515
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,791	-2,249	1,971	1,463	228	5,204
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.)	977	647	506	277	3,191	5,598
11 Total support. Add lines 7 through 10						287,317
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 2011 (line 6, column (f) divided by line 11, column (f))	14	96.24%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.16%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						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
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
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	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 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2011. 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 33 1/3% support tests—2010. 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"/>		
20 Private foundation. 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. Also complete this part for any additional information. (See instructions).

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

The Committee of One Hundred

95-8187105

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 200

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 572

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 4,465

Form 990-EZ, Part I, Line 16, Other Expenses: Projects - Sculpture Court: 11,199

Form 990-EZ, Part I, Line 16, Other Expenses: Misc: 10,066

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 3,661

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expenses: Beginning of year: 1,769, End
of year: 2,500

Form 990-EZ, Part II, Line 24, Other Assets: Equipment, net of depreciation: Beginning of
year: 417, End of year: 216

Form 990-EZ, Part II, Line 24, Other Assets: Inventory: Beginning of year: 0, End of year:
2,965

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 257, End of
year: 3,132

Name of the organization

Employer identification number

The Committee of One Hundred

95-8187105

California Exempt Organization

2011 Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Corporation/Organization Name

The Committee of One Hundred

California corporation number

C-0529690

Address (suite, room, or PMB no.)

FEIN

2125 Park Blvd

95-8187105

City

State

ZIP Code

San Diego

CA

92101-4753

A First Return ☐ Yes ☒ NoB Amended Return ☒ Yes ☐ NoC IRC Section 4947 (a)(1) trust ☐ Yes ☒ NoD Final Return ☐ Yes ☒ No
☒ Dissolved ☐ Surrendered (Withdrawn)

☐ Merged/Reorganized Enter date: ☐

E Check accounting method

(1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed?

(1) ☒ 990T (2) ☒ 990(PF) (3) ☐ Sch H (990)G Is this a group filing for the subordinates/affiliates? ... ☒ Yes ☐ No

If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No

If "Yes," what is the parent's name?

I 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? ... ☒ Yes ☐ No

If "Yes," explain, and attach copies of revised documents.

J 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)? ☐ Yes ☒ No

If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$ _____

L 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. No filing fee is required ☒

M Is the organization a Limited Liability Company? ... ☐ Yes ☒ NoN Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ NoO Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ 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	1	12,734	00
	2 Gross dues and assessments from members and affiliates	2	18,690	00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	22,440	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 B	4	53,864	00
Expenses	5 Cost of goods sold	5	140	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	140	00
	8 Total gross income. Subtract line 7 from line 4	8	53,724	00
Filing Fee	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	42,085	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	11,639	00
	11 Filing fee \$10 or \$25. See General Instruction F	11	0	00
Sign Here	12 Total payments	12	0	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

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 7/16/2012 Check if self-employed ☐ PTIN P00287581

Firm's name (or yours, if self-employed) and address Sonnenberg & Company, 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 ☒ Yes ☐ 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	12,506	00
	2	Interest	2	45	00
	3	Dividends	3	183	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	0	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	12,734	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	1,779	00
	16	Depreciation and depletion (See instructions)	16	0	00
	17	Other Expenses and Disbursements. Attach schedule	17	40,306	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	42,085	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			157,533.		168,552.
2 Net accounts receivable			0.		0.
3 Net notes receivable			0.		0.
4 Inventories			0.		0.
5 Federal and state government obligations			0.		0.
6 Investments in other bonds			0.		0.
7 Investments in stock			0.		0.
8 Mortgage 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			2,186.		5,681.
13 Total assets			159,719.		174,233.
Liabilities and net worth					
14 Accounts payable			257.		3,132.
15 Contributions, gifts, or grants payable			0.		0.
16 Bonds and notes payable			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			159,462.		171,101.
22 Total liabilities and net worth			159,719.		174,233.

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	11,639.	7	Income recorded on books this year not included in this return.	
2	Federal income tax			Attach schedule	0.
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	0.		Attach schedule	0.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	0.	9	Total. Add line 7 and line 8	0.
6	Total.		10	Net income per return.	
	Add line 1 through line 5	11,639.		Subtract line 9 from line 6	11,639.

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	3,400
5	Travel, conferences, and meetings	5	0
6	Printing and publications	6	6,743
7	Special events direct expenses	7	0
8	Office expenses	8	0
9	Other expenses	9	30,163
10		10	
11		11	
12	Total	12	40,306

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 CT-18454
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:
☐ Change of address
☐ Amended report
Corporate or Organization No. C-0529690
Federal Employer I.D. No. 95-8187105

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 1/1/2011 ending 12/31/2011) list:
Gross annual revenue \$ 53,864 Total assets \$ 174,233

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

The Committee of One Hundred

Form RRF1

Question 6 - Government Grant Information

Agency _____
County of San Diego

Mailing Address _____
1600 Pacific Highway RM 352, San Diego, CA 92101

Contact Name _____
Kevin Pasali

Form RRF1

Question 7 - Raffle for Charitable Purposes

The Committee of One Hundred held one raffle during 2011
Raffle Registration number RF003933



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

July 16, 2012

Committee of One Hundred
c/o Board of Directors
2125 Park Boulevard
San Diego, CA 92101

Tax Returns: Year Ended December 31, 2011

INSTRUCTIONS FOR FILING INCOME TAX RETURNS:

GENERAL INSTRUCTIONS:

Enclosed are the Exempt Organization Information and Tax Returns for the year ended December 31, 2011. Please review, sign, and mail as instructed. They must be mailed by August 15, 2012.

Form 990EZ - Return of Organization Exempt from Tax

Sign Page 4

Mail to IRS in envelope provided

Form 199 - California Exempt Organization Annual Information Return

Review and sign the Form 199 (Page 1)

Sign attached Form 990EZ

No Tax Due

Mail to Franchise Tax Board in envelope provided

Form RRF1- California Exempt Organization Business Annual Information Return

Review and sign the Form RRF-1

Sign attached Form 990EZ

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

Mail to Franchise Tax Board in envelope provided

Returns marked "Taxpayer Copy" are for your permanent tax file.

If you have any questions, please feel free to contact us.

Sincerely,


Sonnenberg & Company, CPAs