Form **8868** (Rev April 2007)

Department of the Treasury Internal Revenue Service

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [X]

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 section 501(c) corporations 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* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization SAN DIEGO SOCIETY OF NATURAL HISTORY	**Employer identification number** 95-1643375
File by the due date for filing your return. See instructions.	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):

[ ] Form 990	[X] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

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

Telephone No. ► 619-232-3821 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 section 501(c) corporation required to file Form 990-T) extension of time until 5/15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning 7/01, 20 07, and ending 6/30, 20 08.

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

3a 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	3a	$ 0.
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	3b	$ 0.
c Balance Due. 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	3c	$ 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.

Form 990 — Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service(77)

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

C Please use IRS label or print or type. See specific Instructions.
SAN DIEGO SOCIETY OF NATURAL HISTORY
PO BOX 121390
SAN DIEGO, CA 92112

D Employer Identification Number: 95-1643375

E Telephone number: 619-232-3821

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

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

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? [ ] Yes [ ] No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site: ► WWW.SDNHM.ORG

I Group Exemption Number ►

J Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

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

M Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 24,926,323.

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

REVENUE

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	5,923,920.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	548,535.		
e	Total (add lines 1a through 1d) (cash $ 6,472,455. noncash $)			1e	6,472,455.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	14,281,447.
3	Membership dues and assessments			3	548,415.
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	508,863.
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
7	Other investment income (describe ►)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ► [ ]				
a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a	2,765,592.		
b	Less: cost of goods sold	10b	1,924,498.		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STATEMENT 1			10c	841,094.
11	Other revenue (from Part VII, line 103)			11	349,551.
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	23,001,825.

EXPENSES

13	Program services (from line 44, column (B))	13	15,724,277.
14	Management and general (from line 44, column (C))	14	2,214,656.
15	Fundraising (from line 44, column (D))	15	1,331,171.
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses.** Add lines 16 and 44, column (A)	17	19,270,104.

NET ASSETS

18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,731,721.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	26,232,252.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-1,084,391.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	28,879,582.

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (*See instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ☐	22a				
22b Other grants and allocations (att sch) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	222,471.	166,162.	26,288.	30,021.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	5,443,022.	4,001,117.	719,187.	722,718.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	977,398.	827,571.		149,827.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	166,221.	134,825.	22,760.	8,636.
34 Telephone	34				
35 Postage and shipping	35	65,226.	40,320.	15,304.	9,602.
36 Occupancy	36	430,604.	399,627.	30,977.	
37 Equipment rental and maintenance	37	202,743.	155,399.	47,344.	
38 Printing and publications	38	292,759.	227,405.	45,866.	19,488.
39 Travel	39	565,126.	532,255.	15,793.	17,078.
40 Conferences, conventions, and meetings	40				
41 Interest	41	12,038.	12,019.		19.
42 Depreciation, depletion, etc (attach schedule)	42	2,251,208.	1,925,062.	294,327.	31,819.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 3	43a	8,641,288.	7,302,515.	996,810.	341,963.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	19,270,104.	15,724,277.	2,214,656.	1,331,171.

Joint Costs. Check. ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a EXHIBITS: PRESERVATION AND DISPLAY OF NATURAL OBJECTS DOCUMENTING THE GEOLOGICAL HISTORY AND BIODIVERSITY OF THE REGION FOR PUBLIC BENEFIT. (Grants and allocations $) If this amount includes foreign grants, check here . . ► ☐	9,533,028.
b SCIENCE: PROFESSIONAL STUDY OF THE REGION'S PALEONTOLOGICAL HISTORY AND CURRENT BIODIVERSITY TO FURTHER PUBLIC UNDERSTANDING AND CONSERVATION. (Grants and allocations $) If this amount includes foreign grants, check here . . ► ☐	3,583,657.
c EDUCATION: EDUCATIONAL PROGRAMS ON NATURE AND NATURAL SCIENCE, PARTICULARY OF SOUTHERN CALIFORNIA AND BAJA CALIFORNIA. (Grants and allocations $) If this amount includes foreign grants, check here . . ► ☐	2,346,758.
d PUBLIC PROGRAMS: INFORMAL EDUCATION PROGRAMS SUCH AS CLASSES, LECTURES, FIELD TRIPS. AND EXPEDITIONS THAT PROMOTE LIFELONG LEARNING IN THE FIELD OF NATURAL SCIENCES. (Grants and allocations $) If this amount includes foreign grants, check here . . ► ☐	260,834.
e Other program services . . . . (Grants and allocations $) If this amount includes foreign grants, check here . . ► ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . . ►	15,724,277.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
ASSETS	45	Cash – non-interest-bearing			642,090.	45	690,207.
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	741,281.			
	b	Less: allowance for doubtful accounts	47b		417,201.	47c	741,281.
	48a	Pledges receivable	48a	1,444,807.			
	b	Less: allowance for doubtful accounts	48b	508,893.	998,727.	48c	935,914.
	49	Grants receivable			737,164.	49	264,067.
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a	526,799.			
	b	Less: allowance for doubtful accounts	51b		481,630.	51c	526,799.
	52	Inventories for sale or use			383,705.	52	137,323.
	53	Prepaid expenses and deferred charges			2,725,763.	53	1,258,912.
	54a	Investments – publicly-traded securities ► ☐ Cost ☒ FMV			9,682,824.	54a	9,347,477.
	b	Investments – other securities (attach sch) ► ☐ Cost ☒ FMV				54b	
	55a	Investments – land, buildings, & equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments – other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	41,851,862.			
	b	Less: accumulated depreciation (attach schedule) STATEMENT 5	57b	12,085,214.	31,148,844.	57c	29,766,648.
	58	Other assets, including program-related investments (describe ► SEE STATEMENT 6)			1.	58	2,347,106.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			47,217,949.	59	46,015,734.
LIABILITIES	60	Accounts payable and accrued expenses			3,176,807.	60	2,353,756.
	61	Grants payable				61	
	62	Deferred revenue			949,834.	62	128,930.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)			14,500,000.	64a	14,062,717.
	b	Mortgages and other notes payable (attach schedule)			410,596.	64b	390,749.
	65	Other liabilities (describe ► SEE STATEMENT 7)			1,948,460.	65	200,000.
	66	**Total liabilities.** Add lines 60 through 65			20,985,697.	66	17,136,152.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			16,443,952.	67	16,762,258.
	68	Temporarily restricted			3,269,046.	68	1,658,201.
	69	Permanently restricted			6,519,254.	69	10,459,123.
		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			26,232,252.	73	28,879,582.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			47,217,949.	74	46,015,734.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	24,769,221.
b	Amounts included on line **a** but not on Part I, line 12:				
	1 Net unrealized gains on investments	b1			
	2 Donated services and use of facilities	b2			
	3 Recoveries of prior year grants	b3			
	4 Other (specify): SEE STM 8	b4	1,767,396.		
	Add lines **b1** through **b4**			b	1,767,396.
c	Subtract line **b** from line **a**			c	23,001,825.
d	Amounts included on Part I, line 12, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ►			e	23,001,825.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements			a	21,194,602.
b	Amounts included on line **a** but not on Part I, line 17:				
	1 Donated services and use of facilities	b1			
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify): SEE STMT 9	b4	1,924,498.		
	Add lines **b1** through **b4**			b	1,924,498.
c	Subtract line **b** from line **a**			c	19,270,104.
d	Amounts included on Part I, line 17, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ►			e	19,270,104.

Part V-A Current Officers, Directors, Trustees, and Key Employees
(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation **(if not paid, enter -0-)**	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		203,000.	14,527.	4,944.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . ► 26			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75 b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ►	75 c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75 d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78 a	X	
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78 b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81 a 0.			
b Did the organization file **Form 1120-POL** for this year?	81 b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ►	88b		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

90a List the states with which a copy of this return is filed ► CA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) — 90b 168

91a The books are in care of ► GEORGE BROOKS-GONYER Telephone number ► 619-232-3821

Located at ► PO BOX 121390, SAN DIEGO, CA ZIP + 4 ► 92112

			Yes	No
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)?	91b		X
	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X

If 'Yes,' enter the name of the foreign country. . . ►

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** – Check here . . . . N/A . . . ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ► 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	**(B)** Amount	**(C)** Exclusion code	**(D)** Amount	**(E)** Related or exempt function income
93 Program service revenue:					
a ADMISSIONS					11,996,985.
b EDUCATION					696,998.
c GRANTS AND CONTRACTS					1,587,464.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					548,415.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	508,863.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					841,094.
103 Other revenue: a					
b FACILITIES RENTAL	721000	13,630.			
c OTHER INCOME					335,921.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		13,630.		508,863.	16,006,877.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					16,529,370.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If 'Yes' to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

▶ [signature] Date 1/22/09
Signature of officer

▶ George Brooks-Conyer V.P.
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	JAMES H. WEST	Date	Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	WEST RHODE & ROBERTS 3104 FOURTH AVE SAN DIEGO, CA 92103		EIN ▶ N/A Phone no. ▶ 619-615-5380

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization	Employer identification number
SAN DIEGO SOCIETY OF NATURAL HISTORY	95-1643375

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees** (See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 12		670,433.	44,563.	7,020.
Total number of other employees paid over $50,000 ►	22			

Part II — A **Compensation of the Five Highest Paid Independent Contractors for Professional Services** (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
AETNA PO BOX 601050 LOS ANGELES, CA 90060	INSURANCE	221,170.
TIAA PO BOX 1259 CHARLOTTE, NC 28201	RETIREMENT	409,755.
WILLIS RISK AND INSURANCE 9333 GENESSE AVE STE 210 SAN DIEGO, CA 92121	INSURANCE	86,832.
KAISER FOUNDATION HEALTH PLAN, INC FILE 5915 LOS ANGELES, CA 90074	INSURANCE	211,794.
AICCO, INC. DEPARTMENT 7615 LOS ANGELES, CA 90084	INSURANCE	141,984.
Total number of others receiving over $50,000 for professional services ► 2		

Part II — B **Compensation of the Five Highest Paid Independent Contractors for Other Services** (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
ENGINEERED MECHANICAL 602 RYAN AVE BLDG "T3" WESTVILLE, NJ 08093	VENTILATION SYSTEM	215,901.
ANTENNA AUDIO, INC. PO BOX 176 SAUSALITO, CA 94966	EXHIBIT COMPONENTS	106,772.
CERASOLI STAFFORD MEDIA MANAGEMENT 2251 SAN DIEGO AVE SAN DIEGO, CA 92110	MEDIA CONSULTANT	1,385,483.
CULTURAL PROPERTY 1539 WEST ORANGEWOOD AVE ORANGE, CA 92868	EXHIBIT COMPONENTS	692,111.
MASTERPIECE INTERNATIONAL LTD 39 BROADWAY, 14TH FLOOR NEW YORK, NY 10006	EXHIBIT COMPONENTS	629,953.
Total number of other contractors receiving over $50,000 for other services ► 6		

Part III **Statements About Activities** (See instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ $ N/A (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	

d Enter the total number of donor advised funds owned at the end of the tax year . . . ▶ N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . ▶ N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . ▶ 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11 b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					0.

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,483,315.	6,380,143.	5,128,955.	8,402,338.	25,394,751.
16 Membership fees received	352,724.	205,183.	330,398.	257,854.	1,146,159.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	4,583,779.	6,333,489.	3,165,198.	2,384,691.	16,467,157.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	725,813.	587,847.	209,685.	120,317.	1,643,662.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 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.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 13	456,816.	90,421.	114,531.	522,518.	1,184,286.
23 Total of lines 15 through 22	11,602,447.	13,597,083.	8,948,767.	11,687,718.	45,836,015.
24 Line 23 minus line 17	7,018,668.	7,263,594.	5,783,569.	9,303,027.	29,368,858.
25 Enter 1% of line 23	116,024.	135,971.	89,488.	116,877.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ► **26a** 587,377.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► **26b** 4,804,209.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► **26c** 29,368,858.

d Add: Amounts from column (e) for lines: 18 1,643,662. 19 ______ 22 1,184,286. 26b 4,804,209. **26d** 7,632,157.

e Public support (line 26c minus line 26d total) ► **26e** 21,736,701.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► **26f** 74.01 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) ____________ (2005) ____________ (2004) ____________ (2003) ____________

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) ____________ (2005) ____________ (2004) ____________ (2003) ____________

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ **27c**

d Add: Line 27a total ______ and line 27b total ______ **27d**

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

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► **27f**

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

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

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

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ► **a** ☐ if the organization belongs to an affiliated group. Check ► **b** ☐ if you checked '**a**' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table – **If the amount on line 40 is –** / **The lobbying nontaxable amount is –** Not over $500,000 — 20% of the amount on line 40 Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000 Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000 Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000 Over $17,000,000 — $1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
N/A			

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ **Yes** ☒ **No**

b If 'Yes,' complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

STORE INCOME	$ 2,765,592.
GROSS SALES	$ 2,765,592.
LESS RETURNS & ALLOWANCES	0.
NET SALES	$ 2,765,592.
LESS COST OF GOODS SOLD	1,924,498.
GROSS PROFIT FROM SALES OF INVENTORY	$ 841,094.

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS	$ -1,084,391.
TOTAL	$ -1,084,391.

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	1,493,592.	1,051,688.	436,461.	5,443.
AUTO	38,743.	28,858.	2,608.	7,277.
BANK FEES	277,403.	276,600.		803.
COMPUTER	103,408.	61,905.	30,719.	10,784.
CURTORIAL EXPENSE	32,720.	32,720.		
EQUIPMENT	92,760.	60,469.	30,919.	1,372.
EXHIBIT MATERIALS	1,674,215.	1,661,766.	12,449.	
FACILITIES EXPENSE	70,303.	69,263.		1,040.
FILM	3,235.	2,744.		491.
FOOD	171,310.	165,248.	5,669.	393.
HOST EXPENSE	302,515.	230,216.	18,325.	53,974.
INSURANCE	44,569.	44,569.		
INSURANCE/BUILDING	1,333,331.	1,234,065.	78,868.	20,398.
MISCELLANEOUS	171,474.	106,117.		65,357.
PAYROLL PROCESSING	53,514.		52,105.	1,409.
PERMITS & FEES	26,783.	12,653.	13,584.	546.
PROFESSIONAL FEES	2,539,801.	2,104,098.	293,601.	142,102.
PROGRAM REFUNDS	38,175.	38,162.	13.	
REFERENCE BOOKS	5,496.	4,856.	162.	478.
REGISTRATION & MEMBERSHIP FEES	61,658.	15,088.	20,192.	26,378.
SCIENTIFIC SUPPLIES	36,195.	35,671.	524.	
SUBSCRIPTIONS	70,088.	65,759.	611.	3,718.
TOTAL	$ 8,641,288.	$ 7,302,515.	$ 996,810.	$ 341,963.

STATEMENT 4
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EXHIBITION, COLLECTION, PRESERVATION AND EDUCATION OF NATURAL HISTORY.

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	$ 6,322,534.	$ 3,138,219.	$ 3,184,315.
IMPROVEMENTS	34,568,561.	8,722,816.	25,845,745.
MISCELLANEOUS	960,767.	224,179.	736,588.
TOTAL	$ 41,851,862.	$ 12,085,214.	$ 29,766,648.

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

BENEFICIAL INTEREST IN PERPETUAL TRUST	$ 2,347,105.
COLLECTIONS AND EXHIBITS	1.
TOTAL	$ 2,347,106.

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

LINE OF CREDIT	$ 200,000.
TOTAL	$ 200,000.

STATEMENT 8
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD	$ 1,924,498.
NET UNREALIZED LOSS ON INVESTMENTS	-157,102.
TOTAL	$ 1,767,396.

STATEMENT 9
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD	$ 1,924,498.
TOTAL	$ 1,924,498.

STATEMENT 10
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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 0	$ 0.	$ 0.	$ 0.
JOSE BETANCOURT PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
MATT HOM PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
BEN CLAY PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
STEPHEN COHEN PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 40.00	0.	0.	0.
JEFFREY DAVIDOW PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
DARLENE DAVIES PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
WALTER DAVIS, JR. PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
IRIS ENGSTRAND PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
STEVE GAUTEREAUX PO BOX 121390 SAN DIEGO, CA 92112	SECRETARY 0	0.	0.	0.
ENRIQUE HAMBLETON PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
ALLEN JONES PO BOX 121390 SAN DIEGO, CA 92112	VICE PRESIDENT 0	0.	0.	0.

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELLEN ZINN PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	$ 0.	$ 0.	$ 0.
ELEANOR NAVARRA PO BOX 121390 SAN DIEGO, CA 92112	PRESIDENT 0	0.	0.	0.
ROBERT PROULX PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
LARRY BANEGAS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
JON SCHMID PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
FRANK SMITH PO BOX 121390 SAN DIEGO, CA 92112	TREASURER 0	0.	0.	0.
MARK THIEMENS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
ED WALLACE PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
YOLANDA WALTHER-MEADE PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
CAROL WILSON PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
JEFFERY YATES PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
MICHAEL HAGER PO BOX 121390 SAN DIEGO, CA 92112	EXECUTIVE DIREC 40.00	203,000.	14,527.	4,944.

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VIRGINIA CROCKETT PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	$ 0.	$ 0.	$ 0.
PETER KOVACS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
	TOTAL	$ 203,000.	$ 14,527.	$ 4,944.

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	MUSEUM EXHIBITS OF ANIMALS, INSECTS, AND MINERALS TO PROVIDE PUBLIC WITH OPPORTUNITY TO VIEW AND STUDY.
93B	MUSEUM EDUCATIONAL CLASSES AND SEMINARS CONTRIBUTING TO PUBLIC'S SCIENTIFIC KNOWLEDGE.
93C	EDUCATIONAL AND RESEARCH GRANTS TO PROVIDE PUBLIC WITH SCIENTIFIC KNOWLEDGE.
94	MEMBERS ARE PART OF THE PUBLIC WHO MAY VIEW EXHIBITS THROUGHOUT THE YEAR.
102	INVENTORY SALES FROM THE MUSEUM'S STORES RELATING TO THE MUSEUM'S EXHIBITS
103C	MISCELLANEOUS INCOME EARNED IN CONNECTION WITH THE OPERATION OF THE MUSEUM.

STATEMENT 12
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN-SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
EXEQUIEL EZCURRA PO BOX 121390 SAN DIEGO, CA 92112	DIR RESEARCH 40.00	160,000.	12,446.	0.
THOMAS DEMERE PO BOX 121390 SAN DIEGO, CA 92112	CURATOR 40.00	118,433.	6,668.	7,020.
JANET REDDING	VP INST ADVANCE	136,000.	7,604.	0.

STATEMENT 12 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN-SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
PO BOX 121390 SAN DIEGO, CA 92112	40.00			
LIBBY SCHIFF STROUBE PO BOX 121390 SAN DIEGO, CA 92112	ASS. VP OF DEV 40.00	106,000.	5,968.	0.
GEORGE BROOKS-GONYER PO BOX 121390 SAN DIEGO, CA 92112	COO 40.00	150,000.	11,877.	0.
	TOTAL	$ 670,433.	$ 44,563.	$ 7,020.

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
OTHER INCOME	$ 456,816.	$ 90,421.	$ 114,531.	$ 522,518.	$ 1,184,286.
TOTAL	$ 456,816.	$ 90,421.	$ 114,531.	$ 522,518.	$ 1,184,286.

Form **990-T**

Department of the Treasury
Internal Revenue Service (77)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning 7/01, 2007, and ending 6/30, 2008

► See separate instructions.

OMB No. 1545-0687

2007

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

A ☐ Check box if address changed

B Exempt under section ☒ 501(C)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)

Print or Type (☐ Check box if name changed and see instructions.)

SAN DIEGO SOCIETY OF NATURAL HISTORY
PO BOX 121390
SAN DIEGO, CA 92112

D Employer identification number (Employees' trust, see instructions for Block D.) 95-1643375

E Unrelated business activity codes (See instructions for Block E.)

C Book value of all assets at end of year 46,015,734.

F Group exemption number (See instructions for Block F.) ►

G Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ 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-subsidiary 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 ► 619-232-3821

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances c Balance ►	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
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	13,630.		13,630.
13 **Total.** Combine lines 3 through 12	13	13,630.	0.	13,630.

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	5,889.
16 Repairs and maintenance			16	587.
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	3,678.		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	3,678.
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	1,234.
26 Excess exempt expenses (Schedule I)			26	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule) SEE STATEMENT 2			28	2,912.
29 **Total deductions.** Add lines 14 through 28			29	14,300.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-670.
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	-670.
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	-670.

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 ►	35c	0.
36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on 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

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b Other credits (see instructions)	40b			
c General business credit. Check here and indicate which forms are attached: ☐ Form 3800 ☐ Form(s) (specify) ►	40c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e **Total credits.** Add lines 40a through 40d			40e	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.
44a **Payments:** A 2006 overpayment credited to 2007	44a			
b 2007 estimated tax payments	44b			
c Tax deposited with Form 8868	44c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e Backup withholding (see instructions)	44e			
f Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►	44g			
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 2008 estimated tax** ► **Refunded** ►			49	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

	Yes	No
1 At any time during the 2007 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. If YES, enter the name of the foreign country here ►		X
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.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ► $ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a			Yes	No
b Other costs (attach sch)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		X
5 **Total.** Add lines 1 through 4b	5				

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] Signature of officer — Date 1/22/09 — ► Title V.P.

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 3104 FOURTH AVE SAN DIEGO, CA 92103	EIN	33-0783983
		Phone no.	619-615-5380

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

1 Description of property

(1)	
(2)	
(3)	
(4)	

	2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (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	

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page1, Part I, line 6, column (A). ►

Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E – Unrelated Debt-Financed Income (see instructions)

	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 sch)	**(b)** Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►					
Total dividends-received deductions included in column 8 ►					

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

Exempt Controlled Organizations

	1 Name of Controlled Organization	2 Employer Identification Number	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				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).
Totals					

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)				
Totals ►	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)						
Totals ►	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)						
Totals (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)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) ►	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
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ►			

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

FACILITIES RENTAL	$	13,630.
TOTAL	$	13,630.

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

ADMINISTRATIVE EXPENSE	$	65.
EQUIPMENT EXPENSE		159.
FACILITIES EXPENSE		1.
OPERATING EXPENSES		69.
PROGRAM EXPENSE		1,223.
UTILITIES		1,395.
TOTAL	$	2,912.

TAXABLE YEAR **2007**

California Exempt Organization Annual Information Return

FORM **199**

For calendar year 2007 or fiscal year beginning month 07 day 01 year 2007, and ending month 06 day 30 year 2008

IMPORTANT: Your number is required.

California corporation number	Federal employer identification number (FEIN)
C0008651	95-1643375

Corporation/Organization name

SAN DIEGO SOCIETY OF NATURAL HISTORY

Address (including suite, room, or PMB no.)

PO BOX 121390

City State ZIP Code

SAN DIEGO, CA 92112

A Final return? Check applicable box. [ ] Yes [X] No
● [ ] Dissolved [ ] Withdrawn [ ] Merged/Reorganized (attach explanation)
If a box is checked, enter date ●

B Check forms filed this year: State: [X] 109 [ ] 100 [ ] 100S [ ] 100W Fed: [X] 990
Fed: [ ] 990EZ [X] 990T [ ] 990PF [ ] 1041 [ ] 1120H [ ] 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ● [X]

D Is this a group filing? See General Instruction N [ ] Yes [X] No

E Accounting method used .. ACCRUAL

F Type of organization [X] Exempt under Section 23701 D (insert letter)
[ ] IRC Section 4947(a)(1) trust

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

Receipts and Revenues (Enclose, but do not staple, any payment.)	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	17,905,453.
	2 Gross dues and assessments from members and affiliates ●		2	548,415.
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions. SEE SCH. B ●		3	6,472,455.
	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	24,926,323.
	5 Cost of goods sold	5 1,924,498.		
	6 Cost or other basis, and sales expenses of assets sold	6		
	7 Total costs. Add line 5 and line 6		7	1,924,498.
	8 Total gross income. Subtract line 7 from line 4		8	23,001,825.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	19,270,104.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	3,731,721.
Filing Fee	11 Filing fee $10 or $25. See General Instruction F		11	
	12 Penalty for failure to file on time. See General Instruction L		12	
	13 Use tax. See 'General Instruction M' ●		13	
	14 **Balance due.** Add line 11, line 12, and line 13		14	

15 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 [X] No

16 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 [X] No

17 Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
If 'Yes,' enter amount of gross receipts from nonmember sources .. $

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? [X] Yes [ ] No
If 'Yes,' enter amount of total income reported .... $ 13,630.

19 The financial records are in care of. GEORGE BROOKS-GONYER Daytime telephone 619-232-3821
located at PO BOX 121390, SAN DIEGO, CA 92112

Please 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 1/22/09 — Title V.P.
● 619-232-3821 Daytime telephone

Paid Preparer's Use Only

Paid Preparer's signature ▶ JAMES H. WEST	Date	Check if self-employed [ ] ●	Paid preparer's SSN or PTIN 567-26-2499
Firm's name (or yours, if self-employed) and address ▶ WEST RHODE & ROBERTS, 3104 FOURTH AVE, SAN DIEGO, CA 92103			FEIN ● 33-0783983
			● Daytime telephone 619-615-5380

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	2,765,592.
	2	Interest	2	
	3	Dividends	3	508,863.
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule SEE STATEMENT 1	7	14,630,998.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	17,905,453.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	222,471.
	12	Other salaries and wages	12	5,443,022.
	13	Interest	13	12,038.
	14	Taxes	14	
	15	Rents	15	430,604.
	16	Depreciation and depletion	16	2,251,208.
	17	Other. Attach schedule SEE STATEMENT 3	17	10,910,761.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	19,270,104.

Schedule L Balance Sheets

	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
Assets				
1 Cash		642,090.		690,207.
2 Net accounts receivable		2,153,092.		1,941,262.
3 Net notes receivable. Attach schedule		481,630.		526,799.
4 Inventories		383,705.		137,323.
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule		9,682,824.		9,347,477.
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans.. ____)				
9 Other investments. Attach schedule				
10a Depreciable assets	41,724,215.		41,851,862.	
b Less accumulated depreciation	10,575,371.	31,148,844.	12,085,214.	29,766,648.
11 Land				
12 Other assets. Attach schedule ST. 4		2,725,764.		3,606,018.
13 Total assets		47,217,949.		46,015,734.
Liabilities and net worth				
14 Accounts payable		3,176,807.		2,353,756.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule		14,500,000.		14,062,717.
17 Mortgages payable		410,596.		390,749.
18 Other liabilities. Attach schedule ST. 5		2,898,294.		328,930.
19 Capital stock or principle fund		26,232,252.		28,879,582.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		47,217,949.		46,015,734.

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	3,731,721.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	3,731,721.	10 Net income per return. Subtract line 9 from line 6	3,731,721.

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

FACILITIES RENTAL	$ 13,630.
OTHER INCOME	335,921.
PROGRAM SERVICE REVENUE	14,281,447.
TOTAL	$ 14,630,998.

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 0	$ 0.	$ 0.	$ 0.
JOSE BETANCOURT PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
MATT HOM PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
BEN CLAY PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
STEPHEN COHEN PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 40.00	0.	0.	0.
JEFFREY DAVIDOW PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
DARLENE DAVIES PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
WALTER DAVIS, JR. PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
IRIS ENGSTRAND PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.

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
STEVE GAUTEREAUX PO BOX 121390 SAN DIEGO, CA 92112	SECRETARY 0	$ 0.	$ 0.	$ 0.
ENRIQUE HAMBLETON PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
ALLEN JONES PO BOX 121390 SAN DIEGO, CA 92112	VICE PRESIDENT 0	0.	0.	0.
ELLEN ZINN PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
ELEANOR NAVARRA PO BOX 121390 SAN DIEGO, CA 92112	PRESIDENT 0	0.	0.	0.
ROBERT PROULX PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
LARRY BANEGAS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
JON SCHMID PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
FRANK SMITH PO BOX 121390 SAN DIEGO, CA 92112	TREASURER 0	0.	0.	0.
MARK THIEMENS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
ED WALLACE PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
YOLANDA WALTHER-MEADE PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.

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
CAROL WILSON PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	$ 0.	$ 0.	$ 0.
JEFFERY YATES PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
MICHAEL HAGER PO BOX 121390 SAN DIEGO, CA 92112	EXECUTIVE DIREC 40.00	203,000.	14,527.	4,944.
VIRGINIA CROCKETT PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
PETER KOVACS PO BOX 121390 SAN DIEGO, CA 92112	TRUSTEE 0	0.	0.	0.
	TOTAL	$ 203,000.	$ 14,527.	$ 4,944.

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

ADVERTISING	$ 1,493,592.
AUTO	38,743.
BANK FEES	277,403.
COMPUTER	103,408.
CURTORIAL EXPENSE	32,720.
EQUIPMENT	92,760.
EQUIPMENT RENTAL AND MAINTENANCE	202,743.
EXHIBIT MATERIALS	1,674,215.
FACILITIES EXPENSE	70,303.
FILM	3,235.
FOOD	171,310.
HOST EXPENSE	302,515.
INSURANCE	44,569.
INSURANCE/BUILDING	1,333,331.
MISCELLANEOUS	171,474.
OTHER EMPLOYEE BENEFIT	977,398.
PAYROLL PROCESSING	53,514.
PERMITS & FEES	26,783.
POSTAGE AND SHIPPING	65,226.
PRINTING AND PUBLICATIONS	292,759.
PROFESSIONAL FEES	2,539,801.
PROGRAM REFUNDS	38,175.
REFERENCE BOOKS	5,496.

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

REGISTRATION & MEMBERSHIP FEES	$ 61,658.
SCIENTIFIC SUPPLIES	36,195.
SUBSCRIPTIONS	70,088.
SUPPLIES	166,221.
TRAVEL	565,126.
TOTAL	$10,910,761.

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

BENEFICIAL INTEREST IN PERPETUAL TRUST	2,347,105.
COLLECTIONS AND EXHIBITS	1.
PREPAID EXPENSES AND DEFERRED CHARGES	1,258,912.
TOTAL	$ 3,606,018.

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

DEFERRED REVENUE	128,930.
LINE OF CREDIT	200,000.
TOTAL	$ 328,930.

TAXABLE YEAR 2007

California Exempt Organization Business Income Tax Return

FORM 109

For calendar year 2007 or fiscal year beginning month 07 day 01 year 2007, & ending month 06 day 30 year 2008

California corporation or organization number: C0008651

FEIN: 95-1643375

Corporation/organization name: SAN DIEGO SOCIETY OF NATURAL HISTORY

Address (including suite, room, or PMB no.): PO BOX 121390

City / State / ZIP Code: SAN DIEGO, CA 92112

C Final return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

If a box is checked, enter effective date

D Nature of trade or business

E Accounting method used ACCRUAL

F Is this organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No

G Is this organization claiming any enterprise zone, Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits ☐ Yes ☒ No

H Unrelated Business Activity (UBA) Code

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

B Is the organization currently under audit? ☐ Yes ☒ No

Attach Check or Money Order

Organizations Taxable as Corporations	1	Unrelated business taxable income from Side 2, Part II, line 30	1	-670.
	2	Multiply line 1 by the average apportionment percentage ______ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	2	
	3	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	3	
	4	Net Operating Loss deduction from form FTB 3805Q. See General Information N	4	
	5	Add line 3 and line 4	5	
	6	Net unrelated business taxable income. Subtract line 5 from the lesser of line 1 or line 2	6	-670.
	7	Tax. 8.84 % x line 6. See General Information J	7	
	8	Tax credits from Schedule B, line 7, or Schedule P (100). See Schedule B instructions	8	
	9	Balance. Subtract line 8 from line 7. If line 8 is greater than line 7, enter -0-	9	0.
Tax Computation — Organizations Taxable as Trusts	10	Unrelated business taxable income from Side 2, Part II, line 30	10	
	11	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	11	
	12	Net Operating Loss deduction from form FTB 3805V. See General Information N	12	
	13	Add line 11 and line 12	13	
	14	Net unrelated business taxable income. Subtract line 13 from line 10	14	
	15	Tax on amount on line 14. See General Information J	15	
	16	Tax credits from Schedule B, line 7, or Schedule P (541). See Schedule B instructions	16	
	17	Balance. Subtract line 16 from line 15. If line 16 is greater than line 15, enter -0-	17	
Total Tax	18	Tax from line 9 or line 17	18	
	19	Alternative minimum tax. See General Information O	19	
	20	Total tax. Add line 18 and line 19	20	
Payments	21	Overpayment from a prior year allowed as a credit	21	
	22	2007 estimated tax payments and taxes withheld	22	
	23	Amount paid with automatic extension (FTB 3539)	23	
	24	Total payments and credits. Add line 21 through line 23	24	
Refund (Direct Deposit of Refund) or Amount Due	25	Tax due. Subtract line 24 from line 20. Pay entire amount with return. See instructions	25	
	26	Overpayment. Subtract line 20 from line 24. See instructions	26	
	27	Enter amount of line 26 to be applied to 2008 estimate tax	27	
	28	Use tax. See instructions	28	
	29	Refund. If the sum of line 27 and line 28 is less than line 26, then subtract the total from line 26	29	
	a	Fill in the account information to have the refund directly deposited. Routing number	29a	
	b	Type: Checking ☐ Savings ☐ c Account Number	29c	
	30	Penalties and interest. See General Information M	30	
	31	☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	32	Total amount due. Add line 25, line 27, line 28, and line 30, then subtract line 26 from the result	32	

Person to contact for additional information: Telephone

Please 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 / Daytime telephone 619-232-3821

Paid Preparer's Use Only

Paid Preparer's signature: JAMES H. WEST | Date | Check if self-employed ☐ | Paid Preparer's SSN/PTIN: 567-26-2499

Firm's name (or yours, if self-employed) and address: WEST RHODE & ROBERTS, 3104 FOURTH AVE, SAN DIEGO, CA 92103 | FEIN: 33-0783983 | Daytime telephone: 619-615-5380

SAN DIEGO SOCIETY OF NATURAL HISTORY 95-1643375

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a	Gross receipts or gross sales ______ b Less returns and allowances ______ Balance	1 c	
2	Cost of goods sold and/or operations from Schedule A, line 7	2	
3	Gross profit. Subtract line 2 from line 1c	3	
4 a	Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541)	4 a	
b	Net gain (loss) from Part II, Schedule D-1	4 b	
c	Capital loss deduction for trusts	4 c	
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	13,630.
13	Total unrelated trade or business income. Add line 3 through line 12	13	13,630.

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 I			14	
15	Salaries and wages			15	5,889.
16	Repairs			16	587.
17	Bad debts			17	
18	Interest. Attach schedule			18	
19	Taxes. Attach schedule			19	
20	Contributions. See instructions and attach schedule			20	
21 a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21 a	3,678.		
b	Less: depreciation claimed on Schedule A	21 b		21	3,678.
22	Depletion. Attach schedule			22	
23 a	Contributions to deferred compensation plans			23 a	
b	Employee benefit programs. See instructions			23 b	1,234.
24	Other deductions. Attach schedule SEE STATEMENT 2			24	2,912.
25	Total deductions. Add line 14 through line 24			25	14,300.
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	-670.
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	-670.
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			30	-670.

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	
4 a	Additional IRC Section 263A costs. Attach schedule	4 a	
b	Other costs. Attach schedule	4 b	
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 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 [X] 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	Enter credit name ______ code no. ______	4		
5	Enter credit name ______ code no. ______	5		
6	Enter credit name ______ code no. ______	6		
7	Total. Add line 1 through line 6. Enter here and on Side 1, line 8, for corporations and associations, or line 16 for trusts			7

SAN DIEGO SOCIETY OF NATURAL HISTORY 95-1643375

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&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 (a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ (b)	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
		%			
		%			
		%			

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. . . . . .

SAN DIEGO SOCIETY OF NATURAL HISTORY 95-1643375

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A – Net Advertising Income

(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, columns 4 and 7
Enter total here and on Side 2, Part I, line 11	

Part III Column B – Excess Advertising Costs

(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

SAN DIEGO SOCIETY OF NATURAL HISTORY 95-1643375

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			

TAXABLE YEAR 2007

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

CALIFORNIA FORM 3805Q

Attach to your California tax return (Form 100, Form 100S, Form 100W, or Form 109).

Corporation name: SAN DIEGO SOCIETY OF NATURAL HISTORY

California corporation number: C0008651

FEIN: 95-1643375

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

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 you do 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. Enter as a positive number	1	670.
2	2007 disaster loss from 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	670.
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 670.		
c	Add line 4a and line 4b	4c	670.
5	General NOL. Subtract line 4c from line 3	5	
6	2007 NOL carryover. Add line 2, line 4c, and line 5. See instructions	6	670.

Part II NOL carryover and disaster loss carryover limitations. See Instructions.

	(g) Available balance
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	

Prior Year NOLs

	(a) Year of loss	(b) Code - See instrs for Part II, col (b)	(c) Type of NOL - See below	(d) Initial Loss	(e) Carryover from 2006	(f) Amount used in 2007		(h) Carryover to 2008 col (e) – col (f)
2								

Current Year NOLs

	(a)	(b)	(c)	(d)	(e)	(f)		col (d) – col (f)
3	2007		DIS					
4	2007		ESB	670.				670.
	2007							
	2007							
	2007							

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), Title 11 (T11), or Disaster (DIS).

Part III 2007 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 4	3	0.

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

FACILITIES RENTAL	$	13,630.
TOTAL	$	13,630.

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

ADMINISTRATIVE EXPENSE	$	65.
EQUIPMENT EXPENSE		159.
FACILITIES EXPENSE		1.
OPERATING EXPENSES		69.
PROGRAM EXPENSE		1,223.
UTILITIES		1,395.
TOTAL	$	2,912.

IN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

OFFICE OF THE ATTORNEY GENERAL • CALIFORNIA DEPARTMENT OF JUSTICE • liberty and justice under law

State Charity Registration Number ____________

Check if:
☐ Change of address
☐ Amended report

SAN DIEGO SOCIETY OF NATURAL HISTORY
Name of Organization

PO BOX 121390
Address (Number and Street)

SAN DIEGO, CA 92112
City or Town   State   ZIP Code

Corporate or Organization No. C0008651

Federal Employer ID No. 95-1643375

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311and 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 $100,001and $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 7/01/07 ending 6/30/08) list:
Gross annual revenue $ 23,001,825. Total assets $ 46,015,734.

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

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] | George Basts - Gargan | V.P | 4/22/09
Signature of authorized officer | Printed Name | Title | Date

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

CITY OF SAN DIEGO - $400,932
202 C ST., SAN DIEGO, CA 92105

COUNTY OF SAN DIEGO - $95,000
1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CA 92101