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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

Form header section containing: B Check if applicable, C Name of organization (COMPUTER HISTORY MUSEUM), D Employer identification number (77-0507525), E Telephone number (650-810-1010), F Name and address of principal officer (MARGIE BELL), G Gross receipts (\$8,310,659), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), H(c) Group exemption number, I Tax-exempt status (501(c)(3)), J Website (WWW.COMPUTERHISTORY.ORG), K Form of organization (Corporation), L Year of formation (1999), M State of legal domicile (CA).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (TO PRESERVE AND CELEBRATE COMPUTER HISTORY AND EXPLORE ITS SOCIAL IMPACT), membership counts, revenue breakdown (Total revenue: 7,679,814), expense breakdown (Total expenses: 7,015,968), and net assets (Total assets: 70,143,656).

Part II Signature Block

Signature block section with declaration: 'Under penalties of perjury, I declare that I have examined this return...'. Includes signature of Margie Bell, CFO, dated 5/13/11.

Preparer information section: Preparer's signature (Hymn G. Heuley), Date (MAY 12 2011), Firm's name (HOOD & STRONG LLP, CPAS), Address (100 FIRST STREET, 14TH FLOOR, SAN FRANCISCO, CA 94105), and Phone no. ((415) 781-0793).

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

Part III Statement of Program Service Accomplishments

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? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

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

4 Describe the 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 \$ 1,651,509. including grants of \$ ) (Revenue \$ )
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,712,554. including grants of \$ ) (Revenue \$ )
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 1,269,832. including grants of \$ ) (Revenue \$ 280,087. )
SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
(Expenses \$ 623,287. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 5,257,182.

**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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school 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 United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
14b			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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	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	38	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<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	60	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	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>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<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>4b</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>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<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>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
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	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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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		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.
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.
JOHN SHOCH BOARD MEMBER	1.00	X						0.	0.	0.
STEVE SMITH 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.
<b>1b Total</b>								<b>830,132.</b>	<b>0.</b>	<b>100,139.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARK HORTON ARCHITECTURE 101 SOUTH PARK, SAN FRANCISCO, CA 94107	EXHIBIT DESIGN, DEVELOPMENT & ARCHIT	294,486.
IMPACT MEDIA GROUP, INC., 1414 SOQUEL AVENUE, SUITE 102, SANTA CRUZ, CA 95062	MINI MOVIE PRODUCTIONS	255,104.
VAN SICKLE & ROLLERI, LTD 40 NORTH MAIN STREET, MEDFORD, NJ 08055	EXHIBIT DESIGN SERVICES	231,512.
SECOND STORY, INC., 714 NORTH FREMONT STREET #200, PORTLAND, OR 97227	WEB EXHIBITION PROGRAMMING & CONSTR	124,492.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	222,500.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	89,271.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	594,134.6.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		476,262.				
	<b>h Total.</b> Add lines 1a-1f		625,311.7.				
	<b>Program Service Revenue</b>	<b>2 a</b> LECTURE SERIES	<b>Business Code</b>	280,087.	280,087.		
		900099					
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		280,087.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		479,632.			479,632.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	69,225.0.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	48,905.				
		<b>c</b> Rental income or (loss)	643,345.				
	<b>d</b> Net rental income or (loss)		643,345.			643,345.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	398,720.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	400,824.	6,632.			
		<b>c</b> Gain or (loss)	<2,104.>	<6,632.>			
	<b>d</b> Net gain or (loss)		<8,736.>			<8,736.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ 222,500. of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	153,150.				
		<b>b</b> Less: direct expenses	149,733.				
<b>c</b> Net income or (loss) from fundraising events			3,417.			3,417.	
<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	52,040.					
	<b>b</b> Less: cost of goods sold	24,751.					
	<b>c</b> Net income or (loss) from sales of inventory		27,289.	27,289.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME		900099	1,663.			1,663.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			1,663.				
<b>12 Total revenue.</b> See instructions.			767,981.4.	307,376.	0.	1,119,321.	

**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	1,017,224.	703,033.	189,558.	124,633.
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	2,493,444.	1,719,454.	363,417.	410,573.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	296,309.	231,602.	26,562.	38,145.
10 Payroll taxes	254,224.	175,422.	40,043.	38,759.
11 Fees for services (non-employees):				
a Management				
b Legal	1,023.		1,023.	
c Accounting	50,555.		50,555.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	149,990.	125,060.	6,563.	18,367.
12 Advertising and promotion	268,863.	151,867.		116,996.
13 Office expenses	49,583.	42,146.	4,958.	2,479.
14 Information technology	111,279.	81,859.	9,844.	19,576.
15 Royalties				
16 Occupancy	480,858.	459,117.	13,513.	8,228.
17 Travel	6,222.	111.	74.	6,037.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,191.	10,095.	5,048.	5,048.
20 Interest	84,198.	84,198.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	807,263.	583,067.	115,177.	109,019.
23 Insurance	50,105.	35,429.	11,988.	2,688.
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>	416,494.	416,494.		
b <b>LECTURE SERIES &amp; FELLOW</b>	352,164.	352,164.		
c <b>OTHER OUTREACH PROGRAMS</b>	53,906.	53,906.		
d <b>OTHER EXPENSES</b>	52,073.	32,158.	8,432.	11,483.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,015,968.	5,257,182.	846,755.	912,031.
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
<b>Assets</b>	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	12,163,136.	2 8,771,684.
	3	Pledges and grants receivable, net	5,266,070.	3 1,948,840.
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	162,614.	9 225,527.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,945,631.	
	b	Less: accumulated depreciation	10b 6,310,004.	10c 35,635,627.
	11	Investments - publicly traded securities	13,400,118.	11 12,290,434.
	12	Investments - other securities. See Part IV, line 11	5,534,407.	12 10,818,349.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets	472,960.	14 453,195.
	15	Other assets. See Part IV, line 11		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	65,723,797.	16 70,143,656.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	445,352.	17 2,192,210.
	18	Grants payable		18
	19	Deferred revenue		19 138,250.
	20	Tax-exempt bond liabilities	7,000,000.	20 7,000,000.
	21	Escrow or custodial 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 to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,445,352.	26 9,330,460.
<b>Net Assets or Fund Balances</b>	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	42,189,793.	27 39,134,882.
	28	Temporarily restricted net assets	2,285,284.	28 7,674,931.
	29	Permanently restricted net assets	13,803,368.	29 14,003,383.
	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>	58,278,445.	33 60,813,196.	
34	<b>Total liabilities and net assets/fund balances</b>	65,723,797.	34 70,143,656.	

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,926,585.	2,949,744.	3,419,374.	2,688,574.	6,631,682.	36,615,959.
<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 through 3	20,926,585.	2,949,744.	3,419,374.	2,688,574.	6,631,682.	36,615,959.
<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)						18,717,222.
<b>6 Public support.</b> Subtract line 5 from line 4						17,898,737.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	20,926,585.	2,949,744.	3,419,374.	2,688,574.	6,631,682.	36,615,959.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,506,664.	1,695,961.	2,013,895.	1,430,832.	1,085,435.	7,732,787.
<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.	53,703.	127,985.
<b>11 Total support.</b> Add lines 7 through 10						44,476,731.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	716,626.

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

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	40.24 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	26.63 %
<b>16a 33 1/3% support test - 2009.</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 checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</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 type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</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 - 2008.</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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

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

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

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

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

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or 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**

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

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**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?  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

- 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 the 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	27,832,692.	35,722,627.			
b Contributions	200,015.	215,256.			
c Net investment earnings, gains, and losses	2320706.	<6,797,428.			
d Grants or scholarships					
e Other expenditures for facilities and programs	5000000.	1295297.			
f Administrative expenses		12,466.			
g End of year balance	25,353,413.	27,832,692.			

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

- a Board designated or quasi-endowment  44.78 %
- b Permanent endowment  55.23 %
- c Term endowment  %

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	12,663,406.			12,663,406.
b Buildings	19,867,362.		5,558,801.	14,308,561.
c Leasehold improvements				
d Equipment	611,264.		368,486.	242,778.
e Other	8,803,599.		382,717.	8,420,882.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				35,635,627.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,679,814.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,015,968.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	663,846.
4	Net unrealized gains (losses) on investments	4	1,870,905.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,870,905.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,534,751.

**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	9,839,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,870,905.
b	Donated services and use of facilities	2b	65,480.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,936,385.
3	Subtract line 2e from line 1	3	7,903,203.
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	<223,389.>
c	Add lines 4a and 4b	4c	<223,389.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,679,814.

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

1	Total expenses and losses per audited financial statements	1	7,304,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	65,480.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	223,389.
e	Add lines 2a through 2d	2e	288,869.
3	Subtract line 2e from line 1	3	7,015,968.
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 must equal Form 990, Part I, line 18.)	5	7,015,968.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: ENDOWMENT:**

THE MUSEUM'S ENDOWMENT CONSISTS OF FOUR INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT THE OPERATIONS OF THE MUSEUM. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY U.S. GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**Part XIV** Supplemental Information (continued)**PART X: INCOME TAXES**

THE MUSEUM RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT THE MUSEUM IS BEING TREATED AS A TAX-EXEMPT ORGANIZATION, AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE MUSEUM IS EXEMPT FROM TAXES ON RELATED INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE.

MANAGEMENT EVALUATED THE MUSEUM'S TAX POSITIONS AND CONCLUDED THAT THE MUSEUM HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. SHOULD THE MUSEUM INCUR INTEREST AND PENALTIES RELATING TO TAX UNCERTAINTIES, SUCH AMOUNTS WOULD BE CLASSIFIED AS A COMPONENT OF INTEREST EXPENSE AND OPERATING EXPENSE, RESPECTIVELY. WITH FEW EXCEPTIONS, THE MUSEUM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2005.

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

DIRECT COSTS - SPECIAL EVENTS: -149733.

RENTAL EXPENSES: -48905.

COST OF GOODS SOLD: -24751.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT COSTS - SPECIAL EVENTS: 149733.

RENTAL EXPENSES: 48905.

COST OF GOODS SOLD: 24751.



**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	375,650.		375,650.	
	2	Less: Charitable contributions	222,500.		222,500.	
	3	Gross income (line 1 minus line 2)	153,150.		153,150.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	149,733.		149,733.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 149,733 )
	11	Net income summary. Combine line 3, column (d), and line 10				3,417.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash 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 line 1, column (d), and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain. \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

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? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

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

- a The organization's facility . . . . .
- b An outside facility . . . . .

<b>13a</b>		%
<b>13b</b>		%

**14** Enter 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? . . . . .

- 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 of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information.

Name ▶ \_\_\_\_\_

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

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

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

			Yes	No
<b>13a</b>		%		
<b>13b</b>		%		
<b>14</b>				
<b>15a</b>				
<b>16</b>				
<b>17a</b>				
<b>17b</b>				

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

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

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

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

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

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

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

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

**7** For 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

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

	Yes	No
1a		
1b		
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN HOLLAR	(i) 284,930.	0.	0.	47,000.	19,147.	351,077.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

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Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ 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	X		16,716.	FMV
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	394,631.	
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>ELECTRONICS</u> )	X	1	278,408.	FMV
26	Other ▶ ( <u>PRINTERS, SER</u> )	X	1	27,892.	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

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

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

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 2010, CHM CELEBRATED THE 50TH ANNIVERSARY  
OF PLATO, A GROUNDBREAKING COMPUTER SYSTEM DEVELOPED IN THE LATE 1970S,

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number  
77-0507525

WITH A 2 DAY LECTURE SERIES AND DEMONSTRATIONS. IN ADDITION, TWO  
HISTORIC PLATO TERMINALS WERE ACCEPTED INTO THE MUSEUM'S PERMANENT  
COLLECTION.

- THE MUSEUM'S COLLECTION CONTINUES TO GROW ANNUALLY AND IN 2010, THE  
MUSEUM ACCEPTED NEW HISTORIC COLLECTIONS FROM OVER 356 INDIVIDUALS AND  
ORGANIZATIONS. MANY OF THE ITEMS COLLECTED IN 2010 WERE IN SUPPORT OF  
THE LAUNCH OF CHM'S NEW PERMANENT EXHIBITION, REVOLUTION: THE FIRST  
2000 YEARS OF COMPUTING. INTERESTING ITEMS INCLUDE EARLY SMART PHONES  
SUCH AS THE I-MODE PHONE FROM JAPAN AND A LEXISNEXIS UBIQ TERMINAL.

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

-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).

-HISTORICAL RESEARCH, BOTH INDEPENDENTLY AND JOINTLY CONDUCTED WITH  
UNIVERSITIES AND CORPORATIONS AND BY SCHOLARS-IN-RESIDENCE. THE OUTPUT

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number  
77-0507525

OF THIS RESEARCH INCLUDES CONTRIBUTIONS TO SCHOLARLY JOURNALS, SUCH AS  
THE IEEE ANNALS OF THE HISTORY OF COMPUTING.

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

**B. EXHIBITIONS**

IN 2010, THE MUSEUM COMPLETED THE DESIGN AND BEGAN INSTALLATION OF A  
NEW, MAJOR 25,000 SQUARE FOOT EXHIBITION REVOLUTION: THE FIRST 2000  
YEARS OF COMPUTING TO OPEN TO THE GENERAL PUBLIC IN EARLY JANUARY 2011.  
THIS EXHIBITION TELLS 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.

INTERPRETIVE EXHIBITS IN THE PHYSICAL MUSEUM INCLUDE:

- REVOLUTION: THE FIRST 2000 YEARS OF COMPUTING  
EVERYONE USES COMPUTERS. FEW KNOW THE STORY OF HOW THEY CAME TO BE.  
REVOLUTION CHRONICLES THE EVOLUTION AND IMPACT OF MODERN COMPUTING FROM  
THE ABACUS TO THE SMART PHONE. THIS 25,000 SQ. FT MULTIMEDIA EXPERIENCE  
IS A TECHNOLOGICAL WONDERLAND THAT IMMERSSES VISITORS IN THE SIGHTS,  
SOUNDS, AND STORIES OF THE COMPUTER REVOLUTION. REVOLUTION IS DESIGNED  
WITH 19 GALLERIES, EACH WITH AN ICON ARTIFACT THAT REFLECTS THE THEME  
OF THE GALLERY.

- BABBAGE DIFFERENCE ENGINE NO. 2: THE STORY OF THE FIRST COMPUTER

**PIONEER**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number  
77-0507525

CHARLES BABBAGE (1791-1871) DESIGNED THE FIRST MODERN PROGRAMMABLE  
COMPUTER - COMPLETE WITH A PRINTER - BUT HE FAILED TO BUILD IT.  
ENGINEERS AT THE LONDON SCIENCE MUSEUM FINALLY BUILT THE FIRST WORKING  
BABBAGE ENGINE IN 2002. THE BABBAGE DIFFERENCE ENGINE NO. 2 ON DISPLAY  
AT THE MUSEUM HAS 8,000 PARTS, WEIGHS FIVE TONS AND MEASURES 11 FEET IN  
LENGTH.

- MASTERING THE GAME: A HISTORY OF COMPUTER CHESS

THE HISTORY OF COMPUTER CHESS IS A FIVE-DECADE LONG QUEST, BEGINNING IN  
THE EARLIEST DAYS OF COMPUTING AND REFLECTING THE ONGOING ADVANCES IN  
HARDWARE AND SOFTWARE. CHESS PRESENTED THE PERFECT COMPUTING CHALLENGE:  
A SIMPLE SET OF RULES ENABLING GAMES OF STUPEFYING COMPLEXITY.

- PDP-1: THE MOUSE THAT ROARED

DIGITAL EQUIPMENT CORPORATION'S (DEC) PDP-1 WAS THE FIRST COMMERCIAL  
COMPUTERS DESIGNED TO INTERACT WITH A SINGLE USER. THE MUSEUM'S  
RESTORATION TEAM BROUGHT THE PDP-1 BACK TO WORKING CONDITION. THEY  
RETRIEVED DATA FROM ITS MAIN MEMORY, RESTORED ALL THE PERIPHERALS AND  
LOADED THE MACHINE WITH VINTAGE GAMES, INCLUDING SPACEWAR!

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

SOCIETY AND THE FUTURE OF INNOVATION. ONLINE EXHIBITS SUCH AS  
"REVOLUTION", "VISIBLE STORAGE ONLINE", "THE BABBAGE ENGINE" AND  
"MASTERING THE GAME" COMPLEMENT THE MUSEUM'S PHYSICAL EXHIBITS. OTHER  
WEB EXHIBITS SUCH AS "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 1 MILLION VISITORS ANNUALLY AT WWW.YOUTUBE.COM/COMPUTERHISTORY.

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

**C. EDUCATION AND 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.

IN 2010, THE MUSEUM LAUNCHED A COMPREHENSIVE DOCENT TRAINING PROGRAM,  
PREPARING 37 ADULT VOLUNTEERS TO UTILIZE PEDAGOGICAL BEST PRACTICES FOR  
TEACHING IN INFORMAL LEARNING ENVIRONMENTS AND TRAINING THEM IN THE

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number  
77-0507525

CONTENT OF "REVOLUTION", THE EXHIBITION THAT WAS UNDER DEVELOPMENT AT  
THE TIME. TRAINING CONSISTED OF 4 HOURS PER WEEK OF CLASS TIME FOR 25  
WEEKS, PLUS OUTSIDE ASSIGNMENTS, READING, AND SIGNIFICANT TIME FOR  
PRACTICING SKILLS NECESSARY FOR INQUIRY-BASED TEACHING IN A MUSEUM  
SETTING.

AMONG THE EDUCATIONAL OPTIONS OFFERED TO VISITORS ARE:

DOCENT TOURS: OFFERED TO THE GENERAL PUBLIC 10 TIMES WEEKLY, WITH  
ADDITIONAL TOURS OFFERED TO SCHOOLS AND PRIVATE GROUPS ON REQUEST. IN  
2010, 588 TOURS WERE OFFERED, TO A TOTAL OF 9,743 VISITORS; OF THESE,  
23 TOURS WERE FOR K-12 SCHOOL GROUPS.

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 2010, 12,449 VISITORS PARTICIPATED  
IN BABBAGE ENGINE DEMONSTRATIONS, AND 1,278 IN DEMONSTRATIONS OF THE  
PDP-1.

IN ADDITION TO THE ABOVE PROGRAMS, THE MUSEUM WORKS WITH "BEYOND THE  
BELL", AN AFTER SCHOOL 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,

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

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  
MUSEUM PRESENTS AND PARTICIPATES IN EVENTS FOR FAMILIES AND STUDENT  
GROUPS. IN 2010, THIS INCLUDED 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. ONLY 57 FELLOWS HAVE BEEN NAMED BY THE MUSEUM SINCE THE  
AWARDS' INCEPTION IN 1986.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

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.

- 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 2010, CHM CELEBRATED THE 50TH ANNIVERSARY OF PLATO, A GROUNDBREAKING  
COMPUTER SYSTEM DEVELOPED IN THE LATE 1970S, WITH A 2 DAY LECTURE  
SERIES AND DEMONSTRATIONS. IN ADDITION, TWO HISTORIC PLATO TERMINALS  
WERE ACCEPTED INTO THE MUSEUM'S PERMANENT COLLECTION. OTHER MILESTONES  
MARKED WITH MUSEUM EVENTS INCLUDED A FOUR-PART SERIES MARKING THE 40TH  
ANNIVERSARY OF THE EVENTS LEADING TO THE BIRTH OF THE INTERNET, AND A  
90-MINUTE INTERVIEW WITH FACEBOOK FOUNDER AND CEO MARK ZUCKERBERG ON  
THE DAY FACEBOOK ANNOUNCED THE ACTIVATION OF ITS 500 MILLIONTH USER  
ACCOUNT.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS (STORE, VOLUNTEER, CORE, BOND COSTS)

EXPENSES \$ 623287. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RENTAL EVENTS, EDUCATION, EXHIBITS

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

MARRIED BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: 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,

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMPUTER HISTORY MUSEUM

Employer identification number

77-0507525

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  
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.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**COMPUTER HISTORY MUSEUM**

Employer identification number

**77-0507525**

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

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

- If you're 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 Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return See instructions	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>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOUNTAIN VIEW, CA 94043</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- 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 15, 2011**.
- 5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 6 If the tax year entered in line 5 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 FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</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>8a</b>	\$	<b>0.</b>
<b>b</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.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**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 **▶** *[Signature]* Title **▶** **CPA FOR TAXPAYER** Date **▶** **FEB 09 2011**

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

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

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

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

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

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

Form fields: Type or print, Name of Exempt Organization (COMPUTER HISTORY MUSEUM), Employer identification number (77-0507525), File by the due date for filing your return, Number, street, and room or suite no. (1401 N SHORELINE BLVD.), City, town or post office, state, and ZIP code (MOUNTAIN VIEW, CA 94043)

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

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

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, 2011, 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, 2009, and ending JUN 30, 2010 [X]

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

Table with 3 columns: Description, 3a, 3b, 3c. Row 1: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$
Row 2: 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$
Row 3: 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ N/A

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.