

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection**For the 2009 calendar year, or tax year beginning** 7/01, **2009, and ending** 6/30, **2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 G Gross receipts \$ 13,937,494.	F Name and address of principal officer: SAME AS C ABOVE H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.SDNHM.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO INTERPRET THE NATURAL WORLD THROUGH RESEARCH, EDUCATION AND EXHIBITS; TO PROMOTE UNDERSTANDING OF THE EVOLUTION AND DIVERSITY OF SOUTHERN CALIFORNIA AND THE PENINSULA OF BAJA CALIFORNIA; AND TO INSPIRE IN ALL A RESPECT FOR NATURE AND THE ENVIRONMENT.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	26
	5 Total number of employees (Part V, line 2a).....	5	266
	6 Total number of volunteers (estimate if necessary).....	6	742
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12.....	7a	161,259.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b	-9,361.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h).....	4,599,820.	6,093,649.
	9 Program service revenue (Part VIII, line 2g).....	6,905,584.	6,475,880.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	108,295.	67,852.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	347,453.	634,011.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	11,961,152.	13,271,392.
Expenses		Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	689,828.	283,757.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	5,558,667.	5,154,472.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,191,452.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	8,829,130.	8,862,125.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	15,077,625.	14,300,354.
	19 Revenue less expenses. Subtract line 18 from line 12.....	-3,116,473.	-1,028,962.
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16).....	42,301,157.	41,123,635.
	21 Total liabilities (Part X, line 26).....	18,588,781.	17,288,468.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	23,712,376.	23,835,167.

Part II Signature Block

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 of officer GEORGE BROOKS-GONYER	Date VICE PRES./CFO, COO	
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature ▶ CHRISTOPHER M. ROBERTS Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WEST RHODE & ROBERTS 3104 FOURTH AVE SAN DIEGO, CA 92103	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) N/A EIN ▶ N/A Phone no. ▶ 619-615-5380

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 5,691,571. including grants of \$) (Revenue \$ 4,166,954.)

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

4b (Code:) (Expenses \$ 3,303,421. including grants of \$) (Revenue \$ 2,046,658.)

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

4c (Code:) (Expenses \$ 1,827,112. including grants of \$) (Revenue \$ 262,268.)

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

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

(Expenses \$ 175,129. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 10,997,233.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.....	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.....		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.....	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.....	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
4a	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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body.....	1 a	26
b Enter the number of voting members that are independent.....	1 b	26
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?.....	5	X
6 Does the organization have members or stockholders?... SEE SCHEDULE O.....	6	X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?... SEE SCHEDULE O.....	7 a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?.....	8 a	X
b Each committee with authority to act on behalf of the governing body?.....	8 b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?.....	10 a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....	10 b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	11	X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	12 a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	12 b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done..... SEE SCHEDULE O.....	12 c	X
13 Does the organization have a written whistleblower policy?.....	13	X
14 Does the organization have a written document retention and destruction policy?.....	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.....	15 a	X
b Other officers of key employees of the organization.....	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....	16 a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....	16 b	

Section C. Disclosures

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

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF BLOCK TRUSTEE	1	X						0.	0.	0.
BEN CLAY TRUSTEE	1	X						0.	0.	0.
DARLENE DAVIES TRUSTEE	1	X						0.	0.	0.
WALT DAVIS TRUSTEE	1	X						0.	0.	0.
JOHN DOWNING TRUSTEE	1	X						0.	0.	0.
SUSAN EVANCO TRUSTEE	1	X						0.	0.	0.
RONNE FROMAN TRUSTEE	1	X						0.	0.	0.
ALLISON HENDERSON TRUSTEE	1	X						0.	0.	0.
MATT HOM M.D. TRUSTEE	1	X						0.	0.	0.
ALLEN M. JONES TRUSTEE	1	X						0.	0.	0.
STEVE A. KAY, PH.D. TRUSTEE	1	X						0.	0.	0.
JEFFREY KENT TRUSTEE	1	X						0.	0.	0.
PETER KOVACS TRUSTEE	1	X						0.	0.	0.
STEVEN MCDONALD TRUSTEE	1	X						0.	0.	0.
TERRY MOORE TRUSTEE	1	X						0.	0.	0.
DENNIS MORGAN TRUSTEE	1	X						0.	0.	0.
ELEANOR NAVARRA TRUSTEE	1	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT PROULX TRUSTEE	1	X						0.	0.	0.
YOLANDA WALTHER-MEADE TRUSTEE	1	X						0.	0.	0.
CAROL WILSON TRUSTEE	1	X						0.	0.	0.
JEFF WITT TRUSTEE	1	X						0.	0.	0.
ELLEN ZINN TRUSTEE	1	X						0.	0.	0.
ROBERT ARMSTRONG TREASURER	1	X		X				0.	0.	0.
STEPHEN COHEN CHAIRMAN	1	X		X				0.	0.	0.
VIRGINIA CROCKETT VICE CHAIR	1	X		X				0.	0.	0.
JON SCHMID SECRETARY	1	X		X				0.	0.	0.
MICHAEL W. HAGER PRESIDENT & CEO	40			X	X			168,148.	0.	10,973.
GEORGE BROOKS-GONYER CFO/COO	40			X				123,875.	0.	3,899.
THOMAS DEMERE DIR OF PALEONTOLOGY	40					X		130,118.	0.	0.
1b Total								422,141.	0.	14,872.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation
DEAD SEA SCROLLS PUBLICATIONS, LLC CREDIT UNION 1, 111 LOWER MILL BA	CURATORIAL EXPERTISE	103,125.
ELISE B. MISIOROWSKI 440 NAIAD STREET ENCINITAS, CA 92024	CURATION SERVICES	102,360.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a				
	b Membership dues.....	1b				
	c Fundraising events.....	1c				
	d Related organizations.....	1d				
	e Government grants (contributions).....	1e	800,157.			
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f	5,293,492.			
	g Noncash contribns included in lns 1a-1f: ... \$					
h Total. Add lines 1a-1f.....			6,093,649.			
PROGRAM SERVICE REVENUE			Business Code			
	2a ADMISSIONS.....		900099	4,166,954.	4,166,954.	
	b GRANTS AND CONTRACTS.....		900099	1,636,025.	1,636,025.	
	c MEMBERSHIP DUES & ASSESSMENTS.....		713990	410,633.	410,633.	
	d EDUCATION.....		611600	262,268.	262,268.	
	e.....					
	f All other program service revenue...					
	g Total. Add lines 2a-2f.....			6,475,880.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....			67,852.		67,852.
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6a Gross Rents.....	(i) Real (ii) Personal				
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....					
	7a Gross amount from sales of assets other than inventory.	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses.....					
	c Gain or (loss).....					
	d Net gain or (loss).....					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from fundraising events.....					
	9a Gross income from gaming activities. See Part IV, line 19.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
10a Gross sales of inventory, less returns and allowances.....	a	588,750.				
b Less: cost of goods sold.....	b	666,102.				
c Net income or (loss) from sales of inventory.....		-77,352.	-77,352.			
Miscellaneous Revenue		Business Code				
11a OTHER INCOME.....		900099	550,104.	550,104.		
b FACILITY RENTAL.....			161,259.	161,259.		
c.....						
d All other revenue.....						
e Total. Add lines 11a-11d.....			711,363.			
12 Total revenue. See instructions.....			13,271,392.	6,948,632.	161,259.	67,852.

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.....	283,757.	283,757.		
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	317,784.	236,513.	33,303.	47,968.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	4,092,632.	3,032,147.	469,982.	590,503.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).....				
9 Other employee benefits.....	329,494.	272,675.		56,819.
10 Payroll taxes.....	414,562.	344,086.		70,476.
11 Fees for services (non-employees).....				
a Management.....				
b Legal.....				
c Accounting.....				
d Lobbying.....				
e Prof fundraising svcs. See Part IV, ln 17.....				
f Investment management fees.....				
g Other.....				
12 Advertising and promotion.....	550,147.		546,006.	4,141.
13 Office expenses.....	45,321.	25,580.	11,880.	7,861.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	649,234.	605,073.	35,685.	8,476.
17 Travel.....	125,590.	115,967.	2,636.	6,987.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	774,393.	565,996.	201,816.	6,581.
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	1,605,851.	1,379,815.	215,623.	10,413.
23 Insurance.....	1,030,881.	879,565.	134,479.	16,837.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).....				
a SPECIAL EXHIBIT.....	1,479,114.	1,479,114.		
b PROFESSIONAL FEES.....	882,028.	614,591.	183,586.	83,851.
c EXHIBIT MATERIALS.....	276,918.	276,432.	486.	
d EXHIBIT.....	209,170.	192,779.	16,391.	
e HOST EXPENSE.....	176,622.	24,784.	10,896.	140,942.
f All other expenses.....	1,056,856.	668,359.	248,900.	139,597.
25 Total functional expenses. Add lines 1 through 24f.....	14,300,354.	10,997,233.	2,111,669.	1,191,452.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.....				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	1,904,591.	1	793,902.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	496,062.	3	439,988.
	4 Accounts receivable, net	510,182.	4	467,136.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ..		6	
	7 Notes and loans receivable, net	462,258.	7	365,527.
	8 Inventories for sale or use	143,165.	8	165,017.
	9 Prepaid expenses and deferred charges	1,204,716.	9	1,018,329.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,338,034.		
	b Less: accumulated depreciation	10b 15,257,950.		
	11 Investments — publicly-traded securities	28,236,364.	10c	27,080,084.
	12 Investments — other securities. See Part IV, line 11	7,492,974.	11	8,727,851.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,850,845.	14	2,065,801.
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,301,157.	15	41,123,635.	
LIABILITIES	17 Accounts payable and accrued expenses	1,989,165.	16	2,146,919.
	18 Grants payable		17	
	19 Deferred revenue	37,510.	18	28,783.
	20 Tax-exempt bond liabilities	13,623,383.	19	13,181,886.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	368,723.	22	345,215.
	24 Unsecured notes and loans payable to unrelated third parties		23	148,303.
	25 Other liabilities. Complete Part X of Schedule D	2,570,000.	24	1,437,362.
	26 Total liabilities. Add lines 17 through 25	18,588,781.	25	17,288,468.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		26
27 Unrestricted net assets		11,925,920.	27	10,727,625.
28 Temporarily restricted net assets		1,818,145.	28	2,004,941.
29 Permanently restricted net assets		9,968,311.	29	11,102,601.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, and equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		23,712,376.	33	23,835,167.
34 Total liabilities and net assets/fund balances.		42,301,157.	34	41,123,635.

Form 990 (2009)

BAA

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	6,585,326.	5,836,039.	7,020,870.	4,929,607.	6,504,282.	30,876,124.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3.	6,585,326.	5,836,039.	7,020,870.	4,929,607.	6,504,282.	30,876,124.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						8,858,238.
6 Public support. Subtract line 5 from line 4.						22,017,886.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	6,585,326.	5,836,039.	7,020,870.	4,929,607.	6,504,282.	30,876,124.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	587,847.	725,813.	508,863.	108,295.	67,852.	1,998,670.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	90,421.	456,816.	349,551.	347,453.	550,104.	1,794,345.
11 Total support. Add lines 7 through 10.						34,669,139.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	63.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	65.2 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/11/11

07:58AM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER INCOME	550,104.	347,453.	349,551.	456,816.	90,421.
TOTAL	<u>\$ 550,104.</u>	<u>\$ 347,453.</u>	<u>\$ 349,551.</u>	<u>\$ 456,816.</u>	<u>\$ 90,421.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year)....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??..... ☐ Yes ☐ No

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

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

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

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X..... ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1..... ► \$ _____

b Assets included in Form 990, Part X..... ► \$ _____

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

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

a ☒ Public exhibition

b ☒ Scholarly research

c ☒ Preservation for future generations

d ☒ Loan or exchange programs

e ☐ Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	9,968,311.	10,459,123.			
b Contributions.....	701,700.	5,449.			
c Net Investment earnings, gains, and losses.....	432,590.	-496,261.			
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....	11,102,601.	9,968,311.			

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ _____ %

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

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

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

SEE PART XIV

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land.....				
b Buildings.....		32,034,375.	9,527,821.	22,506,554.
c Leasehold improvements.....		2,543,608.	1,481,852.	1,061,756.
d Equipment.....		6,799,284.	3,960,047.	2,839,237.
e Other.....		960,767.	288,230.	672,537.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,080,084.

BAA

Schedule D (Form 990) 2009

N/A

Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶

N/A

Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)

(a) Description

Total. (Column (b) must equal Form 990, Part X, col.(B), line 15).....

(a) Description of Liability

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

SEE PART XIV

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,271,392.
2	Total expenses (Form 990, Part IX, column (A), line 25)	14,300,354.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-1,028,962.
4	Net unrealized gains (losses) on investments	1,151,753.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	1,151,753.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	122,791.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,089,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,151,753.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	666,102.
e	Add lines 2a through 2d	2e	1,817,855.
3	Subtract line 2e from line 1	3	13,271,392.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,271,392.

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

1	Total expenses and losses per audited financial statements	1	14,966,456.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	666,102.
e	Add lines 2a through 2d	2e	666,102.
3	Subtract line 2e from line 1	3	14,300,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,300,354.

Part XIV Supplemental Information

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

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

THE MUSEUM HOUSES OVER NINE MILLION NATURAL HISTORY SPECIMENS IN COLLECTIONS DATING

BACK AS FAR AS THE 1870S. THE SPECIMENS INCLUDE PLANTS, BIRDS, MAMMALS, INSECTS,

REPTILES, AMPHIBIANS, MARINE INVERTEBRATES, FOSSILS, AND MINERALS MAINLY FROM WESTERN

UNITED STATES, BAJA CALIFORNIA, AND NORTHERN MEXICO. IN ADDITION, THE MUSEUM'S

LIBRARY INCLUDES SOME 25,000 TITLES IN 90,000 VOLUMES WITH SEVERAL SIGNIFICANT AND

RARE VOLUMES ON NATURAL HISTORY. THE MUSEUM'S COLLECTIONS ARE EXPENSED WHEN

ACQUIRED.

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

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

PART X - FIN 48 FOOTNOTE

THE MUSEUM, A CALIFORNIA NOT-FOR-PROFIT CORPORATION, IS EXEMPT FROM TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE MUSEUM REVIEWED ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT NO PROVISION FOR UNCERTAIN TAX POSITIONS UNDER FASB ACCOUNTING STANDARDS CODIFICATION NO. 740-10 (FORMERLY FIN 48) IS REQUIRED.

Part XIV Supplemental Information (continued)This image shows a full page of a worksheet designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines across the entire width of the page. The background is plain white, and there are no margins, text, or other markings present.

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/11/11

07:58AM

SCHEDULE D, PART XII, LINE 2D

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

COST OF GOODS SOLD.....	\$	666,102.
TOTAL	\$	<u>666,102.</u>

SCHEDULE D, PART XIII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD.....	\$	666,102.
TOTAL	\$	<u>666,102.</u>

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... ☐ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MEXICO	0	0	PROGRAM SERVICE	RESEARCH &	283,757.
				TRAINING	
Totals	0	0			283,757.

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

Schedule F (Form 990) (2009)

Part IV Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a The organization?
- b Any related organization?
- If 'Yes' to line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

PART I, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

CEO IS REIMBURSED FOR BUSINESS EXPENSES INCURRED AND IS ISSUED A COMPANY CREDIT CARD FOR BUSINESS EXPENSES.

Part III	Supplemental Information
-----------------	---------------------------------

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

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

- Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BEN CLAY	BOARD MEMBER	13,000.	LEGISLATIVE RELATIONS		X
GEORGE BROOKS-GOYNER	CFO/COO	38,909.	ACCOUNTING/FINANCE SERVICE		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts	X	2	0.	
25 Other ► (.....)				
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

SEE PART II

	Yes	No
30a		X
31	X	
32a		X

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

Schedule **M** (Form 990) 2009

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

PART II, LINE 33 - REVENUE NOT REPORTED IN COLUMN C

THE ORGANIZATION DOES NOT CAPITALIZE ITS COLLECTIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

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

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

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

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

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

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

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

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

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

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

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE COMPENSATION FOR
THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT, THROUGH THE USE OF INDEPENDENT
COMPENSATION CONSULTANTS, SURVEYS, AND COMPARISON OF OTHER SIMILAR COMPANIES.

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

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

Name of the organization

SAN DIEGO SOCIETY OF NATURAL HISTORY

Employer identification number

95-1643375

Area with horizontal dashed lines for supplemental information.

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

OMB No. 1545-0687

For calendar year 2009 or other tax year beginning 7/01, 2009,
and ending 6/30, 2010**2009**Department of the Treasury
Internal Revenue Service (77)

▶ See separate instructions.

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

A <input type="checkbox"/> Check box if address changed	Print or Type	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
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			E Unrelated business activity codes (See instructions for Block E.)
C Book value of all assets at end of year 41,123,635.			F Group exemption number (See instructions for Block F.) ▶
G Check organization type..... <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.
▶**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ... ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation.. ▶**J** The books are in care of. ▶ **GEORGE BROOKS-GONYER** Telephone number ▶ **619-255-0213**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
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	161,259.		161,259.
13 Total. Combine lines 3 through 12	13	161,259.	0.	161,259.

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	37,982.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	132,638.
29 Total deductions. Add lines 14 through 28	29	170,620.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-9,361.
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	-9,361.
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	-9,361.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35 c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the 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

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a

b Other credits (see instructions) 40 b

c General business credit. Attach Form 3800. 40 c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40 d

e Total credits. Add lines 40a through 40d. 40 e 0.

41 Subtract line 40e from line 39. 41 0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866
☐ Other (attach schedule) 42

43 Total tax. Add lines 41 and 42. 43 0.

44 a Payments: A 2008 overpayment credited to 2009 44 a

b 2009 estimated tax payments. 44 b

c Tax deposited with Form 8868. 44 c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44 d

e Backup withholding (see instructions) 44 e

f Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total... 44 f

45 Total payments. Add lines 44a through 44f. 45 0.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ☐ 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded 49

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

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

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

1 Inventory at beginning of year. 1

2 Purchases. 2

3 Cost of labor. 3

4 a Additional section 263A costs (attach schedule) 4 a

b Other costs (attach sch) 4 b

5 Total. Add lines 1 through 4b. 5

6 Inventory at end of year. 6

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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.

Sign Here Signature of officer Date Title VICE PRES./CFO, COO

Paid Preparer's Use Only Preparer's signature CHRISTOPHER M. ROBERTS Date Preparer's SSN or PTIN P00235008
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

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1** Description of property

(1)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(2)		
(3)		
(4)		
2 Rent received or accrued		
(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	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

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

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)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8.

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

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		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)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

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

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
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 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)						
(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
		0%	
		0%	
		0%	
		0%	
Total. Enter here and on page 1, Part II, line 14			

2009

FEDERAL STATEMENTS

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CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/11/11

07:59AM

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

FACILTY RENTAL.....	\$	161,259.
TOTAL	\$	<u>161,259.</u>

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

ADVERTISING.....	\$	4,016.
AUTO.....		21.
HOST EXPENSE.....		78,003.
POSTAGE.....		103.
PRINTING.....		171.
PROFESSIONAL FEES.....		32,999.
REGISTRATION.....		375.
RENTAL EXPENSE.....		16,950.
TOTAL	\$	<u>132,638.</u>

TAXABLE YEAR

2009

California Exempt Organization Annual Information Return

FORM

199

Calendar year 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06 day 30 year 2010

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

Corporation/Organization Name

SAN DIEGO SOCIETY OF NATURAL HISTORY

FEIN

95-1643375

Address

PO BOX 121390

City

State ZIP Code

SAN DIEGO, CA 92112

- C** Amended Return? ☐ Yes ☒ No
D Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No
a Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No
b If 'Yes,' enter the number of affiliates ☐ Yes ☒ No
c Are all affiliates included? ☒ Yes ☐ No
 (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
e Federal Group Exemption Number ☐ Yes ☒ No
f Is a roster of subordinates attached? ☐ Yes ☒ No

E Final return?

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

If a box is checked, enter date. ☐**F** Check the box if the organization filed the following federal forms or schedule:

- 1 ☒ 990T 2 ☐ 990PF 3 ☐ (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by publiccontributions, check box. See General Instruction F.
No filing fee is required. ☒**H** Accounting method used... 1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

I If exempt under R&TC Section 23701d, has the organization during the year:
 (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ☐ Yes ☒ No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ☐ Yes ☒ No

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

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

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

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	7,433,212.
	2	Gross dues and assessments from members and affiliates	2	410,633.
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH... B	3	6,093,649.
	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	13,937,494.
	5	Cost of goods sold	5	666,102.
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	666,102.
	8	Total gross income. Subtract line 7 from line 4	8	13,271,392.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	14,300,354.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,028,962.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	
	12	Total payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	

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

Signature of officer	Title	Date	Telephone
	VICE PRES./CFO, COO		619-232-3821
Preparer's signature	Date	Check if self-employed	Preparer's SSN/PTIN
CHRISTOPHER M. ROBERTS		<input type="checkbox"/>	P00235008
Firm's name (or yours, if self-employed) and address	FEIN		
WEST RHODE & ROBERTS	33-0783983		
3104 FOURTH AVE	Telephone		
SAN DIEGO, CA 92103	619-615-5380		

May the FTB discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	588,750.
	2	Interest	•	2	
	3	Dividends	•	3	67,852.
	4	Gross rents	•	4	
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See Instructions)	•	6	
	7	Other income. Attach schedule	•	7	6,776,610.
	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	7,433,212.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	283,757.
	10	Disbursements to or for members.	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	317,784.
	12	Other salaries and wages	•	12	4,092,632.
	13	Interest	•	13	774,393.
	14	Taxes	•	14	414,562.
	15	Rents	•	15	649,234.
	16	Depreciation and depletion (See Instructions)	•	16	1,605,851.
	17	Other. Attach schedule	•	17	6,162,141.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	14,300,354.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		1,904,591.		793,902.
2	Net accounts receivable		1,006,244.		907,124.
3	Net notes receivable. Attach schedule		462,258.		365,527.
4	Inventories		143,165.		165,017.
5	Federal and state government obligations				
6	Investments in other bonds. Attach sch		7,492,974.		8,727,851.
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets	41,887,705.		42,338,034.	
b	Less accumulated depreciation	13,652,101.	28,235,604.	15,257,950.	27,080,084.
11	Land		760.		
12	Other assets. Attach schedule		3,055,561.		3,084,130.
13	Total assets		42,301,157.		41,123,635.
Liabilities and net worth					
14	Accounts payable		1,989,165.		2,146,919.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule		13,623,383.		13,330,189.
17	Mortgages payable		368,723.		345,215.
18	Other liabilities. Attach schedule		2,607,510.		1,466,145.
19	Capital stock or principle fund		23,712,376.		23,835,167.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		42,301,157.		41,123,635.

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	•	-1,028,962.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total . Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6.		-1,028,962.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total . Add line 1 through line 5.		-1,028,962.				

2009

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/11/11

08:03AM

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

FACILITY RENTAL.....	\$	161,259.
OTHER INCOME.....		550,104.
PROGRAM SERVICE REVENUE.....		6,065,247.
TOTAL	\$	<u>6,776,610.</u>

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	550,147.
AUTO.....		29,204.
BAD DEBT EXPENSE.....		14,396.
BANK FEES.....		65,808.
BUILDING MAINTENANCE.....		9,267.
COMPUTER.....		27,206.
CONTRACT MAINTENANCE.....		2,846.
CURTORIAL EXPENSE.....		307.
EQUIPMENT.....		44,391.
EQUIPMENT MAINTENANCE.....		12,989.
EXHIBIT.....		209,170.
EXHIBIT MATERIALS.....		276,918.
FILM.....		138,665.
FOOD.....		10,379.
GUESS PASS REDEMPTION.....		176,599.
HOST EXPENSE.....		176,622.
INSURANCE.....		1,030,881.
MISCELLANEOUS.....		89,411.
OFFICE EXPENSES.....		45,321.
OTHER EMPLOYEE BENEFIT.....		329,494.
PAYROLL PROCESSING.....		15,796.
PERMITS & FEES.....		22,532.
POSTAGE AND SHIPPING.....		53,308.
PRINTING AND PUBLICATIONS.....		157,724.
PROFESSIONAL FEES.....		882,028.
PROGRAM REFUNDS.....		420.
REFERENCE BOOKS.....		1,939.
REGISTRATION & MEMBERSHIP FEES.....		35,571.
SALES TAX EXPENSE.....		8,931.
SCIENTIFIC SUPPLIES.....		55,729.
SPECIAL EXHIBIT.....		1,479,114.
SUBSCRIPTIONS.....		40,943.
TRAVEL.....		125,590.
UTILITIES.....		42,495.
TOTAL	\$	<u>6,162,141.</u>

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

BENEFICIAL INTEREST IN PERPETUAL TRUST.....		2,065,800.
COLLECTIONS AND EXHIBITS.....		1.
PREPAID EXPENSES AND DEFERRED CHARGES.....		1,018,329.
TOTAL	\$	<u>3,084,130.</u>

2009

CALIFORNIA STATEMENTS

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SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

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STATEMENT 4
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....	28,783.
LINE OF CREDIT.....	1,250,000.
OTHER LIABILITIES.....	187,362.
TOTAL \$	<u>1,466,145.</u>

STATEMENT 5

FORM 199, PART VII, SECTION A

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		COMPEN- SATION FROM RELATED ORG	ESTIMATED AMOUNT OF COMPEN- SATION	
		FROM ORG	\$0		\$0	\$0
JEFF BLOCK	TRUSTEE 1.00		\$0		\$0	
BEN CLAY	TRUSTEE 1.00	0	0	0	0	0
DARLENE DAVIES	TRUSTEE 1.00	0	0	0	0	0
WALT DAVIS	TRUSTEE 1.00	0	0	0	0	0
JOHN DOWNING	TRUSTEE 1.00	0	0	0	0	0
SUSAN EVANCO	TRUSTEE 1.00	0	0	0	0	0
RONNE FROMAN	TRUSTEE 1.00	0	0	0	0	0
ALLISON HENDERSON	TRUSTEE 1.00	0	0	0	0	0
MATT HOM M.D.	TRUSTEE 1.00	0	0	0	0	0
ALLEN M. JONES	TRUSTEE 1.00	0	0	0	0	0
STEVE A. KAY, PH. D	TRUSTEE 1.00	0	0	0	0	0

STATEMENT 5 (CONTINUED)
FORM 199, PART VII, SECTION A
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		COMPEN- SATION FROM RELATED ORG	ESTIMATED AMOUNT OF COMPEN- SATION
		FROM ORG			
JEFFREY KENT	TRUSTEE 1.00	0	0	0	0
PETER KOVACS	TRUSTEE 1.00	0	0	0	0
STEVEN MCDONALD	TRUSTEE 1.00	0	0	0	0
TERRY MOORE	TRUSTEE 1.00	0	0	0	0
DENNIS MORGAN	TRUSTEE 1.00	0	0	0	0
ELEANOR NAVARRA	TRUSTEE 1.00	0	0	0	0
ROBERT PROULX	TRUSTEE 1.00	0	0	0	0
YOLANDA WALTHER-MEADE	TRUSTEE 1.00	0	0	0	0
CAROL WILSON	TRUSTEE 1.00	0	0	0	0
JEFF WITT	TRUSTEE 1.00	0	0	0	0
ELLEN ZINN	TRUSTEE 1.00	0	0	0	0
ROBERT ARMSTRONG	TREASURER 1.00	0	0	0	0

STATEMENT 5 (CONTINUED)
 FORM 199, PART VII, SECTION A
 COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		COMPEN- SATION		ESTIMATED AMOUNT OF COMPEN- SATION
		FROM ORG	RELATED ORG	FROM	RELATED ORG	
STEPHEN COHEN	CHAIRMAN 1.00	0	0	0	0	0
VIRGINIA CROCKETT	VICE CHAIR 1.00	0	0	0	0	0
JOHN SCHMID	SECRETARY 1.00	0	0	0	0	0
MICHAEL W. HAGER	PRESIDENT & CEO 40.00	174,865	0	0	0	11,054
GEORGE BROOKS - GONYER	VICE PRES./CFO, COO 40.00	127,885	0	0	0	3,980
	TOTAL	302,750	0	0	0	15,034

TAXABLE YEAR

2009

California Exempt Organization Business Income Tax Return

FORM

109

For calendar year 2009 or fiscal year beginning month 07 day 01 year 2009, & ending month 06 day 30 year 2010

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

CORP #

C0008651

Corporation/Organization Name

SAN DIEGO SOCIETY OF NATURAL HISTORY

FEIN

95-1643375

Address

PO BOX 121390

City

State

ZIP Code

SAN DIEGO, CA 92112

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

D Final return?

☐ Dissolved ☐ Surrendered (Withdrawn)

☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date

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

G Nature of trade or business

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

K Unrelated Business Activity (UBA) Code

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30.	1	-9,361.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions.	2	
	3	Enter the lesser amount from line 1 or line 2. If line 2 is zero, enter the amount from line 1.	3	-9,361.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30.	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4.	5	
	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses.	6	
	7	Net Operating Loss deduction. See General Information N.	7	
	8	Add line 6 and line 7.	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5.	9	
	10	Tax. _____ % x line 9. See General Information J.	10	
	11a	New jobs credit, amount generated in 2009.	11a	
	11b	New jobs credit, amount claimed in 2009.	11b	
	11c	Tax credits from Schedule B, line 4 and line 11b, Schedule P (100), or Schedule P (541). See Schedule B instructions.	11c	
Total Tax	12	Balance. Subtract line 11c from line 10. If line 11c is greater than line 10, enter -0-.	12	0.
	13	Alternative minimum tax. See General Information Q.	13	
	14	Total tax. Add line 12 and line 13.	14	
Payments	15	Overpayment from a prior year allowed as a credit.	15	
	16	2009 estimated tax payments. See instructions.	16	
	17	2009 Nonresident or real estate withholding. See instructions.	17	
	18	Amount paid with extension (form FTB 3539).	18	
	19	Total payments and credits. Add line 15 through line 18.	19	
Refund (Direct Deposit of Refund) or Amount Due	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions.	20	
	21	Overpayment. Subtract line 14 from line 19. See instructions.	21	
	22	Enter amount of line 21 to be applied to 2010 estimated tax.	22	
	23	Use tax. See instructions.	23	
	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21.	24	
	a	Fill in the account information to have the refund directly deposited. Routing number.	24a	
	b	Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number.	24c	
	25	Penalties and interest. See General Information M.	25	
	26	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result.	27	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a	Gross receipts or gross sales	b	Less returns and allowances	Balance	1c	
2	Cost of goods sold and/or operations from Schedule A, line 7				2	
3	Gross profit. Subtract line 2 from line 1c				3	
4a	Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541)				4a	
b	Net gain (loss) from Part II, Schedule D-1				4b	
c	Capital loss deduction for trusts				4c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule				5	
6	Rental income from Schedule C				6	
7	Unrelated debt-financed income from Schedule D				7	
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E				8	
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F				9	
10	Exploited exempt activity income from Schedule G				10	
11	Advertising income from Schedule H, Part III, Column A				11	
12	Other income. Attach schedule		SEE STATEMENT 1		12	161,259.
13	Total unrelated trade or business income. Add line 3 through line 12				13	161,259.

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	37,982.
16	Repairs		16	
17	Bad debts		17	
18	Interest. Attach schedule		18	
19	Taxes. Attach schedule		19	
20	Contributions. See instructions and attach schedule		20	
21a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21a		
b	Less: depreciation claimed on Schedule A. See instructions	21b		
22	Depletion. Attach schedule		22	
23a	Contributions to deferred compensation plans		23a	
b	Employee benefit programs. See instructions		23b	
24	Other deductions. Attach schedule		24	132,638.
25	Total deductions. Add line 14 through line 24		25	170,620.
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-9,361.
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	-9,361.
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	-9,361.

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.

Sign Here	Signature of officer	Title	Date	Telephone
		VICE PRES./CFO,		619-232-3821
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN/PTIN
	CHRISTOPHER M. ROBERTS		<input type="checkbox"/>	P00235008
	Firm's name (or yours, if self-employed) and address			FEIN
	WEST RHODE & ROBERTS 3104 FOURTH AVE SAN DIEGO, CA 92103			33-0783983
			Telephone	619-615-5380
	May the FTB discuss this return with the preparer shown above (see instructions)?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

Schedule R Apportionment Formula Worksheet

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

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

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

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%			
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)	
Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6.....					

Schedule D Unrelated Debt-Financed Income

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

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

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

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

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

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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

Part I Income from Periodicals Reported on a Consolidated Basis

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 IV - Income from Financials Reported on a Separate Basis					

Part III Column A – Net Advertising Income		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 or 7, and amounts listed in Part II, columns 4 and 7	(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 I, line 11.		Enter total here and on Side 2, Part II, line 27.	

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.					

[illegible]

2009

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

3805Q

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

Corporation name

SAN DIEGO SOCIETY OF NATURAL HISTORY

California corporation number

C0008651

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

FEIN

95-1643375

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

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

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

- 1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number. 1 9,361.
- 2 2009 disaster loss included in line 1. Enter as a positive number. 2
- 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. 3 9,361.
- 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 9,361.
- c Add line 4a and line 4b. 4c 9,361.
- 5 General NOL. Subtract line 4c from line 3. 5
- 6 2009 NOL carryover. Add line 2, line 4c, and line 5. See instructions. 6 9,361.

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

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

(g)
Available balance**Prior Year NOLs**

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2008	(f) Amount used in 2009	(g) Available balance	(h) Carryover to 2010 col (e) — col (f)
2 2008		ESB	42,119.	42,119.	0.	0.	42,119.

Current Year NOLs

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2008	(f) Amount used in 2009	(g) Available balance	(h) Carryover to 2010 col (e) — col (f)
3 2009		DIS					col (d) — col (f)
4 2009		ESB	9,361.				9,361.
2009							
2009							
2009							

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

Part III 2009 NOL deduction

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

2009

CALIFORNIA STATEMENTS

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CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/11/11

08:04AM

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

FACILITY RENTAL	\$	161,259.
TOTAL	\$	<u>161,259.</u>

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

ADVERTISING	\$	4,016.
AUTO		21.
HOST EXPENSE		78,003.
POSTAGE		103.
PRINTING		171.
PROFESSIONAL FEES		32,999.
REGISTRATION		375.
RENTAL EXPENSE		16,950.
TOTAL	\$	<u>132,638.</u>

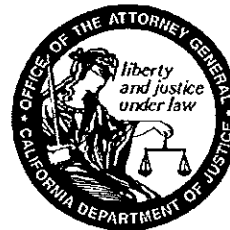
IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

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.



State Charity Registration Number 006312

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

Check if:

- ☐ Change of address
☐ Amended report

Corporate or Organization No. C0008651

Federal Employer ID No. 95-1643375

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/09 ending 6/30/10) list:

Gross annual revenue \$ 13,271,392. Total assets \$ 41,123,635.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

GEORGE BROOKS-GONYER

VICE PRES./CFO, COO

Signature of authorized officer

Printed Name

Title

Date

2009

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 06838

SAN DIEGO SOCIETY OF NATURAL HISTORY

95-1643375

2/11/11

08:04AM

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

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

US FISH & WILDLIFE SERVICE
4401 FAIRFAX DR. RM. 100
ARLINGTON, VA 22203

CITY OF SAN DIEGO
202 C ST. STOP 10A
SAN DIEGO, CA 92101