990°É

Department of the Treasury Internal Revenue Service

Short Form 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)

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

Open to Public ► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection

2004

OMB No. 1545-1150

2004, and ending For the 2004 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Please Address change 68-0470720 use IRS label or Project GHB Name change Number and street (or P O box, if mail is not delivered to street address) Room/surte Telephone number print or Induat return 318 S Los Robles (626) 203-2043 Final return City or town, state or country, and ZIP + 4 Amended return Group Exemption 91105 CA Number Application pending G Accounting method: | | Cash X Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accrual Other (specify) ▶ Check ► if the organization is not Web site: ► www.projectghb.com required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Organization type (check only one) - |X| 501(c) (4947(a)(1) or 3) ◄ (insert no) Check '> I if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ 54,162. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) 54,162 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts Membership dues and assessments . . . 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5a **b** Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . 5 c 6 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a b Less direct expenses other than fundraising expenses 6ь c Net income or (loss) from special events and activities (line 6a less line 6b) 6c 7a Gross sales of inventory, less returns and allowances 7 a **b** Less, cost of goods sold 7b c Gross profit or (loss) from sales of inventory (line 7a less line 7b) . 7 c 8 Other revenue (describe > 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 54,162. Grants and similar amounts paid (attach schedule) 10 fits paid to or for members 11 tailes other compensation, and employee benefits . . . 12 rofessional fees and other payments to independent contractors 9,712. 13 Occupancy, rent dilities, and maintenance 5,940. 14 Plinting, bubications, postage, and shipping 8,281. 15 Other expenses (des 37,671. See Other Expenses Statement 16 61,604. 17 s (add lines 10 through 16) . <u>-7,4</u>42. deficit) for the year (line 9 less line 17) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 7,428. Other changes in net assets or fund balances (attach explanation) 20 -14.21 Net assets or fund balances at end of year (combine lines 18 through 20) Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See Instructions) 2,016. 22 Cash, savings, and investments 7,428.**22** 0. 0. 23 23 Land and buildings 0. 24 Ō. 24 Other assets (describe ► 7,428. **25** 2,016. 25 Total assets 2,030. Total liabilities (describe 0. 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 7,428.**27** -14.27

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

Form 990-EZ (2004)

 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.) 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38 b 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 b 	eutions to fit plans and							
(Grants \$ 31 Other program services (attach schedule) (Grants \$ 32 Total program service expenses (add lines 28a through 31a) (Grants \$ 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not position (G) Compensation (If not paid, enter -0-) (D) Control pre week devoted (D) Control pre wee) 30 a) 31 a) 32 compensation to fit plans and appensation 0.	ed. See Instructions.) (E) Expense account and other allowances						
Trinka Porrata Exe. Director Same as business Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed do of each activity We eany changes made to the organization for not reporting the income on Form 990-T for this year? By the organization file Form 1120-POL for this year? By the very large in the period covered by this return? By the year or post included on line 9, for public use of club facilities Change and sustiness (A) Name and address (B) Title and average hours per week devoted not paid, enter -0) (C) Compensation (If not paid, enter -0) (D) Contribution of the propriet of the propriet of the paid, enter -0) (D) Contribution of the propriet of th) 31 a Descriptions to fit plans and apensation 0.	ed. See Instructions.) (E) Expense account and other allowance:						
Compensation (Incomplete Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not per week devoted to position Compensation (If not paid, enter -0)	eutions to fit plans and apensation	(E) Expense account and other allowances						
(A) Name and address (B) Title and average hours per week devoted to position Trinka Porrata Exe. Director Same as business 40 0. Part V Other Information (Note the attachment requirement in the instructions) 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed do of each activity. 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the if the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrielated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.) 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization hie Form 1120-POL for this year? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38 a Did the schedule specified in the line 38 instructions and enter the amount involved 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities.	eutions to fit plans and apensation	(E) Expense account and other allowances						
Same as business Board Member Same as business 2 O. Part V Other Information (Note the attachment requirement in the instructions) 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed do of each activity. 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the 15 the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.) 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved. 38 b Gross receipts, included on line 9, for public use of club facilities. 39 b Gross receipts, included on line 9, for public use of club facilities.		0						
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b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?							
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved								
section 4911 ; section 4912 , section 4955 b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958								
d Enter. Amount of tax on line 40c, above, reimbursed by the organization 41 List the states with which a copy of this return is filed ► <u>California</u> 42 The books are in care of ► <u>Cooper's Accounting Service, Inc.</u> Telepho	ne no ► (5 P + 4 ► 9(662) 637-3136 0807						
and enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of periury. I declare that LATA examined this return, including accompanying schedules and statements, and to the last on all information of which prepare has any knowledge.	,	· · · · · · · · · · · · · · · · · · ·						
Date Date Check		_ 1						

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization Employer identification number 68-0470720 Project GHB Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances None Total number of other employees paid over \$50,000 None Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None a contract of the contract of the state of the contract of the to orther of the over it this till Total number of others receiving over \$50,000 for professional services None

Schedule A (Form 990 or 990-EZ) 2004 Project GHB Page 3 68-0470720 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year **(b)** 2002 (e) Total (a) 2003 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 35,076. 0. 0 0. 35,076. Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organızatıon after June 30, 1975 19 Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 0 0 0 35,076. 23 Total of lines 15 through 22 35,076 35,076. 0. 0. 0 35,076 24 Line 23 minus line 17. 0 0. 0. 25 Enter 1% of line 23 351 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your 26 b return. Enter the total of all these excess amounts 26 c c Total support for section 509(a)(1) test: Enter line 24, column (e) 18 19 d Add: Amounts from column (e) for lines: 26 d 22 26e e Public support (line 26c minus line 26d total) ... 26 f ક્ર f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. ____ (2002) _ _ _ _ (2001) _ _ _ _ (2001) _ _ _ _ (2000) _ (2003)bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) (2003) _ _ _ _ (2002) _ _ _ c Add: Amounts from column (e) for lines: 15 16 27 c 35,076. 20

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f 35,076.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27g 100.00 %

27h %

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

and line 27b total

d Add: Line 27a total

e Public support (line 27c total minus line 27d total)

27 d

27 e

35,076

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
_			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
20			.,	, ,
30	catalogues, and other written communications with the public dealing with student admissions, programs,	30		
	and scholarships?	30		- "]
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement)			
			. ,	300
		1."	(,	,
	~],	14 - J	, ·
32	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	. مئــــــــــــــــــــــــــــــــــــ	
	b Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	110	7
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)	7		1
		- 51	. 1	
		1	,	. : :
33	Does the organization discriminate by race in any way with respect to:	5. 2.	h, .	3 -7-1
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 Ь		
	c Employment of faculty or administrative staff?	33 c		
		22 :		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies? .	33e	 	
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1		
_				
34	la Does the organization receive any financial aid or assistance from a governmental agency?	34a	 	
	b Has the organization's right to such aid ever been revoked or suspended?	34b	1	<u> </u>
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	المراجعة المراجعة	ا بالانتخاب الانتخاب الانتخاب المنابعة الانتخاب ا	1
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial	1	٠	
	nondiscrimination? If 'No,' attach an explanation	35		

Par	t VI-A L'obbying Ex (To be complete	xpenditures by Elected ONLY by an eligible of	cting Public Charitorganization that filed F	ties (See ınstru orm 5768)	uctions)			170	N/A
Chec	ck > a If the organiz	zation belongs to an affil	liated group. Check	► b If yo	u check	ed 'a' and 'l	ımıted	contro	ol' provisions apply.
		imits on Lobbying	•			Affiliate	2)		(b) To be completed for ALL electing
		n 'expenditures' means a							organizations
36		ures to influence public o		- •	36				
37		ures to influence a legisla	- · ·	ing) .	. 37				
38	'	ures (add lines 36 and 3	/) .		38				
39	Other exempt purpose e	•		•	39				
40		xpenditures (add lines 3	<u>=</u>		40				
41	Lobbying nontaxable an		-					.	, , , , , , , , , , , , , , , , , , ,
	If the amount on line 40		lobbying nontaxable a				,	1	, ,
	Not over \$500,000		of the amount on line		, .		4 9 1	. 1	4
	Over \$500,000 but not over \$1,	• • • • •	000 plus 15% of the excess of	, ,			* ''		
	Over \$1,000,000 but not over \$	\$1,500,000 \$175,0 \$17,000,000 \$225,0	000 plus 10% of the excess on		41	 -			* *** ***
	Over \$17,000,000		-	# \$1,000,000	- *-	ا فاسل م		. ^	· see since to
42	Grassroots nontaxable a		00,000			-7 4 84			1 2 2 1 2 2 2 1 1
43		ne 36. Enter -0- if line 42	•		42				
44		ne 38. Enter -0- if line 42		-	43				
		amount on either line 43		. Form 4720	224	7 , mr 1 gron m	ere for t	+-	may be some as the second
	Gaddon: Il alere is all a				L		·		
	(Some organ	nizations that made a se	Averaging Period ection 501(h) election de the instructions for li	not have to co	omplete	(n) all of the fiv	e colur	nns t	pelow.
			Lobbying Expend	ditures During	4 -Year	Averaging F	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002			d) 001		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))		, , , , , , ,		: :	, a - ne	, j	· ,	
47	Total lobbying expenditures			: 					
48	Grassroots non- taxable amount			,					
49	Grassroots ceiling amount (150% of line 48(e))				 	,	a'		
	Grassroots lobbying expenditures			· · · · · · · · · · · · · · · · · · ·					
Par	t VI-B Lobbying A	ctivity by Nonelecti only by organizations tha	I ng Public Charitie t did not complete Part	: S VI-A) (See inst	ructions	. \			N7 / 7
D. 1515	· · · · · · · · · · · · · · · · · · ·								N/A
atter	ng the year, did the orgar npt to influence public op	nization attempt to influe ninion on a legislative ma	nce national, state or it atter or referendum, thro	ough the use of	incluair :	g any	Yes	No	Amount
	Volunteers								ا الله المراجع
	Paid staff or manageme	ent (Include compensatio	n in expenses reported	on lines c thro	ugh h.)				
	: Media advertisements		•				+		
	Mailings to members, le		nto	•					
	Publications, or published			• •		•			
	Grants to other organizate	•							
	Direct contact with legis	_		-					
	Rallies, demonstrations,		•	any other mean	ns		1 1		
'	Total lobbying expenditu	-	•					- 1 m	
	ii res to any of the abo	ove, also attach a statem	nent giving a detailed de	escription of the	lobbyir	ig activities.			

Part:VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

OI tile	Code (other than section	301(0)(3) 0	gariizations) or in section 327, relatii	ig to political organizations.			
a Trans	fers from the reporting or	ganization to	a noncharitable exempt organization	n of		Yes	No
() C	ash				51 a (i)		X
(i)O	ther assets				a (ii)		
• •	transactions:						
		ets with a no	ncharitable exempt organization		b (i)		Х
	urchases of assets from a		, •	·	b (ii)	-	X
			· -	•		-	X
	ental of facilities, equipme	•	assets .		b (iii)		
	eimbursement arrangeme	ents	•		b (iv)		<u>X</u>
• •	oans or loan guarantees			•	b (v)	-	X
(vi)P	erformance of services or	membership	o or fundraising solicitations	•	b (vi)	<u> </u>	_X
			s, other assets, or paid employees		С	<u> </u>	X
d If the	answer to any of the above	ve is 'Yes,' c	omplete the following schedule. Column the reporting organization. If the or	mn (b) should always show the fair mark	ket value	of	
any tr	ansaction or sharing arra	ngement, sh	ow in column (d) the value of the good	mn (b) should always show the fair mark ganization received less than fair mark ods, other assets, or services received	et value ii	<u>'</u>	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	Description of transfers, transactions, and			s
					<u> </u>		
							
		·					
			· · · · · · · · · · · · · · · · · · ·				
						_	
descr	organization directly or in tibed in section 501(c) of the s,' complete the following	the Code (oti	nated with, or related to, one or more ner than section 501(c)(3)) or in section	tax-exempt organizations on 527?	► [] Ye	s X	No
<u> </u>	(a)	Scriculic.	(b)	(c)			
	Name of organization	Ţ	Type of organization	Description of relation	nship		
	. —						
-							
							

Project GHB 68-0470720 1

Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Advertising	5,367.
Bank Fees	526.
Dues and subscriptions	147.
Insurance	871.
Interest expense	156.
Office Supplies	4,735.
Program Expense	14,332.
Speaker_fees	6,681.
Supplies	68.
Travel	4,788.
Total	37,671.

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Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount				
Contract Labor Professional Fees	1,530. 8,182.				
Total	9,712.				

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Postage printing	3,234. 5,047.
Total	8,281.