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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: COMPUTER HISTORY MUSEUM. D Employer identification number: 77-0507525. E Telephone number: 650-810-1010. G Gross receipts \$: 5,023,447. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.COMPUTERHISTORY.ORG. K Type of organization: Corporation. L Year of formation: 1999. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement: TO PRESERVE AND CELEBRATE COMPUTER HISTORY AND EXPLORE ITS SOCIAL IMPACT. 2-7. Governance and membership data. 8-12. Revenue: 3,419,374 (Prior) vs 2,688,574 (Current). 13-19. Expenses: 3,272,903 (Prior) vs 3,742,002 (Current). 20-22. Net assets: 76,128,834 (Prior) vs 65,723,797 (Current).

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: MARGIE BELL, CFO. Date: 15/12/10.

Paid Preparer's Use Only: Preparer's signature: Lynn G. ... Date: MAY 11 2010. Firm's name: HOOD & STRONG LLP, CPAS. Address: 100 FIRST STREET, 14TH FLOOR, SAN FRANCISCO, CA 94105. Phone no.: (415) 781-0793.

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

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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? If "Yes", describe these new services on Schedule O. [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O. [ ] Yes [X] No

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 1,693,731. including grants of \$ ) (Revenue \$ )
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,381,678. including grants of \$ ) (Revenue \$ )
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 855,809. including grants of \$ ) (Revenue \$ 61,707. )
SEE SCHEDULE O

4d Other program services (Describe in Schedule O )
(Expenses \$ 648,360. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 4,579,578. (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 37		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 65		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>5a</b>		X
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10a</b>		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>11a</b>		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12a</b>		
	<b>12b</b>		

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

**Section A. Governing Body and Management**

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

		Yes	No
1a	Enter the number of voting members of the governing body		31
1b	Enter the number of voting members that are independent		31
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	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**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	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
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**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
- 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **COMPUTER HISTORY MUSEUM - (650)810-1010**  
**1401 N SHORELINE BLVD., MOUNTAIN VIEW, CA 94043**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
C. GORDON BELL BOARD MEMBER	1.00	X					0.	0.	0.	
PEGGY BURKE BOARD MEMBER	1.00	X					0.	0.	0.	
LORI CRAWFORD BOARD MEMBER	1.00	X					0.	0.	0.	
ANDREA CUNNINGHAM BOARD MEMBER	1.00	X					0.	0.	0.	
MARK DEAN BOARD MEMBER	1.00	X					0.	0.	0.	
DONNA DUBINSKY BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID EMERSON BOARD MEMBER	1.00	X					0.	0.	0.	
EDWARD FEIGENBAUM BOARD MEMBER	1.00	X					0.	0.	0.	
ERIC HAHN BOARD MEMBER	1.00	X					0.	0.	0.	
DOTTY HAYES BOARD MEMBER	1.00	X					0.	0.	0.	
GARDNER HENDRIE BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES HOUSE BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID HOUSE BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTINE HUGHES BOARD MEMBER	1.00	X					0.	0.	0.	
PETER KARPAS BOARD MEMBER	1.00	X					0.	0.	0.	
DAVE MARTIN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MASHEY BOARD MEMBER	1.00	X						0.	0.	0.
DON MASSARO BOARD MEMBER	1.00	X						0.	0.	0.
IKE NASSI BOARD MEMBER	1.00	X						0.	0.	0.
SUHAS PATIL BOARD MEMBER	1.00	X						0.	0.	0.
BERNARD PEUTO BOARD MEMBER	1.00	X						0.	0.	0.
DAVE ROSSETTI BOARD MEMBER	1.00	X						0.	0.	0.
F. GRANT SAVIERS BOARD MEMBER	1.00	X						0.	0.	0.
LARRY SCHOENBERG BOARD MEMBER	1.00	X						0.	0.	0.
JOHN SHOCH BOARD MEMBER	1.00	X						0.	0.	0.
LEONARD SHUSTEK BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>990,987.</b>	<b>0.</b>	<b>28,794.</b>

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VAN SICKLE & ROLLERI, LTD 40 NORTH MAIN STREET, MEDFORD, NJ 08055	EXHIBIT DESIGN SERVICES	271,814.
MARK HORTON ARCHITECTURE 101 SOUTH PARK, SAN FRANCISCO, CA 94107	EXHIBIT DESIGN, DEVELOPMENT & ARCHIT	100,143.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	357,550.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	54,107.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,276,917.				
	g Noncash contributions included in lines 1a-1f \$		43,468.				
	h Total. Add lines 1a-1f		2688574.				
	Program Service Revenue	2 a LECTURE SERIES	Business Code 900099	61,707.	61,707.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			61,707.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		605,963.			605,963.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	824869.				
		(ii) Personal					
		b Less: rental expenses	62,439.				
		c Rental income or (loss)	762430.				
	d Net rental income or (loss)		762,430.			762,430.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	751650.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	756969.				
		c Gain or (loss)	<5,319.>				
	d Net gain or (loss)		<5,319.>			<5,319.>	
	8 a Gross income from fundraising events (not including \$ 357,550. of contributions reported on line 1c). See Part IV, line 18	a	32,200.				
		b Less: direct expenses	181832.				
c Net income or (loss) from fundraising events			<149,632.>			<149632.>	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	58,484.			58,484.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		58,484.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4022207.	61,707.	0.	1,271,926.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	834,737.	455,887.	135,923.	242,927.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,338,645.	1,413,065.	549,223.	376,357.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	314,863.	181,653.	73,050.	60,160.
10 Payroll taxes	253,757.	149,597.	54,970.	49,190.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	61,835.		61,835.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	503,446.	411,060.	14,191.	78,195.
12 Advertising and promotion	55,918.			55,918.
13 Office expenses	153,149.		95,208.	57,941.
14 Information technology	140,965.	33,195.	87,985.	19,785.
15 Royalties				
16 Occupancy	532,306.	505,966.	15,494.	10,846.
17 Travel	9,232.	8,734.	105.	393.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,149.		21,149.	
20 Interest	165,814.	165,814.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	968,777.	904,743.	44,739.	19,295.
23 Insurance	23,947.	12,380.	11,567.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>ARTIFACT COLLECTION</b>	151,959.	151,959.		
b <b>OTHER OUTREACH PROGRAMS</b>	135,822.	135,822.		
c <b>LECTURE SERIES &amp; FELLOW</b>	49,703.	49,703.		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,716,024.	4,579,578.	1,165,439.	971,007.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	13,569,571.	2	12,163,136.
	3	Pledges and grants receivable, net	5,960,243.	3	5,266,070.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	120,704.	9	162,614.
	10a	Land, buildings, and equipment: cost basis	10a 34,779,723.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 6,055,231.	10c	28,724,492.
	11	Investments - publicly traded securities	20,315,212.	11	13,400,118.
	12	Investments - other securities. See Part IV, line 11	6,349,016.	12	5,534,407.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	703,101.	14	472,960.
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	76,128,834.	16	65,723,797.	
Liabilities	17	Accounts payable and accrued expenses	655,899.	17	445,352.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	7,000,000.	20	7,000,000.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,655,899.	26	7,445,352.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	52,300,077.	27	42,189,793.
	28	Temporarily restricted net assets	2,578,496.	28	2,285,284.
	29	Permanently restricted net assets	13,594,362.	29	13,803,368.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	68,472,935.	33	58,278,445.	
34	<b>Total liabilities and net assets/fund balances</b>	76,128,834.	34	65,723,797.	

**Part XI Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

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

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

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMPUTER HISTORY MUSEUM**

Employer identification number

**77-0507525**

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

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

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

  - (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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,789,867.	20,926,585.	2,949,744.	3,419,374.	2,688,574.	32,774,144.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	2,789,867.	20,926,585.	2,949,744.	3,419,374.	2,688,574.	32,774,144.
<b>5</b> 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)						21,974,608.
<b>6 Public Support.</b> Subtract line 5 from line 4						10,799,536.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	2,789,867.	20,926,585.	2,949,744.	3,419,374.	2,688,574.	32,774,144.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,062,821.	1,506,664.	1,695,961.	2,013,895.	1,430,832.	7,710,173.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			4,999.	10,799.	58,484.	74,282.
<b>11 Total support.</b> Add lines 7 through 10						40,558,599.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	580,353.
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	26.63 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	45.53 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 checked="" type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First five years.** If the Form 990 is for the organization's first, second, 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**

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

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

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

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

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or 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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**COMPUTER HISTORY MUSEUM**

Employer identification number

**77-0507525**

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table.

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,722,627.				
b Contributions	215,256.				
c Investment earnings or losses	<6,797,428.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	129,5297.				
f Administrative expenses	12,466.				
g End of year balance	27,832,692.				

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

- a Board designated or quasi-endowment ▶ 50.41 %
- b Permanent endowment ▶ 49.59 %
- c Term endowment ▶ .00 %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	11,500,000.			11,500,000.
b Buildings	22,489,823.		5,627,403.	16,862,420.
c Leasehold improvements				
d Equipment	630,700.		373,933.	256,767.
e Other	159,200.		53,895.	105,305.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ 28,724,492.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,022,207.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,716,024.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,693,817.>
4	Net unrealized gains (losses) on investments	4	<7,297,082.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<203,591.>
9	Total adjustments (net). Add lines 4-8	9	<7,500,673.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<10,194,490.>

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

1	Total revenue, gains, and other support per audited financial statements	1	<2,993,104.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<7,297,082.>
b	Donated services and use of facilities	2b	37,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<7,259,582.>
3	Subtract line 2e from line 1	3	4,266,478.
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	
b	Other (Describe in Part XIV)	4b	<244,271.>
c	Add lines 4a and 4b	4c	<244,271.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,022,207.

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

1	Total expenses and losses per audited financial statements	1	6,997,795.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	37,500.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	244,271.
e	Add lines 2a through 2d	2e	281,771.
3	Subtract line 2e from line 1	3	6,716,024.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,716,024.

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**ACQUISITION OF COLLECTION ITEMS: -203591.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**DIRECT COSTS - SPECIAL EVENTS: -181832.**

**RENTAL EXPENSES: -62439.**





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		FELLOWS AWARDS DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	389,750.		389,750.
	2	Less: Charitable contributions	357,550.		357,550.
	3	Gross revenue (line 1 minus line 2)	32,200.		32,200.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	181,832.		181,832.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 181,832.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			<149,632.>

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

**15a**

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

**c** If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

**17a**

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2008**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMPUTER HISTORY MUSEUM**

Employer identification number

**77-0507525**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

**7** For 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

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

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008



**SCHEDULE J-2**

(Form 990)

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

**COMPUTER HISTORY MUSEUM**

Employer Identification number

**77-0507525**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HEIDI SINCLAIR BOARD MEMBER	1.00	X						0.	0.	0.
STEVE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD TEDLOW BOARD MEMBER	1.00	X						0.	0.	0.
L. CURTIS WIDDOES, JR. BOARD MEMBER	1.00	X						0.	0.	0.
MITCH ZIMMERMAN BOARD MEMBER	1.00	X						0.	0.	0.
JOHN HOLLAR PRESIDENT & CEO	55.00	X		X				119,077.	0.	4,187.
KARAE LISLE CMO & VP PUBLIC PROGRAMS	50.00			X				127,438.	0.	616.
ROBERT SANGUEDOLCE VP INFORMATION SYSTEMS	50.00			X				102,036.	0.	4,926.
KIRSTEN TASHEV VP COLLECTIONS & EXHIBIT	45.00			X				106,330.	0.	606.
GARY MATSUSHITA VP OPERATIONS	45.00			X				109,533.	0.	9,519.
GARY MALONE VP CAPITAL CAMPAIGN/PRIN	40.00			X				98,881.	0.	5,896.
DENNIS MAHONEY CFO	20.00			X				64,950.	0.	0.
JOHN C. TOOLE CEO	55.00					X		262,742.	0.	3,044.

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047  
2008  
Open to Public Inspection

Name of the organization

**COMPUTER HISTORY MUSEUM**

Employer identification number  
**77-0507525**

**Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
ASSOCIATION OF BAY AREA A GOVERNMENTS FINANCE AUTH94-313012300037CE09			10/01/02	25,000,000	TO BUY ITS LAND AND BUILDING IN MOUNTA		X		X
B									
C									
D									
E									

**Part II Proceeds (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										

9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

**Part III Private Business Use (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

832721 12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

**2008**  
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Inspection

▶ Attach to Form 990.

Name of the organization **COMPUTER HISTORY MUSEUM** Employer identification number **77-0507525**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>WINE</u> )	X	1	25,000.FMV	
26 Other ▶ ( <u>COMPUTERS</u> )	X	1	16,420.FMV	
27 Other ▶ ( <u>DELL STUDIO L</u> )	X	1	2,048.FMV	
28 Other ▶ ( )				

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

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

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

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**2008**Open to Public  
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Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE COMPUTER HISTORY MUSEUM (CHM) IN MOUNTAIN VIEW, CALIF., IS A  
NONPROFIT ORGANIZATION INCORPORATED IN 1999, WITH A 25-YEAR HISTORY AS  
PART OF THE COMPUTER MUSEUM IN BOSTON, MASS. THE MUSEUM IS DEDICATED TO  
THE PRESERVATION AND CELEBRATION OF COMPUTING HISTORY AND THE  
EXPLORATION OF ITS SOCIAL IMPACT.

THE MUSEUM'S PHYSICAL COLLECTION PROVIDES A RICH VARIETY OF  
INFORMATION, EXHIBITS, RESEARCH AND A VAST LIBRARY OF ONLINE MULTIMEDIA  
CONTENT. THE MUSEUM'S VISITORSHIP IS APPROACHING 100,000 PHYSICAL  
VISITORS ANNUALLY ON ITS MOUNTAIN VIEW, CALIFORNIA, CAMPUS AND MORE  
THAN 1 MILLION UNIQUE VISITORS A YEAR TO ITS CYBER MUSEUM  
(WWW.COMPUTERHISTORY.ORG) AND ITS RICH AND EDUCATIONAL YOUTUBE CHANNEL  
(WWW.YOUTUBE.COM/COMPUTERHISTORY).

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS****A. COLLECTIONS****THE MUSEUM'S COLLECTIONS AND RESEARCH ACTIVITIES INCLUDE:**

-A PHYSICAL COLLECTION THAT INCLUDES MORE THAN 5,000 LINEAR FEET OF  
DOCUMENTATION RELATED TO THE HISTORY OF COMPUTING, 35,000 ARTIFACTS,  
3,000 MOVING IMAGES, 10,000 SOFTWARE TITLES, AND 20,000 PHOTOGRAPHS,  
ALL OF WHICH IS BEING INDEXED AND MADE FULLY AVAILABLE ON  
WWW.COMPUTERHISTORY.ORG. IN 2009, THE MUSEUM LAUNCHED WEB PAGES

HIGHLIGHTING KEY HISTORIC EVENTS AND DOCUMENTS, INCLUDING EARLY APPLE

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

CORPORATION BUSINESS DOCUMENTS AND AN ORAL HISTORY CAPTURING THE EVENING OF OCTOBER 29, 1969 WHEN THE FIRST DATA TRAVELLED BETWEEN TWO NODES OF THE ARPANET, A KEY ANCESTOR TO THE INTERNET.

- THE MUSEUM'S COLLECTION CONTINUES TO GROW ANNUALLY AND IN 2009, THE MUSEUM ACCEPTED NEW HISTORIC COLLECTIONS FROM OVER 340 INDIVIDUALS AND ORGANIZATIONS.

-RESTORATIONS AND SIMULATIONS MAKING COMPUTERS AND APPLICATIONS COME ALIVE, INCLUDING FULLY WORKING MODELS OF THE IBM 1620, THE PDP-1, AN IBM 1401 AND AN IBM RAMAC DISK DRIVE.

-MORE THAN 300 VIDEOTAPED AND TRANSCRIBED ORAL HISTORIES THAT CAPTURE THE STORIES OF PIONEERS AND PARTICIPANTS IN THEIR OWN WORDS.

-CONTENT CREATION, INCLUDING AN ANNUAL IN-HOUSE MAGAZINE ("CORE"), ANNUAL COMPUTER-ORIENTED PUBLICATIONS SUCH AS BOOKS AND CALENDARS FOCUSING ON A PARTICULAR ASPECT OF HISTORY, ONLINE EXHIBITS, AND DIGITAL STREAMING OF ALL MUSEUM EVENTS ON OUR YOUTUBE CHANNEL ([WWW.YOUTUBE.COM/COMPUTERHISTORY](http://WWW.YOUTUBE.COM/COMPUTERHISTORY)).

-HISTORICAL RESEARCH, BOTH INDEPENDENTLY AND JOINTLY CONDUCTED WITH UNIVERSITIES AND CORPORATIONS AND BY SCHOLARS-IN-RESIDENCE. THE OUTPUT OF THIS RESEARCH INCLUDES CONTRIBUTIONS TO SCHOLARLY JOURNALS, SUCH AS THE IEEE ANNALS OF THE HISTORY OF COMPUTING.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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**2008**

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Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

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

**B. EXHIBITIONS**

IN 2009, THE MUSEUM COMPLETED THE DESIGN OF A NEW, MAJOR 25,000 SQUARE FOOT EXHIBITION REVOLUTION: THE FIRST 2000 YEARS OF COMPUTING TO OPEN IN LATE 2010. THIS EXHIBITION WILL TELL THE STORY OF COMPUTING FROM THE ABACUS TO THE INTERNET AND BEYOND. IN THE EXHIBIT, VISITORS WILL BE ABLE TO HEAR THE STORIES OF COMPUTER PIONEERS, SEE THE COMPUTERS THEY INVENTED AND DISCOVER THE STORIES THAT SHAPE COMPUTER HISTORY.

CURRENT INTERPRETIVE EXHIBITS IN THE PHYSICAL MUSEUM INCLUDE:

-VISIBLE STORAGE: MORE THAN 600 HIGHLIGHTS FROM THE MUSEUM'S COLLECTION OF UNIQUE COMPUTER ARTIFACTS. THE EXHIBIT RANGES FROM RARE SLIDE RULES AND MECHANICAL CALCULATORS TO THE EARLIEST ONE-OF-A-KIND COMPUTERS, VINTAGE PCS, HISTORICAL FIRSTS AND RARE SUPERCOMPUTERS. THIS EXHIBITION WILL CLOSE IN FEBRUARY 2010 IN PREPARATION FOR THE NEW EXHIBITION, REVOLUTION: THE FIRST 2,000 YEARS OF COMPUTING TO OPEN IN LATE 2010.

- INNOVATION IN THE VALLEY: AN EXHIBIT ABOUT THE INNOVATORS OF SILICON VALLEY WHO HAVE REVOLUTIONIZED COMPUTING, INCLUDING STORIES FROM SUCH LEGENDARY COMPANIES AS ADOBE, APPLE, CISCO, HP, INTEL, PALM AND SUN MICROSYSTEMS. THIS EXHIBIT FEATURES AN 8-MINUTE FILM CALLED SILICON ENGINE WHICH WAS PRODUCED IN 2009 EXCLUSIVELY BY THE MUSEUM IN A THREE-SCREEN FORMAT TO TELL THE STORY OF THE INVENTION AND EVOLUTION OF

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

THE INTEGRATED CIRCUIT AND THE WORLD-CHANGING DEVELOPMENT OF  
SEMICONDUCTOR TECHNOLOGY.

-THE BABBAGE DIFFERENCE ENGINE NO. 2: A STUNNING PHYSICAL EXHIBIT OF  
CHARLES BABBAGE'S VINTAGE DIFFERENCE ENGINE NO. 2, ONE OF THE EARLIEST  
DESIGNS FOR AN AUTOMATIC COMPUTING ENGINE, AND ONE OF ONLY TWO SUCH  
MACHINES EVER BUILT. THE EXHIBIT PROGRAM INCLUDES DAILY TOURS AND  
DOCENT-LED DEMONSTRATIONS.

-MASTERING THE GAME: AN EXPLORATION OF COMPUTING HISTORY'S  
FIVE-DECADE-LONG QUEST TO BUILD A COMPUTER THAT COULD CHALLENGE THE  
BEST HUMAN CHESS PLAYERS. THE EXHIBIT ENABLES VISITORS TO LEARN THE  
BASICS OF DESIGNING COMPUTER CHESS SOFTWARE, LISTEN TO COMPUTER CHESS  
PIONEERS AND WATCH DRAMATIC FOOTAGE FROM THE 1997 MATCH IN WHICH IBM'S  
DEEP BLUE SYSTEM DEFEATED THE GRAND MASTER AND WORLD CHESS CHAMPION  
GARRY KASPAROV.

THE MUSEUM ALSO FEATURES A SIGNIFICANT ONLINE PRESENCE:

THE COMPUTER HISTORY MUSEUM OFFERS A RICH MULTIMEDIA EXPERIENCE TO MORE  
THAN 1.5 MILLION VISITORS ANNUALLY THROUGH ITS WEBSITE AT  
WWW.COMPUTERHISTORY.ORG. THE WEBSITE FEATURES A WIDE VARIETY OF  
CONTENT RELATED TO THE HISTORY OF COMPUTING, THE IMPACT OF COMPUTING ON  
SOCIETY AND THE FUTURE OF INNOVATION. ONLINE EXHIBITS SUCH AS "VISIBLE  
STORAGE ONLINE", "THE BABBAGE ENGINE" AND "MASTERING THE GAME"

COMPLEMENT THE MUSEUM'S PHYSICAL EXHIBITS. OTHER WEB EXHIBITS SUCH AS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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**2008**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

"THE SILICON ENGINE", "SELLING THE COMPUTER REVOLUTION", "THIS DAY IN HISTORY" AND "THE TIMELINE OF COMPUTER HISTORY" ARE AVAILABLE ONLY THROUGH THE INTERNET AND BRING THE MUSEUM TO VIRTUAL VISITORS AROUND THE WORLD. THE MUSEUM'S VAST COLLECTION'S CATALOG IS NOW FULLY INDEXED AND SEARCHABLE TO THE ITEM LEVEL THROUGH THE WEBSITE'S "CATALOG SEARCH" FEATURE, PROVIDING VISITORS, STUDENTS AND RESEARCHERS UNPARALLELED ACCESS TO THE MUSEUM'S UNIQUE STOREHOUSE OF ARTIFACTS AND INFORMATION. IN ADDITION, THE MUSEUM HAS EXTENDED ITS WEB PRESENCE ONTO YOUTUBE WITH A COMPUTER HISTORY CHANNEL BRINGING HUNDREDS OF HOURS OF HISTORIC FILMS AND MUSEUM LECTURE VIDEOS TO MORE THAN 600,000 VISITORS ANNUALLY AT WWW.YOUTUBE.COM/COMPUTERHISTORY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

**C. EDUCATION AND PUBLIC PROGRAMS**

THE MUSEUM ENHANCES ITS EXHIBITIONS AND DISPLAYS THROUGH A VARIETY OF EDUCATIONAL ACTIVITIES, ALLOWING VISITORS TO LEARN ABOUT THE PEOPLE AND STORIES BEHIND THE INNOVATIONS, AND TO THINK ABOUT THEM IN TERMS OF THEIR IMPACT ON THE HUMAN EXPERIENCE, IN THE PAST, PRESENT, AND FUTURE. AMONG THE EDUCATIONAL OPTIONS OFFERED TO VISITORS ARE:

DOCENT TOURS: OFFERED TO THE GENERAL PUBLIC 11 TIMES WEEKLY, WITH ADDITIONAL TOURS OFFERED TO SCHOOLS AND PRIVATE GROUPS ON REQUEST. IN 2009, 685 TOURS WERE OFFERED, TO A TOTAL OF 12,128 VISITORS; OF THESE, 10 TOURS WERE FOR K-12 SCHOOL GROUPS.

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**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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ARTIFACT DEMONSTRATIONS: DOCENT-LED DEMONSTRATIONS OF, AND INTERACTIVE DISCUSSIONS ABOUT, THE BABBAGE DIFFERENCE ENGINE, THE DEC PDP-1, AND VINTAGE PERSONAL COMPUTERS PROVIDING VISITORS WITH FIRST-HAND EXPERIENCE OF HISTORIC OBJECTS. IN 2009, 13,283 VISITORS PARTICIPATED IN BABBAGE ENGINE DEMONSTRATIONS, AND 1,151 IN DEMONSTRATIONS OF THE PDP-1.

IN ADDITION TO THE ABOVE PROGRAMS, THE MUSEUM WORKS WITH "BEYOND THE BELL," AN AFTERSCHOOL PROGRAM FOR LOW-INCOME STUDENTS IN THE MOUNTAIN VIEW WHISMAN SCHOOL DISTRICT, TO DELIVER INTERACTIVE WORKSHOPS ABOUT COMPUTER HISTORY. THESE WORKSHOPS BUILD ON STATE CONTENT STANDARDS AND OFFER STUDENTS OPPORTUNITIES TO INTERACT WITH OBJECTS AND PEOPLE AT THE MUSEUM, AND TO ENGAGE IN 21ST CENTURY SKILLS SUCH AS CRITICAL THINKING, PROBLEM SOLVING, AND COLLABORATION, AS THEY LEARN ABOUT CONCEPTS FROM SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH IN THE CONTEXT OF COMPUTER HISTORY.

THE MUSEUM IS ENGAGED IN A LONG-TERM EFFORT TO ASSESS THE LEARNING OUTCOMES OF OUR EDUCATIONAL PROGRAMS, CONDUCTING EXTENSIVE EVALUATIONS OF OUR EXHIBITIONS AND OUR VISITORS' LEARNING EXPERIENCES, IN ORDER TO ENSURE THAT OUR TEACHING AND EXHIBITION METHODS ARE IN ACCORDANCE WITH SCHOLARSHIP AND RESEARCH ABOUT LEARNING ABOUT STEM- AND HISTORY-RELATED SUBJECTS, AS IT OCCURS IN INFORMAL ENVIRONMENTS.

ARISING OUT OF THE MUSEUM'S MISSION TO INSPIRE INNOVATION AND CREATIVITY IN THE NEXT GENERATION OF COMPUTER USERS AND INNOVATORS, THE

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MUSEUM PRESENTS AND PARTICIPATES IN EVENTS FOR FAMILIES AND STUDENT GROUPS. IN 2009, THESE INCLUDED A SHOWING OF THE DOCUMENTARY FILM "WHIZ KIDS," ABOUT HIGH SCHOOL STUDENTS COMPETING IN THE INTEL SCIENCE FAIR; A PRESENTATION BY HARVARD BUSINESS SCHOOL BUSINESS HISTORIAN RICHARD TEDLOW ABOUT THE LIFE AND CAREER OF INTEL FOUNDER ANDY GROVES; A REUNION OF GRADUATES FROM THE SEMI FOUNDATION'S "HIGH TECH U" PROGRAM; AND PRESENTATIONS BY MUSEUM STAFF AND DOCENT DEMONSTRATIONS OF A MUSEUM ARTIFACT AT THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.

-FELLOW AWARDS: FOR MORE THAN 20 YEARS, THE MUSEUM HAS INDUCTED 2 TO 3 COMPUTING PIONEERS ANNUALLY INTO ITS HALL OF FELLOWS AND HONORED THEM AT A YEARLY FELLOW AWARDS GALA. MUSEUM FELLOWS ARE INDIVIDUALS WHO HAVE MADE REVOLUTIONARY AND LASTING CONTRIBUTIONS TO THE DEVELOPMENT OF COMPUTING. THE WEEK OF FELLOWS EVENTS OFTEN INCLUDES A PUBLIC LECTURE OR WORKSHOP BY HONOREES AND THE CAPTURING OF FELLOWS' ORAL HISTORIES IN CONNECTION WITH THE AWARDS PROGRAM. IN 2009 WE HONORED THE FOLLOWING INDIVIDUALS:

-ROBERT R. EVERETT FOR HIS WORK ON THE MIT WHIRLWIND AND SAGE COMPUTER SYSTEMS AND A LIFETIME DIRECTING ADVANCED RESEARCH AND DEVELOPMENT PROJECTS.

-DON CHAMBERLIN FOR HIS FUNDAMENTAL WORK ON STRUCTURED QUERY LANGUAGE (SQL) AND DATABASE ARCHITECTURES.

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-THE TEAM OF FEDERICO FAGGIN, MARCIAN "TED" HOFF, STANLEY MAZOR AND MASATOSHI SHIMA FOR THEIR WORK ON THE INTEL 4004, THE WORLD'S FIRST COMMERCIAL MICROPROCESSOR.

-LECTURES AND EVENTS: THE MUSEUM HOSTS 15 TO 20 LECTURES AND PUBLIC PROGRAMS ANNUALLY FEATURING LEADING INNOVATORS; INDUSTRY GIANTS, OPINION LEADERS, EXPERTS, ENGINEERS AND SCIENTISTS WHO SHARE THEIR PERSONAL STORIES AND INSIGHTS ABOUT DEVELOPMENTS, EVENTS AND DISCOVERIES THAT HAVE SHAPED THE HISTORY AND EVOLUTION OF COMPUTER TECHNOLOGY. THE MUSEUM ALSO FREQUENTLY HOSTS OTHER SIGNIFICANT EVENTS THAT HIGHLIGHT AND HONOR THE HISTORY OF COMPUTERS AND CELEBRATE MAJOR INDUSTRY MILESTONES AS THEY OCCUR.

IN 2009, MORE THAN 1,000 PEOPLE ATTENDED PROGRAMS DURING THE WEEK-LONG CHM IC@50 CELEBRATION, WHICH MARKED THE 50TH BIRTHDAY OF THE INTEGRATED CIRCUIT (IC). THE IC@50 EVENTS WERE THE CAPSTONE OF THE MUSEUM'S YEAR-LONG SALUTE TO THE SEMICONDUCTOR PROGRAM. THE IC@50 EVENTS INCLUDED EVENING LECTURES BY INDUSTRY PIONEERS GORDON MOORE, JAY LAST, JAY LAYTHROP, AND CHARLES PHIPP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
OTHER PROGRAMS (STORE, VOLUNTEER, CORE, BOND COSTS)  
EXPENSES \$ 648360. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RENTAL EVENTS, EDUCATION, EXHIBITS

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FORM 990, PART VI, SECTION A, LINE 2: LEONARD SHUSTEK & DONNA DUBINSKY:

MARRIED BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: THE MUSEUM'S ACCOUNTING FIRM

FORWARDS THE FORM 990 TO THE CONTROLLER. THE CFO, CEO AND CONTROLLER REVIEW THE FORM AND FORWARD IT ON TO THE CHAIRMAN OF THE BOARD, THE CHAIR OF THE FINANCE COMMITTEE, THE CHAIR OF THE AUDIT COMMITTEE AND THE FORM IS ALSO POSTED ON THE TRUSTEE INTRANET SITE WHICH IS USED FOR ALL TRUSTEE COMMUNICATION OF INFORMATION AND DOCUMENTS. THE TRUSTEES ARE ENCOURAGED TO FORWARD ANY QUESTIONS TO THE CFO AND CONTROLLER WHO WILL REVIEW AND ADDRESS THE QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM ASKS ALL OF THE

TRUSTEES, OFFICERS AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST ACKNOWLEDGEMENT ANNUALLY. IF A CONFLICT IS DISCLOSED A COMMITTEE IS FORMED COMPRISED OF THE CHAIRMAN OF THE BOARD OF TRUSTEES OR THE CHAIR OF THE AUDIT COMMITTEE AND SUCH OTHER TRUSTEES AS THE CHAIRMAN OF THE BOARD OF TRUSTEES MAY DESIGNATE. THE COMMITTEE WILL CONSIDER THE MATTER AND DETERMINE WHAT IF ANY ACTION SHOULD BE TAKEN BY THE TRUSTEE, OFFICER, KEY EMPLOYEE OR BY THE BOARD IN ORDER TO DEAL WITH THE MATTER. ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES COMPLETE THE CONFLICT OF INTEREST ACKNOWLEDGEMENT PRIOR TO TAKING THEIR SEAT OR POSITION.

FORM 990, PART VI, SECTION B, LINE 15:

CEO:

ANNUALLY THE COMPENSATION COMMITTEE NEGOTIATES PERFORMANCE OBJECTIVES WITH

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THE CEO. THOSE OBJECTIVES ARE MEASURABLE AND QUANTITATIVE. THEY ARE USED TO DETERMINE THE PERFORMANCE OF THE CEO. IN ADDITION, EVERY 1-2 YEARS THE COMPENSATION COMMITTEE COMMISSIONS A STUDY OF COMPARABLE POSITIONS WITHIN OTHER NON-PROFITS. THE COMBINATION OF THE MARKET LEVELING AND THE PERFORMANCE TO GOALS IS THEN USED TO DETERMINE ANY BONUS OR SALARY INCREASE. THE CHANGE IN COMPENSATION IS APPROVED BY THE EXECUTIVE BOARD WITH A RECOMMENDATION FROM THE COMPENSATION COMMITTEE.

SENIOR STAFF:

THE CEO CREATES RECOMMENDATIONS FOR THE INCREASE AND COMPENSATION FOR EACH OF HIS DIRECT REPORTS. THESE ARE REVIEWED BY THE COMPENSATION COMMITTEE TO DETERMINE THAT THEY ARE EQUITABLE AND IN LINE WITH MARKET GUIDELINES.

ALL STAFF:

THE CEO CREATES A BUDGET FOR INCREASES THAT IS REVIEWED BY THE COMPENSATION COMMITTEE AND APPROVED FOR ALIGNMENT WITH OVERALL MARKET GUIDELINES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C, AUDIT ROLE

THE ROLE OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

**SCHEDULE O**  
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ASSOCIATION OF BAY AREA GOVERNMENTS FINANCE AUTHORITY FOR NONPROFIT CORP.

**(F) DESCRIPTION OF PURPOSE:**

TO BUY ITS LAND AND BUILDING IN MOUNTAIN VIEW, CA AND RENOVATE FACILITIES.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b> Type or print File by the extended due date for filing the return See instructions	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
	Name of Exempt Organization <b>COMPUTER HISTORY MUSEUM</b>	Employer identification number <b>77-0507525</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1401 N SHORELINE BLVD.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOUNTAIN VIEW, CA 94043</b>	

- Check type of return to be filed** (File a separate application for each return):
- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**COMPUTER HISTORY MUSEUM**

- The books are in the care of **▶ 1401 N SHORELINE BLVD. - MOUNTAIN VIEW, CA 94043**  
 Telephone No. **▶ (650) 810-1010**      FAX No. **▶ \_\_\_\_\_**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 17, 2010**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**THE TAXPAYER'S AFFAIRS ARE QUITE COMPLEX. ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ *Kevin C. Bentley*** Title **▶ CPA** Date **▶ 2/12/10**

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

OMB No. 1545-1709

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

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

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>COMPUTER HISTORY MUSEUM</b>	Employer identification number <b>77-0507525</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1401 N SHORELINE BLVD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOUNTAIN VIEW, CA 94043</b>	

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

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

**COMPUTER HISTORY MUSEUM**

- The books are in the care of ▶ **1401 N SHORELINE BLVD. - MOUNTAIN VIEW, CA 94043**  
Telephone No ▶ **(650)810-1010** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)