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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Computer History Museum  
Doing business as:  
Number and street (or P O box if mail is not delivered to street address) Room/suite: 1401 N Shoreline Blvd  
City or town, state or province, country, and ZIP or foreign postal code: Mountain View, CA 94043

**D** Employer identification number: 77-0507525  
**E** Telephone number: (650) 810-1010

**F** Name and address of principal officer: John Hollar, 1401 N Shoreline Blvd, Mountain View, CA 94043

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: www.computerhistory.org

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1999 **M** State of legal domicile: CA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities To preserve and celebrate computer history and explore its social impact		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	43
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	43
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	71
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	121
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	106,521
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	62,384
<b>Expenses</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	9,733,245	10,294,028
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,034,517	1,023,699
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-42,562	-7,558
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,664,563	1,811,501
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,389,763	13,121,670
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>Net Assets or Fund Balances</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	5,593,437	6,374,673
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,182,668	0	100,000
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,182,668	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,836,254	5,926,694
<b>19</b> Revenue less expenses Subtract line 18 from line 12	11,429,691	12,401,367	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	960,072	720,303
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	76,719,261	76,374,878
		12,101,876	11,876,514
		64,617,385	64,498,364

## Part II Signature Block

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

<b>Sign Here</b>	***** Signature of officer	2017-02-08 Date			
	George Holmes CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Patricia J Mayer	Preparer's signature Patricia J Mayer	Date 2017-02-08	Check <input type="checkbox"/> if self-employed	PTIN P00188643
	Firm's name ▶ Moss Adams LLP	Firm's EIN ▶ 91-0189318		Phone no (858) 627-1400	
	Firm's address ▶ 4747 Executive Drive Suite 1300 San Diego, CA 92121				

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

THE MISSION OF THE COMPUTER HISTORY MUSEUM IS TO PRESERVE AND PRESENT FOR POSTERITY THE ARTIFACTS AND STORIES OF THE INFORMATION AGE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 2,665,977 including grants of \$ ) (Revenue \$ 16,690 )  
Collections and Research - See Schedule O

**4b** (Code ) (Expenses \$ 4,359,806 including grants of \$ ) (Revenue \$ 1,170,962 )  
EXHIBITIONS - SEE SCHEDULE O

**4c** (Code ) (Expenses \$ 2,832,763 including grants of \$ ) (Revenue \$ 106,749 )  
EDUCATION,FELLOW AWARDS,LIVE PROGRAMMING and Exponential Center - SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** 9,858,546

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and fundraising.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, tax-exempt bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

**Part VI Governance, Management, and Disclosure**

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 GEORGE HOLMES 1401 N Shoreline Blvd Mountain View, CA 94043 (650) 810-1008





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____ 139,262					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 10,154,766					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 293,016					
	<b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	10,294,028				
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> Gate Sales _____ 900099	900,261	900,261			
	<b>b</b> Lecture Series _____ 900099	106,748	106,748			
	<b>c</b> Other Prgm Service Rev _____ 900099	16,690	16,690			
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
<b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>	1,023,699					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	930			930	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b> Royalties . . . . . <b>▶</b>					
	<b>6a</b> Gross rents	(i) Real	2,104,754			
		(ii) Personal				
		<b>b</b> Less rental expenses	591,656			
		<b>c</b> Rental income or (loss)	1,513,098			
	<b>d</b> Net rental income or (loss) . . . . . <b>▶</b>	1,513,098		106,521	1,406,577	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	248,083			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	256,571			
		<b>c</b> Gain or (loss)	-8,488			
	<b>d</b> Net gain or (loss) . . . . . <b>▶</b>	-8,488			-8,488	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>	505,138				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>	298,403	270,702		27,701	
Miscellaneous Revenue		Business Code				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>						
<b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>	13,121,670	1,294,401	106,521	1,426,720		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,393,328	970,318	285,700	137,310
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	4,000,781	2,978,186	503,801	518,794
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	75,084	60,508	4,704	9,872
<b>9</b>	Other employee benefits . . . . .	511,144	372,367	70,300	68,477
<b>10</b>	Payroll taxes . . . . .	394,336	288,903	57,004	48,429
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	70,508		70,508	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17	100,000			100,000
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	839,778	744,698	32,393	62,687
<b>12</b>	Advertising and promotion . . . . .	154,529	126,235	329	27,965
<b>13</b>	Office expenses . . . . .	149,184	129,832	13,550	5,802
<b>14</b>	Information technology . . . . .	116,757	95,184	10,944	10,629
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,063,357	968,320	64,919	30,118
<b>17</b>	Travel . . . . .	73,356	60,170	8,259	4,927
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .	56,851	56,851		
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,315,513	2,197,208	85,383	32,922
<b>23</b>	Insurance . . . . .	63,259	58,346	3,275	1,638
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b>	Lecture Series & Fellow	342,477	342,477		
<b>b</b>	Artifact Collection	141,145	136,753	3,046	1,346
<b>c</b>	BOND RELATED FEES	86,168		86,168	
<b>d</b>	GATE SALES	36,688	36,688		
<b>e</b>	All other expenses	417,124	235,502	59,870	121,752
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	12,401,367	9,858,546	1,360,153	1,182,668
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,216,784	<b>1</b>	550,906
	<b>2</b> Savings and temporary cash investments . . . . .	3,227,325	<b>2</b>	5,154,521
	<b>3</b> Pledges and grants receivable, net . . . . .	1,128,285	<b>3</b>	3,156,599
	<b>4</b> Accounts receivable, net . . . . .	163,513	<b>4</b>	110,005
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	103,697	<b>8</b>	106,854
	<b>9</b> Prepaid expenses and deferred charges . . . . .	171,334	<b>9</b>	183,655
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 57,881,427		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 20,074,322	39,185,571	<b>10c</b> 37,807,105
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	31,375,455	<b>12</b>	29,169,510
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	144,293	<b>14</b>	132,249
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,004	<b>15</b>	3,474
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	76,719,261	<b>16</b>	76,374,878	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,506,591	<b>17</b>	1,520,969
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	807,095	<b>19</b>	616,441
	<b>20</b> Tax-exempt bond liabilities . . . . .	7,000,000	<b>20</b>	7,000,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,788,190	<b>23</b>	2,739,104
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	12,101,876	<b>26</b>	11,876,514
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	47,644,637	<b>27</b>	44,407,834
	<b>28</b> Temporarily restricted net assets . . . . .	2,969,379	<b>28</b>	6,087,161
	<b>29</b> Permanently restricted net assets . . . . .	14,003,369	<b>29</b>	14,003,369
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	64,617,385	<b>33</b>	64,498,364	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	76,719,261	<b>34</b>	76,374,878	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,121,670
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,401,367
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	720,303
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	64,617,385
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-839,324
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	64,498,364

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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	Yes	
<b>3a</b>	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?		No
<b>3b</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		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 77-0507525  
**Name:** Computer History Museum

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anderson David ..... Board Member	1 00 .....	X						0	0	0
Appleton Karen ..... Board Member	1 00 .....	X						0	0	0
Balasubramanian Chitra ..... Board Member	1 00 .....	X						0	0	0
Bell C Gordon ..... Board Member	1 00 .....	X						0	0	0
Booch Grady ..... Board Member	1 00 .....	X						0	0	0
Bruner Judy ..... Board Member	1 00 .....	X						0	0	0
Burke Peggy ..... Board Member (Thru 5/5/2016)	1 00 .....	X						0	0	0
Busch Jack ..... Board Member	1 00 .....	X						0	0	0
Daugherty Paul ..... Board Member	1 00 .....	X						0	0	0
Donahue Caroline ..... Board Member	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Duursma Martin ..... Board Member	1 00 .....	X						0	0	0
Emerson David ..... Board Member	1 00 .....	X		X				0	0	0
Feigenbaum Edward ..... Board Member	1 00 .....	X						0	0	0
Friel Tom ..... Board Member	1 00 .....	X						0	0	0
Gray Paul ..... Board Member	1 00 .....	X						0	0	0
Hahn Eric ..... Board Member	1 00 .....	X						0	0	0
Harding Bill ..... Board Member	1 00 .....	X						0	0	0
Hawley Michael ..... Board Member	1 00 .....	X						0	0	0
Hayes Doty ..... Board Member	1 00 .....	X						0	0	0
Hendrie Gardner ..... Board Member	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
House Charles ..... Board Member	1 00 .....	X						0	0	0
House David ..... Board Member	1 00 .....	X						0	0	0
Karpas Peter ..... Board Member	1 00 .....	X						0	0	0
Malachowsky Chns ..... Board Member	1 00 .....	X						0	0	0
Martin Dave ..... Board Member	1 00 .....	X						0	0	0
Mashey John ..... Board Member	1 00 .....	X						0	0	0
McKinney Philip ..... Board Member	1 00 .....	X						0	0	0
Meredith Debby ..... Board Member	1 00 .....	X						0	0	0
Nassi Ike ..... Board Member	1 00 .....	X						0	0	0
Papadopoulos Greg ..... Board Member	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Peuto Bernard ..... Board Member	1 00 .....	X						0	0	0
Proctor Don ..... Board Member	1 00 .....	X						0	0	0
Rangaswami JP ..... Board Member (Thru 5/5/2016)	1 00 .....	X						0	0	0
Redelfs Rich ..... Board Member	1 00 .....	X						0	0	0
Rossetti Dave ..... Board Member	1 00 .....	X						0	0	0
Saviers F Grant ..... Board Member	1 00 .....	X						0	0	0
Shoch John ..... Board Member	1 00 .....	X						0	0	0
Shustek Leonard ..... Chairman of the Board	1 00 .....	X		X				0	0	0
Smith Steve ..... Board Member	1 00 .....	X						0	0	0
Sonsini Larry ..... Board Member	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stata Raymie ..... Board Member	1 00 .....	X						0	0	0
Uddenfeldt Jan ..... Board Member	1 00 .....	X						0	0	0
Widdoes Jr Dr L Curtis ..... Board Member	1 00 .....	X						0	0	0
Wojcicki Susan ..... Board Member (Thru 5/5/2016)	1 00 .....	X						0	0	0
Yoler Laune ..... Board Member	1 00 .....	X						0	0	0
Zimmerman Mitchell ..... board Member	1 00 .....	X						0	0	0
Stiglic Carol ..... VP Programming & Business Development	40 00 .....			X				135,502	0	14,753
GILL Eileen ..... VP Development	40 00 .....			X				187,111	0	8,797
Matsushita Gary ..... VP Operations	40 00 .....			X				155,050	0	18,340
Holmes George ..... Chief Financial Officer	40 00 .....			X				174,970	0	14,577

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hollar John ..... President & CEO	40 00 .....			X				347,414	0	68,575
Tashev Kirsten ..... VP Collections & Exhibition	40 00 .....			X				132,495	0	3,871
Silver Lauren ..... VP Education	40 00 .....			X				112,957	0	21,713
Katchman Lisa ..... Controller	40 00 .....					X		105,558	0	19,218
Hancock Marguente ..... Executive Director, Exponential Center	40 00 .....					X		182,431	0	16,904
Miller Pamela ..... Associate Vice President of Development	40 00 .....					X		115,057	0	9,421
Dandia Rupal ..... Director of Individual Giving	40 00 .....					X		123,219	0	333

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Computer History Museum

Employer identification number

77-0507525

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

The organization is not a private foundation because it is (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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Excess contributions; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, etc; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc (see instructions) 12 6,723,651
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

Table with 3 columns: Description, 14, 15. Rows include: 14 Public support percentage for 2015; 15 Public support percentage for 2014.

16a 33 1/3% support test - 2015. 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.
b 33 1/3% support test - 2014. 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.
17a 10%-facts-and-circumstances test - 2015. 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.
b 10%-facts-and-circumstances test - 2014. 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.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
<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 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
  - a** Average monthly value of securities
  - b** Average monthly cash balances
  - c** Fair market value of other non-exempt-use assets
  - d** **Total** (add lines 1a, 1b, and 1c)
  - e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	Cafe Revenue Share - 2011 Amount \$ 36,277 2012 Amount \$ 21,555 2013 Amount \$ 21,440 2014 Amount \$ 20,341 2015 Amount \$ 27,701 Other Revenue - 2011 Amount \$ 6,000 2012 Amount \$ 140

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Held at the End of the Year	
2a	
2b	
2c	
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, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
  - (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
  - a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
  - b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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 XIII and complete the following table

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance . . . . .	31,743,011	31,691,314	28,147,121	27,432,707	29,756,707
<b>b</b> Contributions . . . . .			1,000,000		
<b>c</b> Net investment earnings, gains, and losses	-839,324	1,204,601	3,718,843	1,915,503	-1,130,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	1,153,356	1,152,904	1,174,650	1,201,089	1,194,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	29,750,331	31,743,011	31,691,314	28,147,121	27,432,707

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

- a** Board designated or quasi-endowment ▶ 52 930 %
- b** Permanent endowment ▶ 47 070 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

- 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
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a)	(b)	Accumulated	(d)
		Cost or other basis (investment)	Cost or other basis (other)	(c) depreciation	Book value
<b>1a</b>	Land . . . . .		15,393,498		15,393,498
<b>b</b>	Buildings . . . . .		29,793,931	12,455,007	17,338,924
<b>c</b>	Leasehold improvements . . . . .				
<b>d</b>	Equipment . . . . .		974,214	805,546	168,668
<b>e</b>	Other . . . . .		11,719,784	6,813,769	4,906,015
<b>Total.</b>	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				37,807,105



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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	13,080,737
<b>2</b>	Amounts included on line <b>1</b> but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-839,324	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	798,391	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -40,933
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 13,121,670
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 13,121,670

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	13,199,758
<b>2</b>	Amounts included on line <b>1</b> but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	798,391	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 798,391
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 12,401,367
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 12,401,367

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Part III, Line 1a	The Museum's collections are made up of artifacts of historical significance held for educational, research, scientific, and curatorial purposes Some items are in the process of being catalogued The collections are subject to a policy that requires proceeds from the sale of any collection item to be used to acquire other items for the collections The accessioned items in the collection undergo a rigorous review process with approval by a subcommittee of the Board of Trustees prior to deaccessioning The process is in compliance with appropriate Museum standards and codes To date, the collections have been acquired primarily through donations and are not recognized as assets on the statements of financial position Purchases of collection items are recorded as decreases in unrestricted net assets in the year in which the items are acquired or as temporarily restricted net assets if the assets used to purchase the items are restricted by donors

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
Part V, Line 4	THE MUSEUM'S ENDOWMENT CONSISTS OF INVESTMENTS 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 X, Line 2	The Museum is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC) and Section 23701d of the Revenue and Taxation Code except to the extent of unrelated business taxable income as defined under IRC sections 511 through 515 Since the Museum has immaterial unrelated business taxable income, no provision for income taxes has been provided in the financial statements The Museum has no unrecognized tax benefits or uncertain tax positions as of June 30, 2016
Part XI, Line 2d - Other Adjustments	Cost of Goods Sold 206,735 Rental Expense 591,656
Part XII, Line 2d - Other Adjustments	Cost of Goods Sold 206,735 Rental Expense 591,656

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Computer History Museum

Employer identification number

77-0507525

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	INVESTMENT		2,989,422
(2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total	0	0			2,989,422
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			2,989,422

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>									
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶** \_\_\_\_\_
- 3** Enter total number of other organizations or entities . . . . . **▶** \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	METHOD OF ACCOUNTING - ACCRUAL BASIS, INVESTMENTS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ  
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
Computer History Museum

Employer identification number  
77-0507525

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events                       |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Cristina Fekeci Associates LLC 19142 Garden Valley Way Salinas, CA 93908	Fundraising Advisory Services		No	0	100,000	-100,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					100,000	-100,000

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CA

**Part II Fundraising Events.**

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.**

Complete if the organization answered "Yes" on 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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

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

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

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

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**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

**13** Indicate the percentage of gaming activity conducted in

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

**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?  Yes  No

**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?  Yes  No

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	CONSULTING PROVIDED IN OPERATIONAL AND ORGANIZATIONAL DESIGN FOR ANNUAL FUND SOLICITATION, MAJOR GIFTS PORTFOLIOS, CHALLENGE GRANT DESIGNS, BOARD RECRUITMENT CRITERIA, DEVELOPMENT COMMITTEE BEST PRACTICES, AND AD HOC DEVELOPMENT DEPARTMENT PROCESSES

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization Computer History Museum	Employer identification number 77-0507525
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</b> If any of the boxes in 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.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input 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				
<input checked="" type="checkbox"/> Compensation committee	<input 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									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed on 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.</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Stiglic Carol VP Programming & Business Developmen	(i)	128,002	7,500	0	4,065	10,688	150,255	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> GILL Eileen VP Development	(i)	127,814	0	59,297	0	8,797	195,908	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Matsushita Gary VP Operations	(i)	145,050	10,000	0	4,652	13,688	173,390	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Holmes George Chief Financial Officer	(i)	167,470	7,500	0	5,249	9,328	189,547	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Hollar John President & CEO	(i)	293,039	54,375	0	66,335	2,240	415,989	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Hancock Marguerite Executive Director, Exponential Cent	(i)	177,431	5,000	0	0	16,904	199,335	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Lines 4a-b	Eileen Gill and Carol Stiglic received severance payments. The amounts and terms of the agreements are subject to confidentiality clauses. Due to public inspection requirements of this schedule, details have not been included. Any additional inquiries deemed reasonably necessary for business purposes should be directed to the Computer History Museum. JOHN HOLLAR PARTICIPATED IN A 457(F) PLAN DURING THE YEAR. THE MUSEUM CREDITED \$57,400 TO THE PLAN FOR THE CALENDAR YEAR. THE ACCOUNT BECOMES FULLY VESTED ON THE EARLIER OF (A) THE PARTICIPANT'S INVOLUNTARY TERMINATION, (B) THE PARTICIPANT'S DEATH, (C) THE PARTICIPANT'S DISABILITY, OR (D) THE PARTICIPANT TURNING AGE 68, AS LONG AS THE PARTICIPANT REMAINS ACTIVELY EMPLOYED BY THE MUSEUM UNTIL SUCH VESTING DATE. BENEFITS ARE DISTRIBUTED WITHIN 60 DAYS OF VESTING.
Part I, Line 7	BONUSES ARE DETERMINED BY THE CEO AND COMPENSATION COMMITTEE BASED ON PERFORMANCE AND ACHIEVEMENT OF GOALS.

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

Computer History Museum

Employer identification number

77-0507525

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row 1: ABAG Finance Authority For Nonprofit Corporations, 94-3130123, 00037CQT0, 12-22-2010, 7,000,000, Refund prior bond issue, X, X, X.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion) and sub-columns A-D (Yes/No). Row 13: 2011.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property?) and sub-columns A-D (Yes/No).

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	214,016	FMV
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 . . . . .	X	1		
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	1		
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Toshiba Disk Drives ) . . . . .	X	0	54,000	FMV
26 Other ▶ ( Aerohive Network Equipment ) . . . . .	X	0	25,000	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 Acknowledgement

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . .		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 33	Collections acquired through donation are not recognized as assets or revenue on the organization's financials. Historical artifacts received do not have a readily determinable marketable value due to limited market activity.

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

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public  
Inspection**

Name of the organization  
Computer History Museum

**Employer identification number**

77-0507525

**Return  
Reference**

**Explanation**

ABOUT  
COMPUTER  
HISTORY  
MUSEUM  
(CHM)

THE COMPUTER HISTORY MUSEUM IS A NONPROFIT ORGANIZATION SPANNING A FOUR-DECADE HISTORY AND IS CURRENTLY THE WORLD'S LEADING INSTITUTION EXPLORING THE HISTORY OF COMPUTING AND ITS ONGOING IMPACT ON SOCIETY THE MUSEUM'S PHYSICAL COLLECTION PROVIDES A RICH VARIETY OF INFORMATION, EXHIBITS, RESEARCH AND A VAST LIBRARY OF ONLINE MULTIMEDIA CONTENT THE MUSEUM HAD APPROXIMATELY 197,000 PHYSICAL VISITORS IN 2016 TO ITS MOUNTAIN VIEW, CALIFORNIA, CAMPUS AND APPROXIMATELY 2.5 MILLION VISITS TO ITS WEBSITE (WWW.COMPUTERHISTORY.ORG), IN ADDITION TO APPROXIMATELY 1 MILLION VIDEOS VIEWED ON ITS RICH AND EDUCATIONAL YOUTUBE CHANNEL (WWW.YOUTUBE.COM/COMPUTERHISTORY)

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS	<p>LINE 4A - COLLECTIONS AND RESEARCH THE MUSEUM IS DEDICATED TO THE PRESERVATION AND CELEBRATION OF COMPUTER HISTORY AND COMPRISES THE LARGEST COLLECTION OF COMPUTING ARTIFACTS IN THE WORLD THE COLLECTION INCLUDES NEARLY 38,500 HISTORICAL OBJECTS, NEARLY 44,500 DOCUMENT RECORDS RELATED TO THE HISTORY OF COMPUTING, MORE THAN 10,300 SOFTWARE TITLES, AND AN ESTIMATED 20,000 PHOTOGRAPHS AND MOVING IMAGES THE MUSEUM HAS CATALOGUED ALMOST 106,000 ITEMS AND MAKES THE CATALOGUE AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WEBSITE IN ADDITION TO ITS PHYSICAL COLLECTION, THE MUSEUM IS HOME TO A GROWING NUMBER OF DIGITAL ASSETS, INCLUDING HISTORIC SOURCE CODE, SOME OF THE EARLIEST SOFTWARE EVER WRITTEN TO ENSURE LONG-TERM PRESERVATION OF ITS DIGITAL ASSETS, THE MUSEUM CONTINUES ITS ONGOING MAINTENANCE OF ITS STATE-OF-THE ART DIGITAL REPOSITORY, RECENTLY EXPANDING ITS CAPACITY TO 114 TERABYTES, WITH 40 TERABYTES ALREADY IN USE THE COLLECTION IS ALSO A SIGNIFICANT RESOURCE FOR ONGOING LEARNING AS SUCH, THE MUSEUM PROVIDES ACCESS TO ITS COLLECTION IN A NUMBER OF WAYS - ONLINE CATALOG RECORDS, COMPRISING ALMOST 106,000 RECORDS WITH EXTENSIVE METADATA (OVER 8,000 OF RECORDS ADDED IN 2016) -ONSITE ACCESS TO 12 SCHOLARS AND RESEARCHERS IN 2016 -OVER 450 UNIQUE RESEARCH AND COLLECTION QUERIES IN 2016 *Shustek Center* To further the excellent stewardship of its collection and commitment to research, the museum opened a world-class research facility in 2016, named for museum Chairman Len Shustek The Shustek Center houses the museum's acquisitions, archives, and research operations With Study Space for visiting scholars, climate-controlled storage for Digital collections, artifact acquisitions receiving, and digitization workstations, the Shustek Center promotes greater access and preservation of CHMs collections *Center for Software History* Launched in 2016, the Center for Software History is dedicated to building the Museum's collections to understand and tell the story of software Its purpose is to collect, preserve, interpret, and present to the world the history of software and its ongoing impact on global society</p> <p>FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS LINE 4B - EXHIBITIONS * ONSITE EXHIBITS AND DEMONSTRATIONS * THE MUSEUM HAS A BROAD INTERPRETIVE MISSION TO MAKE THE HISTORY, IMPACT, AND FUTURE IMPLICATIONS OF COMPUTING COME ALIVE FOR AUDIENCES AROUND THE WORLD THROUGH PHYSICAL EXHIBITS AND LIVE DEMONSTRATIONS OF HISTORIC MACHINES APPROXIMATELY 123,000 PEOPLE FROM 140 COUNTRIES EXPERIENCED THE MUSEUM'S EXHIBITS IN 2016 ONSITE EXHIBITS AND DEMONSTRATIONS INCLUDE - "REVOLUTION THE FIRST 2000 YEARS OF COMPUTING" "REVOLUTION" WAS OPENED IN JANUARY 2011 AND IS THE MUSEUM'S SIGNATURE EXHIBITION "REVOLUTION" IS AN ENGAGING 25,000-SQUARE-FOOT EXHIBITION, FEATURING 19 GALLERIES, APPROXIMATELY 1,000 OBJECTS, AND AN ARRAY OF ORIGINAL MULTIMEDIA EXPERIENCES THAT CHRONICLE THE HISTORY OF COMPUTING ON AN INTERNATIONAL SCALE - "WHERE TO? A HISTORY OF AUTONOMOUS VEHICLES" VISITORS LEARN ABOUT THE HISTORY OF AUTONOMOUS VEHICLES, ENJOY SCIENCE FICTION AND POPULAR CULTURE DREAMS OF THE DRIVERLESS FAMILY CAR, GET UP CLOSE WITH THE GOOGLE SELF-DRIVING CAR, AND LEARN HOW THIS AMAZING TECHNOLOGY WORKS -THE PDP-1 DEMO LAB DIGITAL EQUIPMENT CORPORATION'S (DEC) PDP-1 WAS THE FIRST COMMERCIAL COMPUTER 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 IBM 1401 DEMO LAB THE MUSEUM HAS FULLY RESTORED AND PLACED ON PUBLIC EXHIBITION TWO IBM 1401 SYSTEMS, ONE OF THE MOST SUCCESSFUL COMPUTING SYSTEMS IN THE IBM 1401 DEMO LAB VISITORS CAN LEARN ABOUT COMPUTER ARCHITECTURE AND SOFTWARE IN AN AUTHENTIC 1960S SETTING NEXT TO "REVOLUTION", THE MUSEUM HAS A UNIQUE COMPUTER-RELATED GIFT STORE * ONLINE PRESENCE * THE MUSEUM'S WEBSITE, COMPUTERHISTORY.ORG, WAS LAUNCHED IN 1996 AND IS ONE OF THE EARLIEST ONLINE MUSEUMS IN THE WORLD THE WEBSITE HAD APPROXIMATELY 2.5 MILLION VISITS IN 2016, FEATURING THOUSANDS OF PAGES THAT PROVIDE ACCESS TO THE MUSEUM'S COLLECTION AND OVER A DOZEN ONLINE EXHIBITS THAT COMPLEMENT THE MUSEUM'S CURRENT AND PAST ONSITE EXHIBITS, INCLUDING - "REVOLUTION THE FIRST 2000 YEARS OF COMPUTING" (1.7 MILLION PAGE VIEWS IN 2016) - "THE TIMELINE OF COMPUTER HISTORY" (APPROXIMATELY 2.9 MILLION PAGE VIEWS IN 2016) - "THE BABBAGE ENGINE" (APPROXIMATELY 285,000 PAGE VIEWS IN 2016) A NUMBER OF WEB-ONLY EXHIBITS SHOWCASE CAREFULLY CURATED IMAGES AND ORIGINAL TEXT THAT PROVIDE THE MUSEUM'S ONLINE COMMUNITY WITH A CONCENTRATED LOOK AT SPECIFIC TOPICS WITHIN COMPUTING, INCLUDING "THE SILICON ENGINE", "The Storage engine", "SELLING THE COMPUTER REVOLUTION", "THIS DAY IN HISTORY AND "THE TIMELINE OF COMPUTER HISTORY", THE MUSEUM'S MOST POPULAR ONLINE EXHIBIT IN ADDITION TO COMPUTERHISTORY.ORG, THE MUSEUM'S YOUTUBE CHANNEL RECEIVES APPROXIMATELY 1 MILLION VIDEOS VIEWED PER YEAR AND OFFERS APPROXIMATELY 500 VIDEOS, INCLUDING HISTORIC FILMS FROM THE COLLECTION, MUSEUM EVENTS, AND ORAL HISTORIES THE MUSEUM IS ALSO ACTIVE ON SOCIAL MEDIA, INCLUDING FACEBOOK, TUMBLR, AND TWITTER, AND CONSISTENTLY PRODUCES UNIQUE, RICH CONTENT ON ITS EDUCATIONAL BLOG (@CHM)</p>

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS	<p>LINE 4C - EDUCATION, FELLOW AWARDS, LIVE PROGRAMMING AND EXPONENTIAL CENTER *EDUCATION* THE MUSEUMS EDUCATION DEPARTMENT IS COMMITTED TO MAKING COMPUTER HISTORY RELEVANT TO ALL VISITORS THROUGH A WIDE RANGE OF COMMUNITY AND EDUCATION PROGRAMS EDUCATION PROGRAMS ARE ALIGNED WITH THE COMMON CORE STATE STANDARDS AND NEXT GENERATION SCIENCE STANDARDS STUDENTS DEVELOP ESSENTIAL SKILLS FOR SUCCESS IN THE 21ST CENTURY , INCLUDING IMPROVING CRITICAL THINKING, ORAL AND WRITTEN COMMUNICATION EXPERTISE, AND COLLABORATION AT THE SAME TIME, THEY LEARN AND APPLY CONCEPTS FROM SCIENCE, TECHNOLOGY , ENGINEERING, THE ARTS AND MATH (STEAM) IN THE CONTEXT OF COMPUTER HISTORY NOTABLE PROGRAMS INCLUDE BROADCOM PRESENTS DESIGN_CODE_BUILD, GOOGLE FIELD TRIP DAYS, AND TALKING TO THE FUTURE EDUCATION ALSO OFFERS A WIDE-RANGE OF EDUCATOR PROFESSIONAL DEVELOPMENT SERVICES. SPEARHEADS THE MUSEUMS POPULAR HIGH SCHOOL INTERNSHIP PROGRAM, AND IS RESPONSIBLE FOR COORDINATING AND TRAINING A CORPS OF DOCENTS TO LEAD ENGAGING PUBLIC TOURS IN 2016, OVER 15,000 VISITORS ATTENDED PUBLIC TOURS, INCLUDING TOURS FOR APPROXIMATELY 10,000 KINDERGARTEN THROUGH COLLEGE STUDENTS VISITING AS PART OF SCHOOL GROUPS * FELLOW AWARDS* THE COMPUTER HISTORY MUSEUMS ANNUAL FELLOW AWARDS PUBLICLY RECOGNIZE INDIVIDUALS WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO THE FIELD OF COMPUTING, IN CATEGORIES SUCH AS HARDWARE, SOFTWARE, ARTIFICIAL INTELLIGENCE, AND NETWORKING THE TRADITION BEGAN IN 1987 WITH THE FIRST FELLOW, EARLY PROGRAMMING PIONEER GRACE MURRAY HOPPER, AND HAS GROWN TO A DISTINGUISHED GROUP OF 73 MEMBERS IN 2016, THE MUSEUM INDUCTED SOFTWARE DEVELOPER AND DESIGNER DAVID CUTLER, PC PIONEER LEE FELSENSTEIN, AND VERILOG'S PHILIP MOORBY *LIVE PROGRAMMING* THE MUSEUM CREATES ORIGINAL PROGRAMMING AND PRODUCES 20 TO 30 LIVE EVENTS EACH YEAR UNDER ITS CHM LIVE UMBRELLA LIVE PROGRAMMING CELEBRATES COMPUTING MILESTONES, EXPLORES INNOVATIVE PRODUCTS, AND FEATURES INDUSTRY LEADERS, ARTISTS, SCIENTISTS, AUTHORS, AND HISTORIANS AMONG THE MUSEUMS LIVE EVENTS ARE MIDDAY LECTURES THAT FEATURE HISTORIANS AND NOTABLE FIGURES FROM THE WORLD OF COMPUTING AND TECHNOLOGY , AND AN EVENING SPEAKER SERIES, FEATURING RENOWNED INNOVATORS, BUSINESS AND TECHNOLOGY LEADERS, AND AUTHORS IN ENTHRALLING CONVERSATIONS OFTEN WITH LEADING JOURNALISTS MANY OF THE MUSEUMS LIVE EVENTS ARE BROADCAST ON TELEVISION (WGBH'S WORLD CHANNEL, CSPAN BOOK TV, AND KQED), RADIO (KQED RADIO AND MINNESOTA PUBLIC RADIO), AND THE WEB NOTABLE GUESTS THAT TOOK PART IN THE MUSEUMS LIVE PROGRAMMING IN 2016 INCLUDE BUT ARE NOT LIMITED TO CLOUDFLARE CO-FOUNDER MICHELLE ZATLYN, GEOCITIES CO-FOUNDER DAVID BOHNETT, ALIBABA FOUNDER JACK MA, AUTHOR ROSS BASSETT, OXFORD UNIVERSITY PROFESSOR URSULA MARTIN, AND MEMBERS FROM THE UNITED STATES DIGITAL SERVICE TEAM OUR 2016 SPEAKERS JOIN A DISTINGUISHED SLATE OF CHM LIVE GUESTS, INCLUDING FACEBOOK COO SHERYL SANDBERG, YOUTUBE CEO SUSAN WOJCICKI, FACEBOOK FOUNDER MARK ZUCKERBERG, PIXAR'S ED CATMULL, AND GOOGLE CHAIRMAN ERIC SCHMIDT *EXPONENTIAL CENTER* LAUNCHED IN 2016, THE EXPONENTIAL CENTER CAPTURES THE LEGACY AND ADVANCES THE FUTURE OF ENTREPRENEURSHIP AND INNOVATION IN SILICON VALLEY AND AROUND THE WORLD THE EXPONENTIAL CENTER'S MISSION IS TO INFORM, INFLUENCE, AND INSPIRE THE NEXT GENERATION OF INNOVATORS, ENTREPRENEURS, AND LEADERS CHANGING THE WORLD</p>

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 1	The Board of Trustees delegates broad authority for routine governing matters to the Executive Committee, which consisted of 8 Trustees in FY 2016, including but not limited to, the Chairman of the Board, and Chair of the Finance Committee. The Executive Committee submits recommendations on larger governing matters to the Board for approval or ratification.

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 11	THE MUSEUMS ACCOUNTING FIRM FORWARDS THE FORM 990 TO THE CONTROLLER. THE CFO AND CONTROLLER REVIEW THE FORM. AFTER REVIEW, THE FORM IS FORWARDED TO THE CEO, THE FINANCE COMMITTEE AND THE AUDIT COMMITTEE FOR REVIEW. THE FINAL FORM IS 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.

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	THE MUSEUM REQUIRES ALL OF THE TRUSTEES 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, 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 OR BY THE BOARD IN ORDER TO DEAL WITH THE MATTER ALL TRUSTEES COMPLETE THE CONFLICT OF INTEREST ACKNOWLEDGEMENT PRIOR TO TAKING THEIR SEAT OR POSITION

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>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, THE COMPENSATION COMMITTEE COMMISSIONS STUDIES 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 ANNUALLY THE CHANGE IN COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE THE COMPARABLE POSITIONS BENCHMARK STUDIES ARE PUBLISHED EVERY 3-4 YEARS EXECUTIVE STAFF WHEN EXECUTIVE STAFF MEMBERS ARE HIRED, THE CEO REVIEWS THEIR PROPOSED COMPENSATION WITH THE COMPENSATION COMMITTEE TO DETERMINE THAT THEY ARE EQUITABLE AND IN LINE WITH MARKET GUIDELINES THE CEO ALSO DETERMINES SALARY INCREASES AND BONUSES FOR THE EXECUTIVE STAFF EACH YEAR BASED ON PERFORMANCE AND EXTERNAL BENCHMARKS, AND BASED ON THE OVERALL EXPENSE BUDGET APPROVED BY THE BOARD OF TRUSTEES ALL STAFF THE CEO CREATES A BUDGET FOR INCREASES THAT IS REVIEWED BY THE COMPENSATION COMMITTEE AND APPROVED FOR ALIGNMENT WITH OVERALL MARKET GUIDELINES</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES ITS STATEMENTS AVAILABLE UPON REQUEST