

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 7/01, **2012, and ending** 6/30, **2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C SAN DIEGO MUSEUM OF MAN 1350 EL PRADO, BALBOA PARK SAN DIEGO, CA 92101 <div style="text-align: center; color: red; font-weight: bold;">Public Disclosure Copy</div>	D Employer Identification Number 95-1709290 E Telephone number 619-239-2001 G Gross receipts \$ 2,914,680.
F Name and address of principal officer: MICAH D. PARZEN, PHD, JD 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 <small>If 'No,' attach a list. (see instructions)</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.MUSEUMOFMAN.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: 1915 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>INSPIRING HUMAN CONNECTIONS BY EXPLORING THE HUMAN EXPERIENCE.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		19
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	5		51
	6 Total number of volunteers (estimate if necessary).....	6		78
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		0.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g).....	856,115.		919,310.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	808,011.		1,678,946.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	111,606.		106,404.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	-40,891.		50,454.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	1,734,841.		2,755,114.
	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).....	1,501,676.		1,513,630.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,562.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	808,823.		1,229,996.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,310,499.		2,743,626.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-575,658.		11,488.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26).....	5,919,146.		6,249,214.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	197,725.		173,966.
		5,721,421.		6,075,248.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	▶ MICAH D. PARZEN, PHD, JD	CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JULIE A. FIRL	JULIE A. FIRL	5/05/14		P00085551
	Firm's name ▶ LEAF & COLE, LLP	Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108-3820		Firm's EIN ▶ 95-2076568	Phone no. 619.294.7200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,786,063. including grants of \$) (Revenue \$ 1,607,760.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 159,634. including grants of \$) (Revenue \$ 53,523.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 104,760. including grants of \$) (Revenue \$ 17,663.)

MUSEUM PROGRAM EVENTS:

SDMOM OFFERS A WIDE VARIETY OF SUPPORTING PROGRAM SERVICES, INCLUDING EXHIBIT-SPECIFIC OPENING RECEPTIONS AND EVENTS HIGHLIGHTING OTHER ANTHROPOLOGICAL AREAS OF INTEREST, SUCH AS THE TOWER AFTER HOURS, AN EVENING SERIES CELEBRATING SAN DIEGO'S VIBRANT CULTURAL COMMUNITIES WITH ETHNIC FOOD, MUSIC, DANCING, AND ARTIFACTS.

ADDITIONALLY, SDMOM OFFERS MUSEUM AND CHAPEL RENTALS FOR CORPORATE EVENTS, WEDDINGS, RECEPTIONS, AND OTHER PRIVATE EVENTS.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,050,457.

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 (see instructions)?.....	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b 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.....		X
c 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.....		X
d 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.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		X
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		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, Parts II and IV.....		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, Parts III and IV.....		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 (see instructions).....		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 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 9		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 51		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 2 b X	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b 		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a 		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 b 		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 		
6 a	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 as charitable contributions? 6 a 		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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? 7 a 		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b 		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c 		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f 		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g 		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 		
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? 8 		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a 		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a 		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b 		
13 c	Enter the amount of reserves on hand. 13 c 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a 		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b 		

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 19		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	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.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12 c	Did 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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15 a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O.	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?		X
16 b	If 'Yes,' did the organization follow 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?		

Section C. Disclosure

- 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 Other (explain in Schedule O)
- 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 during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ TABITHA MCMAHON 1350 EL PRADO SAN DIEGO CA 92101 619-239-2001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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.

- 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, if any. See instructions for definition of 'key employee.'
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) WILLIAM E. MAYER, III CHAIR	1 0	X		X				0.	0.	0.
(2) HON. KEVIN W. MIDLAM, R VICE CHAIR	1 0	X		X				0.	0.	0.
(3) ABE ORDOVER TRUSTEE	1 0	X						0.	0.	0.
(4) DR. HUGO BARRERA VICE CHAIR	1 0	X		X				0.	0.	0.
(5) MACHEL ALLEN TREASURER	1 0	X		X				0.	0.	0.
(6) ERIK NOWACKI SECRETARY	1 0	X		X				0.	0.	0.
(7) JOSEPH W. BALL, PHD TRUSTEE	1 0	X						0.	0.	0.
(8) HAROLD COLEMAN JR., JD TRUSTEE	1 0	X						0.	0.	0.
(9) LARRY BANEGAS TRUSTEE	1 0	X						0.	0.	0.
(10) MARNIE CHENEY TRUSTEE	0 0	X						0.	0.	0.
(11) RICK PETERS TRUSTEE	0 0	X						0.	0.	0.
(12) RON NEELEY TRUSTEE	0 0	X						0.	0.	0.
(13) V.S. RAMACHANDRAN TRUSTEE	0 0	X						0.	0.	0.
(14) CHRISTOPHER LOUGHRIDGE TRUSTEE	1 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(15) DEAN WILSON TRUSTEE	1 0	X					0.	0.	0.
(16) EDIE MUNK TRUSTEE	1 0	X					0.	0.	0.
(17) ENRICO MARCELLI TRUSTEE	1 0	X					0.	0.	0.
(18) GEOFFREY SMITH, MD TRUSTEE	1 0	X					0.	0.	0.
(19) STEVEN S. WALL, JD TRUSTEE	1 0	X					0.	0.	0.
(20) PATTI PEPPER DIRECTOR OF FIN	40 0			X			18,750.	0.	26.
(21) REX GARNIEWICZ COO	40 0			X			79,934.	0.	4,612.
(22) MICAH D. PARZEN, PHD, JD CEO	40 0			X			165,753.	0.	5,440.
(23) BRIAN J ANDREWS FORMER DIR FIN	40 0			X			59,686.	0.	2,689.
(24)									
(25)									
1 b Sub-total							324,123.	0.	12,767.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							324,123.	0.	12,767.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1									

	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>	3	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>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 34,863.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 177,091.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 707,356.				
	g Noncash contributions included in Ins 1a-1f: \$	11,275.				
	h Total. Add lines 1a-1f	▶ 919,310.				
PROGRAM SERVICE REVENUE	2 a <u>ADMISSIONS</u>		Business Code			
		900099	1,522,458.	1,522,458.		
	b <u>MEMBERSHIP DUES & ASSESSMENTS</u>	900099	85,302.	85,302.		
	c <u>EDUCATION CLASSES/CAMPS</u>	900099	45,141.	45,141.		
	d <u>MUSEUM PROGRAM EVENTS</u>	900099	17,663.	17,663.		
	e <u>LECTURES & SYMPOSIUMS</u>	900099	8,382.	8,382.		
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 1,678,946.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 139,080.			139,080.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 15,106.	15,106.			
	6 a Gross rents	(i) Real	(ii) Personal			
		73,680.				
		b Less: rental expenses	63,056.			
		c Rental income or (loss)	10,624.			
	d Net rental income or (loss)	▶ 10,624.	10,624.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses	32,676.			
		c Gain or (loss)	-32,676.			
	d Net gain or (loss)	▶ -32,676.	-32,676.			
	8 a Gross income from fundraising events (not including \$ 34,863. of contributions reported on line 1c). See Part IV, line 18	a 17,744.				
		b Less: direct expenses	b 14,853.			
c Net income or (loss) from fundraising events		▶ 2,891.			2,891.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a 55,151.					
	b Less: cost of goods sold	b 48,981.				
	c Net income or (loss) from sales of inventory	▶ 6,170.			6,170.	
Miscellaneous Revenue		Business Code				
11 a <u>OTHER INCOME</u>	900099	15,663.	15,663.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶ 15,663.					
12 Total revenue. See instructions	▶ 2,755,114.	1,687,663.	0.	148,141.		

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	348,891.	219,179.	90,043.	39,669.
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	864,477.	615,436.	173,473.	75,568.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	130,430.	103,872.	17,385.	9,173.
10 Payroll taxes	169,832.	117,471.	34,692.	17,669.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	45,985.	11,531.	32,408.	2,046.
12 Advertising and promotion	5,153.	5,153.		
13 Office expenses	38,278.	29,128.	7,766.	1,384.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,526.	1,324.	7,068.	134.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,123.	283.	1,843.	1,997.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,243.	169,049.	3,597.	3,597.
23 Insurance	25,889.	6,500.	19,389.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EXHIBIT & EVENT COSTS</u>	539,142.	518,396.		20,746.
b <u>UTILITIES</u>	88,778.	84,763.	2,677.	1,338.
c <u>OUTSIDE SERVICES</u>	57,391.	23,346.	31,027.	3,018.
d <u>POSTAGE AND SHIPPING</u>	50,792.	41,071.	7,953.	1,768.
e All other expenses	189,696.	103,955.	74,286.	11,455.
25 Total functional expenses. Add lines 1 through 24e	2,743,626.	2,050,457.	503,607.	189,562.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	62,589.	1	208,311.
	2 Savings and temporary cash investments	450,025.	2	442,218.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	46,392.	4	51,340.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,236.	8	8,391.
	9 Prepaid expenses and deferred charges	15,899.	9	21,448.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,617,789.		
	b Less: accumulated depreciation	10b 2,599,114.	1,182,098.	10c 1,018,675.
	11 Investments – publicly traded securities	4,140,907.	11	4,498,831.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,919,146.	16	6,249,214.	
LIABILITIES	17 Accounts payable and accrued expenses	137,966.	17	155,566.
	18 Grants payable		18	
	19 Deferred revenue	15,340.	19	18,400.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	44,419.	25	
	26 Total liabilities. Add lines 17 through 25	197,725.	26	173,966.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,476,231.	27	5,877,690.
	28 Temporarily restricted net assets	195,190.	28	147,558.
	29 Permanently restricted net assets	50,000.	29	50,000.
	Organizations that do not follow SFAS 117 (ASC 958), 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,721,421.	33	6,075,248.
34 Total liabilities and net assets/fund balances	5,919,146.	34	6,249,214.	

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Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,755,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,743,626.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,488.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,721,421.
5	Net unrealized gains (losses) on investments	5	280,849.
6	Donated services and use of facilities	6	-2,986.
7	Investment expenses	7	-13,433.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9	77,909.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,075,248.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? 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.		

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization SAN DIEGO MUSEUM OF MAN	Employer identification number 95-1709290
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,754,005.	531,469.	795,735.	933,623.	1,004,612.	5,019,444.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	1,754,005.	531,469.	795,735.	933,623.	1,004,612.	5,019,444.
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).						559,631.
6 Public support. Subtract line 5 from line 4.						4,459,813.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	1,754,005.	531,469.	795,735.	933,623.	1,004,612.	5,019,444.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	178,036.	142,313.	149,712.	123,399.	154,186.	747,646.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	52,174.	51,115.	40,819.	71,815.	76,571.	292,494.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	30,333.	18,064.	9,569.	6,375.	15,663.	80,004.
11 Total support. Add lines 7 through 10.						6,139,588.
12 Gross receipts from related activities, etc (see instructions).					12	5,303,826.
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 2012 (line 6, column (f) divided by line 11, column (f)).	14	72.64 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	75.09 %
16a 33-1/3% support test – 2012. 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 – 2011. 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 – 2012. 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 – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 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 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>
OTHER INCOME	\$ 15,663.	\$ 6,375.	\$ 9,569.	\$ 18,064.	\$ 30,333.
TOTAL	<u>\$ 15,663.</u>	<u>\$ 6,375.</u>	<u>\$ 9,569.</u>	<u>\$ 18,064.</u>	<u>\$ 30,333.</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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

SAN DIEGO MUSEUM OF MAN

95-1709290

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 can 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).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- 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 Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

- 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 easements 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 section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items **SEE PART XIII**
- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 XIII. SEE PART XIII

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 the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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 XIII and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	53,900.	55,037.	50,000.	50,000.	0.
b Contributions					
c Net investment earnings, gains, and losses	6,137.	-1,137.	5,037.	-4,516.	
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	60,037.	53,900.	55,037.	-2,684.	0.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 83.00 %
 - c Temporarily restricted endowment 17.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		1,082,106.	693,047.	389,059.
d Equipment		6,895.	6,895.	0.
e Other		2,528,788.	1,899,172.	629,616.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,018,675.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1 3,234,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a 280,849.	
	b Donated services and use of facilities	2b 52,236.	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d 159,566.	
	e Add lines 2a through 2d		2e 492,651.
3	Subtract line 2e from line 1		3 2,741,681.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 13,433.	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c 13,433.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 2,755,114.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1 2,798,848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a 55,222.	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e 55,222.
3	Subtract line 2e from line 1		3 2,743,626.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	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 2,743,626.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, COLLECTION OBJECTS

PURCHASED BY OR DONATED TO THE SAN DIEGO MUSEUM OF MAN (SDMOM) ARE NOT CAPITALIZED IN

THE STATEMENT OF FINANCIAL POSITION. SDMOM'S COLLECTIONS TOTAL OVER 400,000

ETHNOGRAPHIC, BIOLOGICAL, AND ARCHEOLOGICAL OBJECTS, NEARLY 50,000 PHOTOGRAPHIC

IMAGES AND 33,000 SCIENTIFIC PUBLICATIONS. THE PRIMARY ETHNOGRAPHIC COLLECTIONS

INCLUDE TEXTILES, POTTERY, BEAD WORK, JEWELRY, CERAMICS, CARVINGS, WEAPONS, AND

COSTUMES PRIMARILY FROM THE WESTERN HEMISPHERE WITH STRENGTHS IN EGYPT, CALIFORNIA,

Part XIII Supplemental Information (continued)**PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC. (CONTINUED)**

THE SOUTHWEST, MEXICO AND WESTERN SOUTH AMERICA. PHYSICAL ANTHROPOLOGY IS REPRESENTED WITH SKELETAL COLLECTIONS OF ANCIENT AND MODERN BONE DISEASES AND CASTS DOCUMENTING HUMAN EVOLUTION. ITEMS ARE CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE NET ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY THE DONOR. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS. WHEN PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE RECEIVED, THEY ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

THE SAN DIEGO MUSEUM OF MAN (SDMOM) IS SAN DIEGO'S ONLY INSTITUTION DEDICATED TO ANTHROPOLOGY AND ARCHAEOLOGY. IT HAS DISTINGUISHED ITSELF NATIONALLY THROUGH ITS EXTENSIVE PHYSICAL AND ETHNOGRAPHIC COLLECTIONS, PUBLICATIONS AND RESEARCH, EDUCATIONAL PROGRAMS, AND EXHIBITS. EACH YEAR, SDMOM SERVES APPROXIMATELY 150,000 VISITORS, INCLUDING 40,000 CHILDREN AND ADOLESCENTS.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

INTEREST FROM THE ENDOWMENT FUNDS ARE USED FOR GENERAL OPERATIONS OF THE MUSEUM.

PART X - FIN 48 FOOTNOTE

SAN DIEGO MUSEUM OF MAN ("SDMOM") IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. SDMOM'S UNRELATED BUSINESS ACTIVITY DID NOT GENERATE TAXABLE INCOME AND NO TAX LIABILITY HAS BEEN RECORDED AT JUNE 30, 2013 AND 2012. SDMOM BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

STATEMENTS. SDMOM IS NOT A PRIVATE FOUNDATION.

SDMOM'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND EXEMPT ORGANIZATION

BUSINESS INCOME TAX RETURNS FOR TAX FOR THE YEARS ENDED JUNE 30, 2013, 2012, 2011

AND 2010 ARE SUBJECT TO EXAMINATION BY INTERNAL REVENUE SERVICE AND STATE TAXING

AUTHORITIES, GENERALLY THREE TO FOUR YEARS AFTER THE RETURNS WERE FILED.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF MUSEUM STORE SALES.....	\$	48,981.
FACILITY RENTAL EXPENSES.....		63,056.
FUNDRAISING EVENTS EXPENSES.....		14,853.
LOSS ON DISPOSAL OF ASSETS.....		32,676.
	TOTAL	<u>\$ 159,566.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	GOLF TOURNAMEN (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	52,607.		52,607.	
2	Less: Charitable contributions	34,863.		34,863.	
3	Gross income (line 1 minus line 2)	17,744.		17,744.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	12,407.		12,407.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,446.		2,446.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			14,853.
11	Net income summary. Combine line 3, column (d), and line 10			2,891.	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

**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

2012

**Open to Public
Inspection**

Name of the organization

SAN DIEGO MUSEUM OF MAN

Employer identification number

95-1709290

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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.	1 b	
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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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?	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	X
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?	5 a	X
b Any related organization?	5 b	X
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?	6 a	X
b Any related organization?	6 b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7	X
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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.	8	X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
MICAH D. PARZEN, PHD, JD	(i)	165,753.	0.	0.	0.	5,440.	171,193.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

SAN DIEGO MUSEUM OF MAN

Employer identification number

95-1709290

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE SAN DIEGO MUSEUM OF MAN'S (SDMOM) MISSION IS "INSPIRING HUMAN CONNECTIONS BY EXPLORING THE HUMAN EXPERIENCE." SDMOM'S VISION IS TO BE "SAN DIEGO'S DYNAMIC PLACE TO GO TO LEARN ABOUT EACH OTHER, REFLECT ON OUR PLACE IN THE WORLD, AND BUILD A BETTER COMMUNITY.

SDMOM IS LOCATED IN BALBOA PARK IN THE HISTORIC 1915 CALIFORNIA BUILDING WITH ITS ICONIC CALIFORNIA TOWER. SDMOM FEATURES FIVE CORE EXHIBITIONS, INCLUDING ANCIENT EGYPT; KUMEYAAAY: NATIVE CALIFORNIANS; FOOTSTEPS THROUGH TIME: FOUR MILLION YEARS OF HUMAN EVOLUTION; MAYA: HEART OF SKY, HEART OF EARTH; AND ADVENTURE KIDS IN EGYPT. SDMOM ALSO OFFERS CHANGING SPECIAL EXHIBITS FEATURING ARTIFACTS FROM THEIR COLLECTIONS AND AROUND THE WORLD.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

COLLECTIONS AND EXHIBITIONS:

SDMOM STEWARDS AND CONSERVES A COLLECTION THAT CONTAINS APPROXIMATELY 400,000 ETHNOGRAPHIC, BIOLOGICAL, AND ARCHEOLOGICAL OBJECTS, NEARLY 50,000 PHOTOGRAPHIC IMAGES AND 33,000 SCIENTIFIC PUBLICATIONS, WHILE SERVING APPROXIMATELY 150,000 VISITORS ANNUALLY.

SDMOM FEATURES FIVE CORE EXHIBITIONS, INCLUDING ANCIENT EGYPT; KUMEYAAAY: NATIVE CALIFORNIANS; FOOTSTEPS THROUGH TIME: FOUR MILLION YEARS OF HUMAN EVOLUTION; MAYA: HEART OF SKY, HEART OF EARTH; AND ADVENTURE KIDS IN EGYPT.

DURING THIS TIME PERIOD, SDMOM PRESENTED THE FOLLOWING TEMPORARY EXHIBITS TO THE PUBLIC:

* RITES OF PASSAGE: OUR JOURNEYS THROUGH LIFE, A PARTNERSHIP WITH THE JACOBS CENTER FOR NEIGHBORHOOD INNOVATION, TWO OTHER BALBOA PARK MUSEUMS AND LOCAL COMMUNITY

Name of the organization

Employer identification number

SAN DIEGO MUSEUM OF MAN

95-1709290

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RESIDENTS, RESULTING IN AN EXHIBITION ABOUT THE DIFFERENT RITES OF PASSAGE OF VARIOUS CULTURAL GROUPS FROM SOUTHEAST SAN DIEGO AND BEYOND.

* ACCESS/ABILITY, A POWERFUL AND HIGHLY INTERACTIVE EXHIBIT THAT TAUGHT RESPECT, UNDERSTANDING, AND THAT PEOPLE LIVING WITH DISABILITIES LEAD ACTIVE, FULFILLING, AND MEANINGFUL LIVES.

* ADVENTURES IN PHOTOGRAPHY: A CENTURY OF IMAGES IN ARCHAEOLOGY AND ANTHROPOLOGY SHOWCASED SOME OF THE UNTOLD STORIES OF ANTHROPOLOGISTS IN THE FIELD..

* RAMP IT UP: SKATEBOARD CULTURE IN NATIVE AMERICA REVEALED THE RICH WORLD OF SKATEBOARDING AND CELEBRATES THAT VIBRANCY, CREATIVITY, AND HISTORY OF NATIVE AMERICAN SKATEBOARDING CULTURE.

* FROM THE VAULT: RARE ARTIFACTS WITH FASCINATING STORIES HIGHLIGHTED OBJECTS FROM SDMOM'S COLLECTIONS WITH UNIQUE AND INTERESTING STORIES.

* INSTRUMENTS OF TORTURE, A GRIPPING HUMAN RIGHTS EXHIBITION FEATURING IMPLEMENTS CRUELLY ENGINEERED TO INFLICT UNBELIEVABLE PAIN AND SUFFERING. BY EXPLORING WHY TORTURE OCCURS, EVEN IN TODAY'S WORLD, THIS EXHIBIT AIMS TO HELP US UNDERSTAND WHO WE ARE AS HUMAN BEINGS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION:

SDMOM'S EXTENSIVE STANDARDS-BASED EDUCATION PROGRAMS CONNECT STUDENTS TO THE HISTORY OF HUMANITY AND THE BEAUTY OF DIVERSITY THROUGH ANTHROPOLOGY. EACH YEAR, SDMOM SERVES OVER 15,000 STUDENTS IN CLASS TOURS, SUMMER CAMPS AND OUTREACH. AN ADDITIONAL 25,000 CHILDREN COME TO SDMOM THROUGH GENERAL ADMISSIONS. OUR CALLING IS TO EDUCATE NOT JUST CHILDREN, BUT ALSO ADULTS IN THEIR QUEST FOR LIFELONG LEARNING. IN THE PAST YEAR, SDMOM OFFERED INTERDISCIPLINARY PANELS THAT MEANINGFULLY ENGAGE ADULT COMMUNITY MEMBERS IN TIMELY DISCOURSE ABOUT CONTEMPORARY ISSUES SUCH AS: "BEYOND TAKING A STAND: DIFFERENT WAYS TO APPROACH THE ISSUE OF BULLYING", "TAILS OF SERVICE:

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FROM PLAYFUL PUPPY TO DEVOTED SERVICE DOG", AND "TORTURE TODAY: AN EXPLORATION OF THE COMPLEX ISSUES SURROUNDING TORTURE IN THE MODERN WORLD." RESPONSIVE TO CURRENT EVENTS AND HIGHLY PARTICIPATORY, THESE COMPELLING PUBLIC PROGRAMS ATTRACT A WIDE RANGE OF AUDIENCES, INCREASE ADMISSIONS REVENUES AND DEEPLY IMPACT THE COMMUNITY AS A WHOLE.

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

THE REVIEW OF THE 990 IS A MULTI-STEP PROCESS:

1. THE FINANCIAL STATEMENTS, WHICH ARE AUDITED BY INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, ARE A SOURCE DOCUMENT FOR THE 990. SENIOR MANAGEMENT AND THE INDEPENDENT AUDITORS PRESENT A DRAFT OF THE AUDITED STATEMENTS TO THE AUDIT COMMITTEE. THE CHAIR OF THE AUDIT COMMITTEE THEN PRESENTS THE FINANCIAL STATEMENTS TO THE FULL BOARD FOR ACCEPTANCE.
2. SENIOR MANAGEMENT PRESENTS AND REVIEWS A DRAFT OF THE 990 TO THE BOARD OF TRUSTEES' FINANCE AND PERSONNEL COMMITTEE AND THE DEVELOPMENT COMMITTEE.
3. THE DRAFT OF THE 990 IS DISTRIBUTED TO THE FULL BOARD, AND ALL TRUSTEES HAVE THE OPPORTUNITY TO REVIEW AND COMMENT BEFORE THE 990 IS FINALIZED.

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

THE MUSEUM'S CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL BOARD MEMBERS ANNUALLY. EACH TRUSTEE IS ASKED TO REVIEW THE POLICY, DISCLOSE ANY CONFLICTS AND SIGN THE POLICY.

THE FOLLOWING PROCEDURES ARE PART OF THE MUSEUM'S CONFLICT OF INTEREST POLICY:

1. ANY POTENTIAL CONFLICT OF INTEREST THAT MAY AFFECT A MATTER UNDER CONSIDERATION SHALL BE DISCLOSED BY THE TRUSTEE TO THE BOARD AND MADE A MATTER OF RECORD AS SOON AS THE POSSIBLE CONFLICT IS DETERMINED.
2. THE INTERESTED TRUSTEE SHALL NOT VOTE ON SUCH MATTER AND SHALL NOT ATTEMPT TO

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

EXERT INFLUENCE IN CONNECTION WITH THE MATTER. HE OR SHE MAY BE PRESENT AT THE MEETING OF THE BOARD OR COMMITTEE, BUT HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

3. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THE INTERESTED TRUSTEE'S ABSTENTION FROM VOTING.

4. A TRUSTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE CORPORATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT TRUSTEE'S COMPENSATION.

5. A MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE CORPORATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

6. NO TRUSTEE OR COMMITTEE MEMBER WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE CORPORATION, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATION.

7. FOR ANY MATTER IN WHICH THE TRUSTEE HAS A MATERIAL FINANCIAL INTEREST, THE FOLLOWING ADDITIONAL PROCEDURES SHALL APPLY PRIOR TO ENTERING INTO THE TRANSACTION:

A. THE BOARD DETERMINES IN GOOD FAITH THAT THE CORPORATION WILL ENTER INTO THE TRANSACTION FOR ITS OWN BENEFIT;

B. THE BOARD DETERMINES IN GOOD FAITH THAT THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION; AND

C. THE BOARD DETERMINES IN GOOD FAITH AFTER REASONABLE INVESTIGATION THAT THE CORPORATION COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES.

D. IF THE TRANSACTION IS TO BE CONSIDERED FOR APPROVAL BY A COMMITTEE AND

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

I. IT WAS NOT REASONABLY PRACTICABLE TO OBTAIN APPROVAL OF THE FULL BOARD PRIOR TO ENTERING INTO THE TRANSACTION; AND

II. THE BOARD, AFTER DETERMINING THAT THE CONDITIONS OF SECTIONS 7A AND 7B OF THE CONFLICT OF INTEREST POLICY, WERE SATISFIED, RATIFIES THE TRANSACTION AT ITS NEXT MEETING FOLLOWING APPROVAL BY THE COMMITTEE BY A VOTE OF A MAJORITY OF THE TRUSTEES THEN IN OFFICE WITHOUT COUNTING THE VOTE OF THE INTERESTED TRUSTEE.

8. ANY PERSON WHO HAS KNOWLEDGE OF ANY ACTION OR CONDUCT THAT APPEARS CONTRARY TO SDMOM'S CONFLICT OF INTEREST POLICY AND PROCEDURES SHALL REPORT THE SAME THE TO CEO OF THE CORPORATION OR THE CHAIRPERSON OF THE BOARD.

9. SDMOM'S CONFLICT OF INTEREST POLICY AND PROCEDURES APPLY TO THE MEMBERS OF A COMMITTEE OF THE BOARD AS IF EACH COMMITTEE MEMBER WERE A TRUSTEE.

10. EACH TRUSTEE MUST BE ADVISED OF SDMOM'S CONFLICT OF INTEREST POLICY AND PROCEDURES PRIOR TO COMMENCEMENT OF THE TRUSTEE'S TERM OF OFFICE. IF A TRUSTEE OR SOMEONE WITH WHOM A TRUSTEE HAS A CLOSE RELATIONSHIP (I.E. A FAMILY MEMBER OR CLOSE COMPANION) HAS OR HAS HAD, A FINANCIAL, EMPLOYMENT, OR PERSONAL RELATIONSHIP WITH AN APPLICANT, GRANTEE OR VENDOR TO THE CORPORATION, THE TRUSTEE MUST DISCLOSE THIS FACT IN WRITING TO THE CORPORATE SECRETARY. EACH TRUSTEE AND MEMBER OF A COMMITTEE WITH DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: (1) HAS RECEIVED A COPY OF SDMOM'S CONFLICT OF INTEREST POLICY AND PROCEDURES; (2) HAS READ AND UNDERSTANDS THE POLICY AND PROCEDURES; (3) HAS AGREED TO COMPLY WITH THE POLICY AND PROCEDURES; AND (4) UNDERSTANDS THE CORPORATION IS CHARITABLE AND TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

ANNUALLY, THE DIRECTOR OF FINANCE PREPARES AN ANALYSIS OF COMPENSATION OF THE MUSEUM'S CEO TO PRESENT TO THE FINANCE AND PERSONNEL COMMITTEE. THE ANALYSIS

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT (CONTI

CONSIDERS DATA FROM THE CALIFORNIA ASSOCIATION OF MUSEUMS FINANCIAL AND SALARY

SURVEY DATA AND OTHER AVAILABLE NONPROFIT COMPENSATION SURVEYS. THE FINANCE AND

PERSONNEL COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE CEO BASED ON THE

COMPARABILITY DATA AND PERFORMANCE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE FINANCE AND PERSONNEL COMMITTEE, AND THEN THE FULL BOARD, REVIEWS THE ANNUAL

COMPENSATION OF ALL KEY EMPLOYEES AS PART OF THE BUDGET REVIEW AND APPROVAL PROCESS.

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

THE MUSEUM POSTS THE LAST THREE YEARS OF ITS FORM 990 INFORMATION RETURNS AND

AUDITED FINANCIAL STATEMENTS ON IT WEBSITE: WWW.MUSEUMOFMAN.ORG.

THE MUSEUM'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FACILITY RENTAL EXPENSES	\$	63,056.
FUNDRAISING EVENTS EXPENSES.....		<u>14,853.</u>
	TOTAL	<u><u>\$ 77,909.</u></u>

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

SAN DIEGO MUSEUM OF MAN

Identifying number

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Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	179,840.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	179,840.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	