

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	SAN DIEGO SOCIETY OF NATURAL HISTORY	95-1643375
	Number, street, and room or suite number. If a P.O. box, see instructions. PO BOX 121390	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92112	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ► GEORGE BROOKS-GONYER

Telephone No. ► 619-255-0213 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☐ calendar year 20\_\_\_\_ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)

**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)**2008**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**For the **2008** calendar year, or tax year beginning **7/01**, 2008, and ending **6/30**, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instruc- tions.	<b>SAN DIEGO SOCIETY OF NATURAL HISTORY</b> <b>PO BOX 121390</b> <b>SAN DIEGO, CA 92112</b>	<b>D</b> Employer Identification Number <b>95-1643375</b> <b>E</b> Telephone number <b>619-232-3821</b> <b>G</b> Gross receipts \$ <b>12,837,079.</b>
<b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.SDNHM.ORG</b>			
<b>K</b> Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: <b>M</b> State of legal domicile:	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO INTERPRET THE NATURAL WORLD THROUGH RESEARCH, EDUCATION AND EXHIBITS; TO PROMOTE UNDERSTANDING OF THE EVOLUTION AND DIVERSITY OF SOUTHERN CALIFORNIA AND THE PENINSULA OF BAJA CALIFORNIA; AND TO INSPIRE IN ALL A RESPECT FOR NATURE AND THE ENVIRONMENT.</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a)..... <b>3</b> 23 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)..... <b>4</b> 21 <b>5</b> Total number of employees (Part V, line 2a)..... <b>5</b> 278 <b>6</b> Total number of volunteers (estimate if necessary)..... <b>6</b> 600 <b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)..... <b>7a</b> 135,045. <b>b</b> Net unrelated business taxable income from Form 990-T, line 34..... <b>7b</b> -42,119.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)..... <b>Prior Year</b> 6,472,455. <b>Current Year</b> 4,599,820. <b>9</b> Program service revenue (Part VIII, line 2g)..... 14,843,492. 6,905,584. <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 508,863. 108,295. <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 1,177,015. 347,453. <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 22,074,536. 11,961,152.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 689,828. <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)..... <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 6,642,891. 5,558,667. <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)..... <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,107,137.</u> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 12,627,213. 8,829,130. <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 19,270,104. 15,077,625. <b>19</b> Revenue less expenses. Subtract line 18 from line 12..... 2,804,432. -3,116,473.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)..... <b>Beginning of Year</b> 46,015,734. <b>End of Year</b> 42,301,157. <b>21</b> Total liabilities (Part X, line 26)..... 17,136,152. 18,588,781. <b>22</b> Net assets or fund balances. Subtract line 21 from line 20..... 28,879,582. 23,712,376.	

**Part II Signature Block**

<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 _____		
	Type or print name and title. _____		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>JAMES H. WEST</b> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>WEST RHODE &amp; ROBERTS</b> <b>3104 FOURTH AVE</b> <b>SAN DIEGO, CA 92103</b>	Date _____ Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>N/A</b> EIN ▶ <b>N/A</b> Phone no. ▶ <b>619-615-5380</b>

May the IRS discuss this return with the preparer shown above? (see instructions)..... ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO INTERPRET THE NATURAL WORLD THROUGH RESEARCH, EDUCATION AND EXHIBITS; TO PROMOTE  
UNDERSTANDING OF THE EVOLUTION AND DIVERSITY OF SOUTHERN CALIFORNIA AND THE PENINSULA  
OF BAJA CALIFORNIA; AND TO INSPIRE IN ALL A RESPECT FOR NATURE AND THE ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,437,513. including grants of \$ ) (Revenue \$ 4,520,722.)

EXHIBITS: PRESERVATION AND DISPLAY OF NATURAL OBJECTS DOCUMENTING THE GEOLOGICAL  
HISTORY AND BIODIVERSITY OF THE REGION FOR PUBLIC BENEFIT.

4b (Code: ) (Expenses \$ 4,067,990. including grants of \$ 609,828.) (Revenue \$ 2,025,177.)

SCIENCE: PROFESSIONAL STUDY OF THE REGION'S PALEONTOLOGICAL HISTORY AND CURRENT  
BIODIVERSITY TO FURTHER PUBLIC UNDERSTANDING AND CONSERVATION.

4c (Code: ) (Expenses \$ 1,948,109. including grants of \$ ) (Revenue \$ 359,685.)

EDUCATION: EDUCATIONAL PROGRAMS ON NATURE AND NATURAL SCIENCE, PARTICULARLY OF  
SOUTHERN CALIFORNIA AND BAJA CALIFORNIA.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 308,958. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 11,762,570. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?.....	X	
3 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.....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.....		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I.....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.....	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.....		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.....		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....	1 a	39
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	1 b	0
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1 c	X
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ....	2 a	278
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2 b	X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	3 a	X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....	3 b	X
<b>4 a</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)? .....	4 a	X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5 a	X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5 b	X
<b>5 c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....	5 c	
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible? .....	6 a	X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....	6 b	X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....	7 a	X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	7 b	X
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7 c	X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	7 d	
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7 e	X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7 f	X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....	7 g	X
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....	7 h	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	8	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? .....	9 a	
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....	9 b	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. ....	10 a	
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	10 b	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>11 a</b>	Gross income from other members or shareholders. ....	11 a	
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11 b	
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12 a	
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	12 b	

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body.....	<b>1 a</b> 23	
<b>b</b> Enter the number of voting members that are independent.....	<b>1 b</b> 21	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?.....	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders?..... SEE SCHEDULE O.....	<b>6</b> X	
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?..... SEE SCHEDULE O.....	<b>7 a</b> X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....	<b>7 b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?.....	<b>8 a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body?.....	<b>8 b</b> X	
<b>9 a</b> Does the organization have local chapters, branches, or affiliates?.....	<b>9 a</b>	X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....	<b>9 b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O.....	<b>10</b> X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	<b>12 a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	<b>12 b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done..... SEE SCHEDULE O.....	<b>12 c</b> X	
<b>13</b> Does the organization have a written whistleblower policy?.....	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy?.....	<b>14</b> X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?.....	<b>15 a</b> X	
<b>b</b> Other officers of key employees of the organization?..... Describe the process in Schedule O. (see instructions)	<b>15 b</b>	X
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....	<b>16 a</b>	X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....	<b>16 b</b>	

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► GEORGE BROOKS-GONYER 1288 EL PRADO SAN DIEGO CA 92101 619-255-0213



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ARMSTRONG TRUSTEE	1	X						0.	0.	0.
LARRY BANEAS TRUSTEE	1	X						0.	0.	0.
JEFF BLOCK TRUSTEE	1	X						0.	0.	0.
BEN CLAY TRUSTEE	1	X						0.	0.	0.
STEPHEN COHEN TRUSTEE	1	X						0.	0.	0.
DARLENE DAVIES TRUSTEE	1	X						0.	0.	0.
JOHN DOWNING TRUSTEE	1	X						0.	0.	0.
ENRIQUE R. HAMBLETON TRUSTEE	1	X						0.	0.	0.
MATT HOM M.D TRUSTEE	1	X						0.	0.	0.
ALLEN M. JONES TRUSTEE	1	X						0.	0.	0.
STEVE A. KAY, PH.D TRUSTEE	1	X						0.	0.	0.
PETER KOVACS TRUSTEE	1	X						0.	0.	0.
STEVEN MCDONALD TRUSTEE	1	X						0.	0.	0.
ROBERT PROULX TRUSTEE	1	X						0.	0.	0.
MARK H. THIEMENS TRUSTEE	1	X						0.	0.	0.
EDWARD P. WALLACE JR. TRUSTEE	1	X						0.	0.	0.
YOLANDA WALTHER-MEADE TRUSTEE	1	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CAROL WILSON TRUSTEE	1	X						0.	0.	0.
JEFF WITT TRUSTEE	1	X						0.	0.	0.
ELEANOR NAVARRA CHAIR	1	X		X				0.	0.	0.
IRIS ENGSTRAND PH.D VICE CHAIR	1	X		X				0.	0.	0.
JON SCHMID SECRETARY	1	X		X				0.	0.	0.
FRANK SMITH TREASURER	1	X		X				0.	0.	0.
MICHAEL HAGER PRESIDENT/CEO	40				X			173,471.	0.	107,693.
EXEQUIEL EZCURRA DIRECTOR OF BRCC	40					X		151,996.	0.	4,190.
THOMAS DEMERE DIR OF PALEONTOLOGY	40					X		130,125.	0.	2,619.
GEORGE BROOKS-GONYER VICE PRES./CFO, COO	40					X		129,067.	0.	2,692.
JANET REDDING VP INST ADVANCE	40					X		124,470.	0.	2,615.
ELIZABETH STROUBE DEPUTY DIRECTOR OF ADVANCEMENT							X	100,300.	0.	2,242.
<b>1 b Total</b>								<b>809,429.</b>	<b>0.</b>	<b>122,051.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c	155,200.			
	d Related organizations.....	1 d				
	e Government grants (contributions).....	1 e	525,631.			
	f All other contributions, gifts, grants, and similar amounts not included above.....	1 f	3,918,989.			
	g Noncash contribns included in lns 1a-1f: ... \$		357,385.			
	<b>h Total.</b> Add lines 1a-1f.....		4,599,820.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a MEMBERSHIP DUES & ASSESSMENTS	713990	329,787.	329,787.		
	b GRANTS AND CONTRACTS		1,695,390.	1,695,390.		
	c ADMISSIONS		4,520,722.	4,520,722.		
	d EDUCATION		359,685.	359,685.		
	e					
	f All other program service revenue ...					
	<b>g Total.</b> Add lines 2a-2f.....		6,905,584.			
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts).....		108,295.			108,295.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.....					
	6 a Gross Rents.....	(i) Real (ii) Personal				
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses.....					
	c Gain or (loss).....					
	d Net gain or (loss).....					
	8 a Gross income from fundraising events (not including \$ 155,200. of contributions reported on line 1c). See Part IV, line 18.....	a				
	b Less: direct expenses.....	b	88,521.			
	c Net income or (loss) from fundraising events.....		-88,521.			-88,521.
	9 a Gross income from gaming activities. See Part IV, line 19.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
	10 a Gross sales of inventory, less returns and allowances.....	a	713,045.			
	b Less: cost of goods sold.....	b	787,406.			
	c Net income or (loss) from sales of inventory.....		-74,361.	-74,361.		
Miscellaneous Revenue Business Code						
11 a OTHER INCOME		375,290.	375,290.			
b FACILITY RENTAL		135,045.		135,045.		
c						
d All other revenue.....						
<b>e Total.</b> Add lines 11a-11d.....		510,335.				
12 <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.....		11,961,152.	7,206,513.	135,045.	19,774.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	689,828.	689,828.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	280,964.	210,723.	33,716.	36,525.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	4,458,334.	3,356,173.	534,574.	567,587.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	819,369.	691,426.		127,943.
10 Payroll taxes.				
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.	40,588.	25,483.	11,293.	3,812.
14 Information technology.				
15 Royalties.				
16 Occupancy.	471,576.	441,869.	29,707.	
17 Travel.	320,689.	299,223.	8,650.	12,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	80,406.	20.	80,386.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,307,551.	1,973,241.	301,694.	32,616.
23 Insurance.	3,938.	1,639.		2,299.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SPECIAL EXHIBIT	1,855,443.	1,855,443.		
b INSURANCE/BUILDING	1,138,814.	973,827.	148,891.	16,096.
c PROFESSIONAL FEES	684,658.	343,609.	222,894.	118,155.
d ADVERTISING	578,571.	45,583.	529,659.	3,329.
e PRINTING AND PUBLICATIONS	240,053.	187,766.	33,877.	18,410.
f All other expenses.	1,106,843.	666,717.	272,577.	167,549.
25 Total functional expenses. Add lines 1 through 24f.	15,077,625.	11,762,570.	2,207,918.	1,107,137.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing .....	690,207.	1	1,904,591.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	1,199,981.	3	496,062.
	4 Accounts receivable, net .....	741,281.	4	510,182.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....	526,799.	7	462,258.
	8 Inventories for sale or use .....	137,323.	8	143,165.
	9 Prepaid expenses and deferred charges .....	1,258,912.	9	1,204,716.
	10a Land, buildings, and equipment: cost basis .....	10a 41,888,465.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 13,652,101.		
	11 Investments — publicly-traded securities .....	9,347,477.	11	7,492,974.
	12 Investments — other securities. See Part IV, line 11 .....		12	
	13 Investments — program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	2,347,106.	15	1,850,845.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	46,015,734.	16	42,301,157.	
LIABILITIES	17 Accounts payable and accrued expenses .....	2,353,756.	17	1,989,165.
	18 Grants payable .....		18	
	19 Deferred revenue .....	128,930.	19	37,510.
	20 Tax-exempt bond liabilities .....	14,062,717.	20	13,623,383.
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	390,749.	23	368,723.
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	200,000.	25	2,570,000.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	17,136,152.	26	18,588,781.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	16,762,258.	27	11,925,920.
	28 Temporarily restricted net assets .....	1,658,201.	28	1,818,145.
	29 Permanently restricted net assets .....	10,459,123.	29	9,968,311.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances.</b> .....	28,879,582.	33	23,712,376.
	34 <b>Total liabilities and net assets/fund balances.</b> .....	46,015,734.	34	42,301,157.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....	X	
2b	Were the organization's financial statements audited by an independent accountant? .....	X	
2c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
3b	If 'Yes,' did the organization undergo the required audit or audits? .....		

BAA

Form 990 (2008)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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? **11 g (i)**
- (ii) a family member of a person described in (i) above? **11 g (ii)**
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? **11 g (iii)**

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	5,459,353.	6,585,326.	5,836,039.	7,020,870.	4,929,607.	29,831,195.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.						0.
4 <b>Total.</b> Add lines 1-3.	5,459,353.	6,585,326.	5,836,039.	7,020,870.	4,929,607.	29,831,195.
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).						8,086,244.
6 <b>Public support.</b> Subtract line 5 from line 4.						21,744,951.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	5,459,353.	6,585,326.	5,836,039.	7,020,870.	4,929,607.	29,831,195.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	209,685.	587,847.	725,813.	508,863.	108,295.	2,140,503.
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.) SEE PART IV.	114,531.	90,421.	456,816.	349,551.	347,453.	1,358,772.
11 <b>Total support.</b> Add lines 7 through 10.						33,330,470.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

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. ☐

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	65.2 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	74.0 %

16a **33-1/3 support test — 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b **33-1/3 support test — 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test — 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test — 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. ....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
c Add lines 10a and 10b. ....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ....						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)						

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. ☐

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

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

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

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

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

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

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



**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

2008

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

02:14PM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	347,453.	349,551.	456,816.	90,421.	114,531.
TOTAL	<u>\$ 347,453.</u>	<u>\$ 349,551.</u>	<u>\$ 456,816.</u>	<u>\$ 90,421.</u>	<u>\$ 114,531.</u>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year)....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?..... ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. **SEE PART XIV**

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_ 1.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_ 1.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☒ Public exhibition  
 b ☒ Scholarly research  
 c ☒ Preservation for future generations  
 d ☒ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. **SEE PART XIV**

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,459,123.				
b Contributions	5,449.				
c Investment earnings or losses	-496,261.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,968,311.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ 100.00 %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations	X	
3a(ii) related organizations		X
3b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		X

4 Describe in Part XIV the intended uses of the organization's endowment funds. **SEE PART XIV**

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		760.		760.
b Buildings		32,034,374.	8,460,009.	23,574,365.
c Leasehold improvements		2,533,427.	1,405,795.	1,127,632.
d Equipment		6,359,137.	3,530,092.	2,829,045.
e Other		960,767.	256,205.	704,562.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				28,236,364.

BAA

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,961,152.
2	Total expenses (Form 990, Part IX, column (A), line 25)	15,077,625.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-3,116,473.
4	Net unrealized gains (losses) on investments	-2,050,733.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	-2,050,733.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-5,167,206.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,728,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,728,784.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	-767,632.
c	Add lines 4a and 4b	4c	-767,632.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	11,961,152.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	15,953,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	875,927.
e	Add lines 2a through 2d	2e	875,927.
3	Subtract line 2e from line 1	3	15,077,625.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,077,625.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART III, LINE 1A - E/S FOOTNOTE FOR ART, TREASURES, ETC.**

THE MUSEUM HOUSES OVER NINE MILLION NATURAL HISTORY SPECIMENS IN COLLECTIONS DATING BACK AS FAR AS THE 1870S. THE SPECIMENS INCLUDE PLANTS, BIRDS, MAMMALS, INSECTS, REPTILES, AMPHIBIANS, MARINE INVERTEBRATES, FOSSILS, AND MINERALS MAINLY FROM WESTERN UNITED STATES, BAJA CALIFORNIA, AND NORTHERN MEXICO. IN ADDITION, THE MUSEUM'S LIBRARY INCLUDES SOME 25,000 TITLES IN 90,000 VOLUMES WITH SEVERAL SIGNIFICANT AND RARE VOLUMES ON NATURAL HISTORY. THE MUSEUM'S COLLECTIONS ARE EXPENSED WHEN ACQUIRED.

**Part XIV** Supplemental Information (continued)**PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPO**

THE MUSEUM'S COLLECTIONS TOTAL APPROXIMATELY 9.2 MILLION SPECIMENS, SOME DATING FROM  
THE 1800S. THE COLLECTIONS AND RELATED RESEARCH ARE CENTERED AROUND THE SOUTHERN  
CALIFORNIA/BAJA REGION. THE COLLECTIONS REPRESENT A RICH AND VITAL SOURCE FOR  
INVESTIGATIONS IN MANY OF THE FUNDAMENTAL ARENAS OF MODERN BIOLOGICAL SCIENCES, SUCH  
AS CLIMATE CHANGE, EVOLUTION, BIODIVERSITY AND ECOLOGY.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE MUSEUM'S ENDOWMENT FUNDS ARE RESTRICTED TO USE PER THE REQUEST OF THE DONORS. A  
LARGE PORTION OF THE FUNDS ARE RESTRICTED TO SUPPORT THE MUSEUM'S SCIENTIFIC RESEARCH  
AND RELATED COLLECTIONS.

## Part XIV Supplemental Information (continued)

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2008

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATIONPAGE 4

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

02:14PM

## SCHEDULE D, PART XII, LINE 4B

## OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

COST OF GOODS SOLD.....	\$	-787,406.
FUNDRAISING EXPENSE.....		-88,521.
INVESTMENT INCOME.....		108,295.
TOTAL	\$	<u>-767,632.</u>

## SCHEDULE D, PART XIII, LINE 2D

## OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD.....	\$	787,406.
FUNDRAISING EXPENSE.....		88,521.
TOTAL	\$	<u>875,927.</u>

**Schedule F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... ☐ Yes ☐ No
- 2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 **Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MEXICO	0	0	PROGRAM SERVICE	RESEARCH & TRAINING	689,828.
<b>Totals</b> .....	0	0			689,828.

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

Schedule F (Form 990) (2008)





**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Area for supplemental information with horizontal dashed lines.

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

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

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
---------------	---

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                          |                         |                          |                                       |
|--------------------------|-------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations      | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Email solicitations     | <input type="checkbox"/> | Solicitation of government grants     |
| <input type="checkbox"/> | Phone solicitations     | <input type="checkbox"/> | Special fundraising events            |
| <input type="checkbox"/> | In-person solicitations |                          |                                       |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

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

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

1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	1222	1223	1224	1225	1226	1227	1228	1229	1230	1231	1232	1233	1234	1235	1236	1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248	1249	1250	1251	1252	1253	1254	1255	1256	1257	1258	1259	1260	1261	1262	1263	1264	1265	1266	1267	1268	1269	1270	1271	1272	1273	1274	1275	1276	1277	1278	1279	1280	1281	1282	1283	1284	1285	1286	1287	1288	1289	1290	1291	1292	1293	1294	1295	1296	1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308	1309	1310	1311	1312	1313	1314	1315	1316	1317	1318	1319	1320	1321	1322	1323	1324	1325	1326	1327	1328	1329	1330	1331	1332	1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344	1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356	1357	1358	1359	1360	1361	1362	1363	1364	1365	1366	1367	1368	1369	1370	1371	1372	1373	1374	1375	1376	1377	1378	1379	1380	1381	1382	1383	1384	1385	1386	1387	1388	1389	1390	1391	1392	1393	1394	1395	1396	1397	1398	1399	1400	1401	1402	1403	1404	1405	1406	1407	1408	1409	1410	1411	1412	1413	1414	1415	1416	1417	1418	1419	1420	1421	1422	1423	1424	1425	1426	1427	1428	1429	1430	1431	1432	1433	1434	1435	1436	1437	1438	1439	1440	1441	1442	1443	1444	1445	1446	1447	1448	1449	1450	1451	1452	1453	1454
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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL GALA (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts.....	155,200.			155,200.
	2 Less: Charitable contributions.....	155,200.			155,200.
	3 Gross revenue (line 1 minus line 2).....				
DIRECT EXPENSES	4 Cash prizes.....				
	5 Non-cash prizes.....				
	6 Rent/facility costs.....	489.			489.
	7 Other direct expenses.....	88,032.			88,032.
	8 Direct expense summary. Add lines 4- through 7 in column (d).....				88,521.
	9 Net income summary. Combine lines 3 and 8 in column (d).....				-88,521.

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

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

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

**13** Indicate the percentage of gaming activity operated in:

- | <b>a</b> The organization's facility ..... | <b>13a</b> | % |
|--|------------|---|
| <b>b</b> An outside facility .....         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ .....

Address: ▶ .....

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_.

- c** If 'Yes,' enter name and address:

Name: ▶ .....

Address: ▶ .....

**16** Gaming manager information

Name: ▶ .....

Gaming manager compensation ▶ \$\_\_\_\_\_

Description of services provided: ▶ .....

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$\_\_\_\_\_

YES NO

15a

17a



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

Attach to Form 990. To be completed by organizations that  
answered 'Yes' to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

**Part I** Questions Regarding Compensation

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ Yes ☐ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- If 'Yes' to line 6a or 6b, describe in Part III.

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. **7** ☐ Yes ☒ No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8** ☐ Yes ☒ No

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008



## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . .

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization..... **\$**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

[illegible]

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JONATHAN CLAY	SON OF BD MBR	9,663.	LEGISLATIVE RELATIONS		X
STEPHEN COHEN	BOARD MEMBER	74,000.	TRUSTEE F RABBI TRUST		X

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....	X	1	18,553.	8283 FROM DON.
3 Art—Fractional interests .....				
4 Books and publications .....	X		5,944.	8283 FROM DON.
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....	X	1	300.	DONOR
9 Securities—Publicly traded .....	X	2	147,866.	FMV
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....	X	1	27,509.	DONOR
19 Food inventory .....	X	9	29,210.	DONOR
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( <u>LINENS</u> ) .....	X	1	7,500.	DONOR
26 Other ► ( <u>ADVERTISING</u> ) .....	X	1	143,750.	DONOR
27 Other ► ( <u>EQUIP/SUPPLIES</u> ) .....	X	1	3,539.	DONOR
28 Other ► ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PUBLIC PROGRAMS: INFORMAL EDUCATION PROGRAMS SUCH AS CLASSES, LECTURES, FIELD TRIPS, AND EXPEDITIONS THAT PROMOTE LIFELONG LEARNING IN THE FIELD OF NATURAL SCIENCES, AND MUSEUM GIFT SHOP.

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER**

MEMBERS MEET ANNUALLY TO VOTE ON ANY CHANGES TO BY-LAWS AND TO ELECT BOARD OFFICERS FOR THE COMING YEAR.

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY**

SLATE OF PROPOSED BOARD OF DIRECTORS AND OFFICERS ARE VOTED ON AT THE ANNUAL MEMBER MEETING.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

SUBMITTED TO THE FINANCE COMMITTEE OF BOARD FOR REVIEW AND COMMENT, THEN FORWARDED TO THE FULL BOARD SUBSEQUENT TO THE REVIEW OF THE FINANCE COMMITTEE.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

ALL BOARD DIRECTORS ARE REQUIRED TO ANNUALLY REVIEW, SIGN AND SUBMIT A COPY OF THE MUSEUM'S CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS THEY MAY HAVE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

MADE AVAILABLE BOTH UPON REUEST AND ON THE MUSEUM'S PUBLIC WEBSITE.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☒*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>SAN DIEGO SOCIETY OF NATURAL HISTORY</b>	Employer identification number <b>95-1643375</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>PO BOX 121390</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92112</b>	

**Check type of return to be filed** (file a separate application for each return):

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)         | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ► GEORGE BROOKS-GONYER

Telephone No. ► 619-255-0213 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☐ calendar year 20\_\_\_\_ or  
 ► ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)



Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2008**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2008 or other tax year beginning 7/01, 2008,  
and ending 6/30, 2009

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	SAN DIEGO SOCIETY OF NATURAL HISTORY PO BOX 121390 SAN DIEGO, CA 92112	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) 95-1643375  <b>E</b> Unrelated business activity codes (See instructions for Block E.)
<b>C</b> Book value of all assets at end of year 42,301,157.		<b>F</b> Group exemption number (See instructions for Block F.) ▶	
<b>G</b> Check organization type... ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity.**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ... ☐ Yes ☒ No

If 'Yes,' enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of. ▶ GEORGE BROOKS-GONYER Telephone number ▶ 619-255-0213

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...			
b Less returns and allowances ... c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7) .....	2		
3 Gross profit. Subtract line 2 from line 1c .....	3		
4 a Capital gain net income (attach Schedule D) .....	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	4 b		
c Capital loss deduction for trusts .....	4 c		
5 Income (loss) from partnerships and S corporations (attach statement) .....	5		
6 Rent income (Schedule C) .....	6		
7 Unrelated debt-financed income (Schedule E) .....	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) .....	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) .....	9		
10 Exploited exempt activity income (Schedule I) .....	10		
11 Advertising income (Schedule J) .....	11		
12 Other income (See instructions; attach schedule.) SEE STATEMENT 1	12	135,045.	135,045.
13 Total. Combine lines 3 through 12 .....	13	135,045.	0.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) .....	14	
15 Salaries and wages .....	15	140,863.
16 Repairs and maintenance .....	16	
17 Bad debts .....	17	
18 Interest (attach schedule) .....	18	
19 Taxes and licenses .....	19	
20 Charitable contributions (See instructions for limitation rules.) .....	20	
21 Depreciation (attach Form 4562) .....	21	
22 Less depreciation claimed on Schedule A and elsewhere on return .....	22 a	22 b
23 Depletion .....	23	
24 Contributions to deferred compensation plans .....	24	
25 Employee benefit programs .....	25	28,401.
26 Excess exempt expenses (Schedule I) .....	26	
27 Excess readership costs (Schedule J) .....	27	
28 Other deductions (attach schedule) .....	28	7,900.
29 Total deductions. Add lines 14 through 28 .....	29	177,164.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	30	-42,119.
31 Net operating loss deduction (limited to the amount on line 30) .....	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	32	-42,119.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) .....	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 .....	34	-42,119.

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35 c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions. **37****38 Alternative minimum tax.** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 0.**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). **40 a****b** Other credits (see instructions). **40 b****c** General business credit. Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) **40 c****d** Credit for prior year minimum tax (attach Form 8801 or 8827). **40 d****e Total credits.** Add lines 40a through 40d. **40 e** 0.**41** Subtract line 40e from line 39. **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule). **42****43 Total tax.** Add lines 41 and 42. **43** 0.**44 a** Payments: A 2007 overpayment credited to 2008. **44 a****b** 2008 estimated tax payments. **44 b****c** Tax deposited with Form 8868. **44 c****d** Foreign organizations: Tax paid or withheld at source (see instructions). **44 d****e** Backup withholding (see instructions). **44 e****f** Other credits and payments: ☐ Form 2439 **44 f**☐ Form 4136 ☐ Other Total **44 f****45 Total payments.** Add lines 44a through 44f. **45** 0.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached. ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed. **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. **48****49** Enter the amount of line 48 you want: **Credited to 2009 estimated tax** **Refunded** **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions.)**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. **Yes No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file. **Yes No****3** Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes No****Schedule A — Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year. **1****2** Purchases. **2****3** Cost of labor. **3****4 a** Additional section 263A costs (attach schedule). **4 a****b** Other costs (attach sch). **4 b****5 Total.** Add lines 1 through 4b. **5****6** Inventory at end of year. **6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2. **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. **Signature of officer** **Date** **Title** **May the IRS discuss this return with the preparer shown below (see instructions)?** ☒ **Yes** ☐ **No****Paid Preparer's Use Only** **Preparer's signature** **JAMES H. WEST** **Date** **Check if self-employed** ☐ **Preparer's SSN or PTIN** **567-26-2499** **Firm's name (or yours if self-employed), address, and ZIP code** **WEST RHODE & ROBERTS** **EIN** **33-0783983** **3104 FOURTH AVE** **Phone no.** **619-615-5380** **SAN DIEGO, CA 92103**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

## 1 Description of property

(1)		
(2)		
(3)		
(4)		
<b>2 Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>
<b>(a) From personal property</b> (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b) From real and personal property</b> (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1 Description of debt-financed property</b>		<b>2 Gross income from or allocable to debt-financed property</b>	<b>3 Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a) Straight line depreciation (attach sch)</b>	<b>(b) Other deductions (attach schedule)</b>
(1)				
(2)				
(3)				
(4)				
<b>4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5 Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6 Column 4 divided by column 5</b>	<b>7 Gross income reportable (column 2 x column 6)</b>	<b>8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

<b>1 Name of Controlled Organization</b>		<b>2 Employer Identification Number</b>	<b>Exempt Controlled Organizations</b>		
			<b>3 Net unrelated income (loss) (see instructions)</b>	<b>4 Total of specified payments made</b>	<b>5 Part of column 4 that is included in the controlling organization's gross income</b>
(1)					<b>6 Deductions directly connected with income in column 5</b>
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
<b>7 Taxable Income</b>	<b>8 Net unrelated income (loss) (see instructions)</b>	<b>9 Total of specified payments made</b>	<b>10 Part of column 9 that is included in the controlling organization's gross income</b>	<b>11 Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G — Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J — Advertising Income** (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)).						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K — Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			

2008

## FEDERAL STATEMENTS

PAGE 1

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

02:14PM

STATEMENT 1  
FORM 990-T, PART I, LINE 12  
OTHER INCOME

FACILITY RENTAL.....	\$	135,045.
TOTAL	\$	<u>135,045.</u>

STATEMENT 2  
FORM 990-T, PART II, LINE 28  
OTHER DEDUCTIONS

ADVERTISING.....	\$	5,087.
EMPLOYEE UNIFORM.....		10.
MISCELLANEOUS.....		1,025.
OFFICE SUPPLIES.....		459.
POSTAGE.....		267.
PRINTING.....		60.
REFUNDS.....		40.
SHIPPING.....		449.
STAFF DEVELOPMENT AND TRAINING.....		65.
SUBSCRIPTIONS.....		438.
TOTAL	\$	<u>7,900.</u>

2008

# California Exempt Organization Annual Information Return

199

Calendar year 2008 or fiscal year beginning month 07 day 01 year 2008, and ending month 06 day 30 year 2009

**A** First Return Filed? ☐ Yes ☒ No **B** Type of organization Exempt under Section 23701 **D** (insert letter) **CORP #**  
**C0008651**  
**IRC Section 4947(a)(1) trust** ☐

Corporation/Organization Name

SAN DIEGO SOCIETY OF NATURAL HISTORY

FEIN

95-1643375

Address

PO BOX 121390

City

State ZIP Code

SAN DIEGO, CA 92112

**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: ☐ Yes ☒ No  
**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: ☐ Yes ☒ No  
**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: 1 ☒ 990T 2 ☐ 990PF  
 3 ☐ 990H  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ☒

**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 Corporation? ☐ 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	1	7,907,472.
	2	Gross dues and assessments from members and affiliates	2	329,787.
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B	3	4,599,820.
	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.	4	12,837,079.
	5	Cost of goods sold	5	787,406.
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	787,406.
	8	Total gross income. Subtract line 7 from line 4	8	12,049,673.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,266,446.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,216,773.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	JAMES H. WEST	Date	619-232-3821
	Firm's name (or yours, if self-employed) and address	WEST RHODE & ROBERTS	Check if self-employed	Preparer's SSN/PTIN
		3104 FOURTH AVE	<input type="checkbox"/>	567-26-2499
		SAN DIEGO, CA 92103		FEIN
				33-0783983
				Telephone
				619-615-5380
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	713,045.
	2	Interest .....	● 2	
	3	Dividends .....	● 3	108,295.
	4	Gross rents .....	● 4	
	5	Gross royalties .....	● 5	
	6	Gross amount received from sale of assets (See Instructions) .....	● 6	
	7	Other income. Attach schedule ..... <b>SEE STATEMENT 1</b>	● 7	7,086,132.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. ....	8	7,907,472.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule .....	● 9	689,828.
	10	Disbursements to or for members .....	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule. .... <b>SEE STATEMENT 2</b>	● 11	381,264.
	12	Other salaries and wages .....	● 12	4,458,334.
	13	Interest .....	● 13	80,406.
	14	Taxes .....	● 14	
	15	Rents .....	● 15	471,576.
	16	Depreciation and depletion (See Instructions) .....	● 16	2,307,551.
	17	Other. Attach schedule. .... <b>SEE STATEMENT 3</b>	● 17	6,877,487.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. ....	18	15,266,446.

**Schedule L Balance Sheets**

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....		690,207.	●	1,904,591.
2	Net accounts receivable .....		1,941,262.	●	1,006,244.
3	Net notes receivable. Attach schedule .....		526,799.	●	462,258.
4	Inventories .....		137,323.	●	143,165.
5	Federal and state government obligations .....			●	
6	Investments in other bonds. Attach sch .....		9,347,477.	●	7,492,974.
7	Investments in stock. Attach schedule .....			●	
8	Mortgage loans (number of loans _____) .....			●	
9	Other investments. Attach schedule .....			●	
10a	Depreciable assets .....	41,851,102.		41,887,705.	
b	Less accumulated depreciation .....	12,085,214.	29,765,888.	13,652,101.	28,235,604.
11	Land .....		760.	●	760.
12	Other assets. Attach schedule ..... <b>STM. 4</b>		3,606,018.	●	3,055,561.
13	<b>Total assets</b> .....		46,015,734.		42,301,157.
<b>Liabilities and net worth</b>					
14	Accounts payable .....		2,353,756.	●	1,989,165.
15	Contributions, gifts, or grants payable .....			●	
16	Bonds and notes payable. Attach schedule .....		14,062,717.	●	13,623,383.
17	Mortgages payable .....		390,749.	●	368,723.
18	Other liabilities. Attach schedule ..... <b>STM. 5</b>		328,930.		2,607,510.
19	Capital stock or principle fund .....		28,879,582.	●	23,712,376.
20	Paid-in or capital surplus. Attach reconciliation .....			●	
21	Retained earnings or income fund .....			●	
22	<b>Total liabilities and net worth</b> .....		46,015,734.		42,301,157.

**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 .....	● -3,216,773.	7	Income recorded on books this year not included in this return. Attach schedule .....	●
2	Federal income tax .....	●	8	Deductions in this return not charged against book income this year. Attach schedule .....	●
3	Excess of capital losses over capital gains .....	●	9	<b>Total.</b> Add line 7 and line 8 .....	
4	Income not recorded on books this year. Attach schedule .....	●	10	<b>Net income per return.</b> Subtract line 9 from line 6. ....	-3,216,773.
5	Expenses recorded on books this year not deducted in this return. Attach schedule .....	●			
6	<b>Total.</b> Add line 1 through line 5. ....	-3,216,773.			

2008

## CALIFORNIA STATEMENTS

PAGE 1

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

02:15PM

**STATEMENT 1**  
**FORM 199, PART II, LINE 7**  
**OTHER INCOME**

FACILITY RENTAL .....	\$	135,045.
OTHER INCOME .....		375,290.
<b>TOTAL</b>	<b>\$</b>	<b>510,335.</b>

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBERT ARMSTRONG PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
LARRY BANEGAS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
JEFF BLOCK PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
BEN CLAY PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
STEPHEN COHEN PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
DARLENE DAVIES PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
JOHN DOWNING PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
ENRIQUE R. HAMBLETON PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
MATT HOM M.D PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.



CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

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**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALLEN M. JONES PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
STEVE A. KAY, PH.D PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
PETER KOVACS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
STEVEN MCDONALD PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
ROBERT PROULX PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
MARK H. THIEMENS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
EDWARD P. WALLACE JR. PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
YOLANDA WALTHER-MEADE PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
CAROL WILSON PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
JEFF WITT PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 1.00	0.	0.	0.
ELEANOR NAVARRA PO BOX 121390 SAN DIEGO, CA 92112	CHAIR 1.00	0.	0.	0.
IRIS ENGSTRAND PH.D PO BOX 121390 SAN DIEGO, CA 92112	VICE CHAIR 1.00	0.	0.	0.

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SAN DIEGO SOCIETY OF NATURAL HISTORY

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**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JON SCHMID PO BOX 121390 SAN DIEGO, CA 92112	SECRETARY 1.00	\$ 0.	\$ 0.	\$ 0.
FRANK SMITH PO BOX 121390 SAN DIEGO, CA 92112	TREASURER 1.00	0.	0.	0.
MICHAEL HAGER PO BOX 121390 SAN DIEGO, CA 92112	PRESIDENT/CEO 40.00	173,471.	0.	0.
TOTAL		\$ 173,471.	\$ 0.	\$ 0.

**FORMER OFFICERS:**

NAME AND ADDRESS	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	LOANS AND ADVANCES
ELIZABETH STROUBE PO BOX 121390 SAN DIEGO, CA 92112	\$ 100,300.	0.	0.	0.
TOTAL	\$ 100,300.	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ADVERTISING.....	\$ 578,571.
AUTO.....	39,227.
BANK FEES.....	88,555.
COMPUTER.....	22,178.
CONTRACT MAINTENANCE.....	709.
CURTORIAL EXPENSE.....	27,509.
EQUIPMENT.....	11,576.
EQUIPMENT MAINTENANCE.....	12,232.
EXHIBIT.....	79,649.
EXHIBIT MATERIALS.....	141,524.
FACILITIES EXPENSE.....	16,505.
FILM.....	1,227.
FOOD.....	6,858.
GROUP SALES REFUNDS.....	40.
GUESS PASS REDEMPTION.....	91,337.
HOST EXPENSE.....	150,735.
INSURANCE.....	3,938.
INSURANCE/BUILDING.....	1,138,814.
MISCELLANEOUS.....	164,915.
OFFICE EXPENSES.....	40,588.
OTHER EMPLOYEE BENEFIT.....	819,369.
PAYROLL PROCESSING.....	41,246.

2008

## CALIFORNIA STATEMENTS

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SAN DIEGO SOCIETY OF NATURAL HISTORY

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**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

PERMITS & FEES.....	\$	1,047.
POSTAGE AND SHIPPING.....		43,641.
PRINTING AND PUBLICATIONS.....		240,053.
PROFESSIONAL FEES.....		684,658.
PROGRAM REFUNDS.....		605.
REFERENCE BOOKS.....		866.
REGISTRATION & MEMBERSHIP FEES.....		40,698.
SCIENTIFIC SUPPLIES.....		46,046.
SPECIAL EVENT EXPENSES.....		88,521.
SPECIAL EXHIBIT.....		1,855,443.
SUBSCRIPTIONS.....		77,918.
TRAVEL.....		320,689.
TOTAL	\$	<u>6,877,487.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

BENEFICIAL INTEREST IN PERPETUAL TRUST.....	1,850,844.
COLLECTIONS AND EXHIBITS.....	1.
PREPAID EXPENSES AND DEFERRED CHARGES.....	1,204,716.
TOTAL	\$ <u>3,055,561.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

DEFERRED REVENUE.....	37,510.
LINE OF CREDIT.....	2,570,000.
TOTAL	\$ <u>2,607,510.</u>

2008

California Exempt Organization  
Business Income Tax Return

109

For calendar year 2008 or fiscal year beginning month 07 day 01 year 2008, &amp; ending month 06 day 30 year 2009

A First Return Filed? ☐ Yes ☒ NoB Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

CORP #

C0008651

Corporation/Organization Name

SAN DIEGO SOCIETY OF NATURAL HISTORY

FEIN

95-1643375

Address

PO BOX 121390

City

State

ZIP Code

SAN DIEGO, CA 92112

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

D Final return?

☐ Dissolved ☐ Surrendered (Withdrawn)☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date

E Amended Return ☐ Yes ☒ NoF On Accounting Method Used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ NoI Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area tax benefits? ☐ Yes ☒ NoJ Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ No

K Unrelated Business Activity (UBA) Code

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30.	• 1	-42,119.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	• 2	
	3	Enter the lesser amount from line 1 or line 2.	• 3	-42,119.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30.	• 4	
Tax Computation	5	Unrelated business income from line 3 or line 4.	• 5	
	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	• 6	
	7	Net Operating Loss deduction. See General Information N.	• 7	
	8	Add line 6 and line 7.	• 8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5.	• 9	
	10	Tax. _____ % x line 9. See General Information J.	• 10	
	11	Tax credits from Schedule B, line 4, Schedule P (100), or Schedule P (541). See Schedule B instructions.	• 11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	• 12	0.
	13	Alternative minimum tax. See General Information O.	• 13	
	14	Total tax. Add line 12 and line 13.	• 14	
Payments	15	Overpayment from a prior year allowed as a credit.	• 15	
	16	2008 estimated tax payments. See instructions.	• 16	
	17	2008 Nonresident or real estate withholding. See instructions	• 17	
	18	Amount paid with extension (form FTB 3539).	• 18	
	19	Total payments and credits. Add line 15 through line 18.	• 19	
Refund (Direct Deposit of Refund) or Amount Due	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions.	• 20	
	21	Overpayment. Subtract line 14 from line 19. See instructions.	• 21	
	22	Enter amount of line 21 to be applied to 2009 estimated tax.	• 22	
	23	Use tax. See instructions.	• 23	
	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21.	• 24	
	a	Fill in the account information to have the refund directly deposited. Routing number.	• 24 a	
	b	Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number.	• 24 c	
	25	Penalties and interest. See General Information M.	• 25	
	26	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result.	27	

**Unrelated Business Taxable Income****Part I Unrelated Trade or Business Income**

1 a	Gross receipts or gross sales	b	Less returns and allowances	Balance	● 1c	
2	Cost of goods sold and/or operations from Schedule A, line 7.				● 2	
3	Gross profit. Subtract line 2 from line 1c.				● 3	
4a	Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541).				● 4a	
b	Net gain (loss) from Part II, Schedule D-1.				● 4b	
c	Capital loss deduction for trusts				● 4c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule.				● 5	
6	Rental income from Schedule C.				● 6	
7	Unrelated debt-financed income from Schedule D.				● 7	
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E.				● 8	
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F.				● 9	
10	Exploited exempt activity income from Schedule G.				● 10	
11	Advertising income from Schedule H, Part III, Column A.				● 11	
12	Other income. Attach schedule.			SEE STATEMENT 1	● 12	135,045.
13	Total unrelated trade or business income. Add line 3 through line 12.				● 13	135,045.

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule L.	● 14	
15	Salaries and wages.	● 15	140,863.
16	Repairs.	● 16	
17	Bad debts.	● 17	
18	Interest. Attach schedule.	● 18	
19	Taxes. Attach schedule.	● 19	
20	Contributions. See instructions and attach schedule.	● 20	
21a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F).	● 21a	
b	Less: depreciation claimed on Schedule A. See instructions.	21b	21
22	Depletion. Attach schedule.	● 22	
23a	Contributions to deferred compensation plans.	23a	
b	Employee benefit programs. See instructions.	23b	28,401.
24	Other deductions. Attach schedule.	● 24	7,900.
25	Total deductions. Add line 14 through line 24.	25	177,164.
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.	● 26	-42,119.
27	Excess advertising costs from Schedule H, Part III, Column B.	● 27	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26.	● 28	-42,119.
29	Specific deduction. See instructions.	● 29	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. See instructions.	30	-42,119.

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.

<b>Sign Here</b>	Signature of officer	Title	Date	Telephone
				● 619-232-3821
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid Preparer's SSN/PTIN
	<b>JAMES H. WEST</b>			● 567-26-2499
	Firm's name (or yours, if self-employed) and address			FEIN
	<b>WEST RHODE &amp; ROBERTS</b> <b>3104 FOURTH AVE</b> <b>SAN DIEGO, CA 92103</b>			● 33-0783983 Telephone ● 619-615-5380
May the FTB discuss this return with the preparer shown above (see instructions)?				● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Schedule A Cost of Goods Sold and/or Operations** Method of inventory valuation (specify)

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	● 3	
4a	Additional IRC Section 263A costs. Attach schedule.....	4a	
b	Other costs. Attach schedule.....	● 4b	
5	Total. Add line 1 through line 4b.....	5	
6	Inventory at end of year.....	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2....	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

**Schedule B Tax Credits** Do not complete if you must file Schedule P (100 or 541).

1	Enter credit name..... code no. ....	● 1	
2	Enter credit name..... code no. ....	● 2	
3	Enter credit name..... code no. ....	● 3	
4	Total. Add line 1 through line 3. Enter here and on Side 1, line 11.....	● 4	

**Schedule K Add-On Taxes or Recapture of Tax.** See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834.....	● 1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots.....	● 2a	
	b Method for non-dealer installment obligations.....	● 2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles.....	● 3	
4	Credit recapture. Credit name.....	● 4	
5	Total. Combine the amounts on line 1 through line 4. See instructions.....	● 5	

**Schedule R Apportionment Formula Worksheet**

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor: See instructions.....	●	●	●
2 Payroll factor: Wages and other compensation of employees.....	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances.....	●	●	●
4 Multiply the factor on line 3, column (c) by 2.....			
5 Total percentage: Add the percentages in column (c) line 1, line 2, and line 4.....			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.....			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&amp;TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
					%
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5	Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)	

Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6.....

**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7. ....					

**Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8. ....					
Enter gross income from members (dues, fees, charges, or similar amounts) .....					

**Schedule F Income (Annuities, Interest, Rents, and Royalties) from Controlled Organizations**

1 Name and address of controlled organizations		2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations		
				(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Section 23701, or the amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ column (b)
						%
						%
						%
5 Nonexempt controlled organizations			6 Gross income reportable, column 2 x column 4(c) or column 5(c)	7 Allowable deductions, column 3 x column 4(c) or column 5(c)	8 Net income includible, column 6 less column 7	
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ (b)				
		%				
		%				
		%				
Total. Enter here and on Side 2, Part I, line 9. ....						

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10. ....							

## Part I Income from Periodicals Reported on a Consolidated Basis

**Part II** Income from Periodicals Reported on a Separate BasisPart III Column A – Net Advertising IncomePart III Column B – Excess Advertising Costs

1 Name of Officer	2 SSN or ITIN	3 Title
-------------------	---------------	---------

Schedule J Depreciation (Corporations and

1	Group and guideline class or	2	Date acquired	3	Cost or	4	Depreciation	5
---	------------------------------	---	---------------	---	---------	---	--------------	---

Form 109 C1 2008 Side 5



2008

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

SAN DIEGO SOCIETY OF NATURAL HISTORY

California corporation number

C0008651

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☐ C Corporation☐ S Corporation☒ Exempt Organization☐ Limited Liability Company (electing to be taxed as a corporation)

FEIN

95-1643375

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

- |    |  |    |         |
|----|--|----|---------|
| 1  | Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2.<br>Enter as a positive number. | 1  | 42,119. |
| 2  | 2008 disaster loss included in line 1. Enter as a positive number.   | 2  |         |
| 3  | Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.  | 3  | 42,119. |
| 4a | Enter the amount of the loss incurred by a new business included in line 3.  | 4a |         |
| b  | Enter the amount of the loss incurred by an eligible small business included in line 3.                                      | 4b | 42,119. |
| c  | Add line 4a and line 4b.   | 4c | 42,119. |
| 5  | General NOL. Subtract line 4c from line 3.   | 5  |         |
| 6  | 2008 NOL carryover. Add line 2, line 4c, and line 5. See instructions.   | 6  | 42,119. |

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

- |   |  |                          |  |
|---|--|--------------------------|--|
| 1 | Net income (loss) — Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. If the corporation taxable income is \$500,000 or more, see instructions. | (g)<br>Available balance |  |
|---|--|--------------------------|--|

**Prior Year NOLs**

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2007	(f) Amount used in 2008	(g) Available balance	(h) Carryover to 2009 col (e) — col (f)
2							

**Current Year NOLs**

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2007	(f) Amount used in 2008	(g) Available balance	(h) Carryover to 2009 col (e) — col (f)
3 2008		DIS					col (d) — col (f)
4 2008		ESB	42,119.				42,119.
2008							
2008							
2008							

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2008 NOL deduction**

- |   |   |   |    |
|---|---|---|----|
| 1 | Total the amounts in Part II, line 2, column (f).   | 1 |    |
| 2 | Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0-. | 2 | 0  |
| 3 | Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7.   | 3 | 0. |

2008

## CALIFORNIA STATEMENTS

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CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

02:15PM

**STATEMENT 1  
FORM 109, PART I, LINE 12  
OTHER INCOME**

FACILITY RENTAL .....	\$	135,045.
TOTAL	\$	<u>135,045.</u>

**STATEMENT 2  
FORM 109, PART II, LINE 24  
OTHER EXPENSES**

ADVERTISING .....	\$	5,087.
EMPLOYEE UNIFORM .....		10.
MISCELLANEOUS .....		1,025.
OFFICE SUPPLIES .....		459.
POSTAGE .....		267.
PRINTING .....		60.
REFUNDS .....		40.
SHIPPING .....		449.
STAFF DEVELOPMENT AND TRAINING .....		65.
SUBSCRIPTIONS .....		438.
TOTAL	\$	<u>7,900.</u>

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

## 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.



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

State Charity Registration Number <u>006312</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
SAN DIEGO SOCIETY OF NATURAL HISTORY Name of Organization		
PO BOX 121390 Address (Number and Street)		Corporate or Organization No. <u>C0008651</u>
SAN DIEGO, CA 92112 City or Town State ZIP Code		Federal Employer ID No. <u>95-1643375</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 7/01/08 ending 6/30/09) list:  
Gross annual revenue \$ 11,961,152. Total assets \$ 42,301,157.

#### 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. <b>SEE STATEMENT 1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 619-232-3821

Organization's e-mail address \_\_\_\_\_

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.

Signature of authorized officer

Printed Name

Title

Date

2008

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/09/10

02:15PM

STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING

COUNTY OF SAN DIEGO  
1600 PACIFIC HIGHWAY, STE. 335  
SAN DIEGO, CA 92101

US FISH & WILDLIFE SERVICE  
4401 FAIRFAX DR. RM. 730  
ARLINGTON, VA 22203

CITY OF SAN DIEGO COMMISSION FOR ARTS  
1200 3RD AVE. STE. 924  
SAN DIEGO, CA 92101