

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

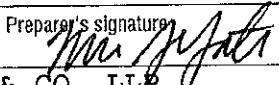
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TECH MUSEUM OF INNOVATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 SOUTH MARKET STREET City or town, state or country, and ZIP + 4 SAN JOSE, CA 95113 F Name and address of principal officer: TIM RITCHIE SAME AS C ABOVE	D Employer identification number 94-2864660 E Telephone number (408) 795-6116 G Gross receipts \$ 13,334,465. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.THETECH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1983		M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO OPERATE A WORLD CLASS SCIENCE MUSEUM.		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	171
	6 Total number of volunteers (estimate if necessary)	6	324
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	824,414.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-100,566.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,435,296.	6,180,346.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,899,206.	4,541,420.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,270.	300,899.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,144.	-434,888.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,715,916.	10,587,777.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,133,077.	5,086,577.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 961,932.	8,315,913.	7,028,783.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,448,990.	12,115,360.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-733,074.	-1,527,583.	
19 Revenue less expenses. Subtract line 18 from line 12	11,982,842.	9,060,194.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	45,804,520.	46,359,264.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,627,724.	1,021,139.
	22 Net assets or fund balances. Subtract line 21 from line 20	44,176,796.	45,338,125.

Part II Signature Block

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

Sign Here	Signature of officer TIM RITCHIE, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/preparer's name MICHAEL J. YATES	Preparer's signature 
	Date 2/14/12	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ FRANK, RIMERMAN & CO. LLP	Firm's EIN ▶
	Firm's address ▶ 1801 PAGE MILL ROAD PALO ALTO, CA 94304	Phone no. (650) 845-8100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO INSPIRE THE INNOVATOR IN EVERYONE. THE TECH MUSEUM DOES THIS WITH EXHIBITS AND PROGRAMS THAT FEATURE THE SPIRIT OF SILICON VALLEY, INSPIRING THE PEOPLE AND INVENTIONS THAT MAKE THIS REGION THE LEADING SOURCE OF INNOVATION.

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

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

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

4a (Code:) (Expenses \$ 7,074,255. including grants of \$) (Revenue \$ 3,161,486.) THE TECH MUSEUM ASPIRES TO BRING TOGETHER, IN ITS 130,000 SQUARE FOOT EXHIBITION FACILITY, THE TECHNOLOGICAL BREAKTHROUGHS THAT ARE TRANSFORMING OUR LIVES. WITH OVER 200 INTERACTIVE EXHIBITS, AND STANDARDS-BASED EDUCATIONAL IMAX FILMS, THIS SPACE WELCOMES ON AVERAGE 500,000 VISITORS ANNUALLY, INCLUDING OVER 120,000 FROM LOCAL K-12 SCHOOLS, TO ENGAGE IN SCIENCE AND TECHNOLOGY EXPERIENCES THAT EDUCATE, INFORM, PROVOKE THOUGHT AND INSPIRE ACTION. ADDITIONALLY, THE TECH MUSEUM HOSTS TWO ANNUAL SIGNATURE PROGRAMS: (1) THE TECH CHALLENGE - A TEAM COMPETITION THAT INSPIRES OVER 1000+ STUDENTS IN GRADES 5-12 TO DESIGN, BUILD, DOCUMENT AND TEST DEVICES THAT SOLVE A REAL WORLD PROBLEM, AND (2) THE TECH AWARDS - AN INTERNATIONAL PROGRAM THAT IDENTIFIES AND

4b (Code:) (Expenses \$ 847,173. including grants of \$) (Revenue \$ 90,749.) THE TECH MUSEUM OFFERS AN ARRAY OF STANDARDS-BASED SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM) EDUCATION PROGRAMS AS A YEAR-ROUND SECOND CLASSROOM WHICH INCLUDES 8 HANDS-ON SCIENCE LABS, SUMMER CAMPS, BILINGUAL WEEKEND WORKSHOPS, AFTER-SCHOOL PROGRAMS, AND THE TECH CHALLENGE PROGRAM. ALL OF THESE PROGRAMS MEET OR REINFORCE CALIFORNIA'S STEM EDUCATION STANDARDS. APPROXIMATELY 120,000 CALIFORNIA STUDENTS K-12 VISITED THE REGULAR MUSEUM GALLERIES THROUGH OUR FREE FIELD TRIP PROGRAM. MORE THAN HALF OF THOSE STUDENTS WERE FROM TITLE 1 SCHOOLS. MANY OF THESE TITLE 1 STUDENTS ACCESSED OUR FEE-WAIVED SUPPORT FROM DONORS THAT ALLOWED DEEPER ENGAGEMENT WITH SCIENCE AND TECHNOLOGY: NEARLY 46,000 SAW AN EDUCATIONAL IMAX FILM AND 19,300 STUDENTS PARTICIPATED IN 90-MINUTE LABS LED BY TRAINED INSTRUCTORS. THE TECH

4c (Code:) (Expenses \$ 1,317,145. including grants of \$) (Revenue \$ 468,182.) MORE THAN 15,000 MEMBERS HELP SUPPORT THE MUSEUM, INCLUDING MORE THAN 8,500 LOCAL EDUCATORS WHO ARE GRANTED COMPLEMENTARY MEMBERSHIPS. THE TECH MUSEUM HOSTS A NUMBER OF COMMUNITY CELEBRATIONS AND MORE THAN 200 RECEPTIONS, EVENTS AND PARTIES. BECAUSE OF LOCAL SPONSOR SUPPORT, THE TECH MUSEUM OFFERS FREE ADMISSION ON THE SECOND SUNDAY OF EACH MONTH. THE TECH MUSEUM'S STAFF AND OVER 300 VOLUNTEERS PROVIDE INTERPRETATION SERVICES FOR THE PERMANENT GALLERIES AND TRAVELING EXHIBITS. THEY ALSO ASSIST VISITORS WITH TICKETING, CHOOSING PROGRAMS, AND ASSESSING EDUCATIONAL OPPORTUNITIES SUCH AS IMAX FILM PRESENTATIONS.

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

4e Total program service expenses 9,238,573.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input checked="" type="checkbox"/>	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 38; 1b Enter the number of voting members included... 37; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X; 6 Does the organization have members or stockholders? X; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? X; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X; 13 Does the organization have a written whistleblower policy? X; 14 Does the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (408)795-6116 201 SOUTH MARKET STREET, SAN JOSE, CA 95113

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER FRIESS FORMER PRESIDENT (THRU 3/1/2011)	40.00						X	335,792.	0.	0.
TIM RITCHIE PRESIDENT (AS OF 9/2011)	40.00	X		X				0.	0.	0.
NARESH KAPAHI CFO	40.00			X	X	X		153,000.	0.	0.
ANN S. BOWERS BOARD CHAIR	4.00	X		X				0.	0.	0.
EDWARD G. CANNIZZARO BOARD TREASURER	2.00	X		X				0.	0.	0.
DANIEL J. WARMENHOVEN BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
ROGER J. QUINLAN BOARD SECRETARY	1.00	X		X				0.	0.	0.
TERRY L. AUSTEN DIRECTOR	0.50	X						0.	0.	0.
MANNY BARBARA DIRECTOR	0.50	X						0.	0.	0.
GUDRUN BAUMEISTER DIRECTOR	0.50	X						0.	0.	0.
HARRY E. BLOUNT DIRECTOR	1.00	X						0.	0.	0.
SALLY HAZARD BOURGOIN DIRECTOR	2.00	X						0.	0.	0.
CHUCK BOYNTON DIRECTOR	0.50	X						0.	0.	0.
TERESA BRIGGS DIRECTOR	0.40	X						0.	0.	0.
BLAIR CHRISTIE DIRECTOR	0.50	X						0.	0.	0.
DAVID S. CRAWFORD DIRECTOR	0.50	X						0.	0.	0.
JAMES C. DEICHEN DIRECTOR	2.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER S, DIGIORGIO DIRECTOR	1.00	X					0.	0.	0.	
JON R. DUANE DIRECTOR	1.60	X					0.	0.	0.	
JOSEPH W, FABRIS DIRECTOR	1.00	X					0.	0.	0.	
ROBERT A, GRIMM DIRECTOR	3.40	X					0.	0.	0.	
MICHAEL L HACKWORTH DIRECTOR	20.00	X					0.	0.	0.	
WILLIAM W. HEIL DIRECTOR	0.50	X					0.	0.	0.	
GERALD D. HELD DIRECTOR	2.00	X					0.	0.	0.	
DAVE HOUSE DIRECTOR	0.30	X					0.	0.	0.	
KATHY KIMBALL DIRECTOR	0.50	X					0.	0.	0.	
1b Sub-total							488,792.	0.	0.	
c Total from continuation sheets to Part VII, Section A							522,669.	0.	0.	
d Total (add lines 1b and 1c)							1,011,461.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RICHARD KING 201 S. MARKET STREET, SAN JOSE, CA 95113	FUNDRAISING-THE TECH AWARDS	264,995.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							(D)	(E)	(F)
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
MICHAEL KLAYKO DIRECTOR	0.50	X					0.	0.	0.
DAN'L LEWIN DIRECTOR	1.00	X					0.	0.	0.
REYNOLD H. LEWKE DIRECTOR	1.00	X					0.	0.	0.
BILL B. MAY DIRECTOR	1.00	X					0.	0.	0.
R.L. SMITH MCKEITHEN DIRECTOR	1.00	X					0.	0.	0.
PHILIP MCKINNEY DIRECTOR	0.50	X					0.	0.	0.
STEVEN E MOORE DIRECTOR	1.00	X					0.	0.	0.
JAMI DOVER NACHTSHEIM DIRECTOR	1.20	X					0.	0.	0.
OMKARAM NALAMASU DIRECTOR	1.00	X					0.	0.	0.
STUART C PANN DIRECTOR	1.00	X					0.	0.	0.
DANIEL PEREZ DIRECTOR	2.00	X					0.	0.	0.
FRANK P QUATTRONE DIRECTOR	1.00	X					0.	0.	0.
PETER RELAN DIRECTOR	0.50	X					0.	0.	0.
TINA SEELIG DIRECTOR	0.50	X					0.	0.	0.
JUDY C SWANSON DIRECTOR	0.30	X					0.	0.	0.
JOHN VITALIE DIRECTOR	0.50	X					0.	0.	0.
J STEVEN YOUNG DIRECTOR	0.50	X					0.	0.	0.
BILL BAILOR VP OF OPERATIONS	40.00				X		137,700.	0.	0.
GEORGE LEAR VP OF DEVELOPMENT	40.00					X	116,932.	0.	0.
ALANA CONNOR SNIBBE VP OF CONTENT DEVELOPMENT	40.00				X		142,100.	0.	0.
Total to Part VII, Section A, line 1c									

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH WILLIAMS VP OF MARKETING	40.00				X			125,937.	0.	0.
Total to Part VII, Section A, line 1c								522,669.		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1573394.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1300000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3306952.				
	g	Noncash contributions included in lines 1a-1f: \$		1149812.				
	h	Total. Add lines 1a-1f		6180346.				
Program Service Revenue	2 a	ADMISSIONS AND FEES	Business Code 611710	2464936.	2464936.			
	b	IMAX TICKET SALES	900099	824,414.		824,414.		
	c	VISITORS SERVICES	900099	468,182.	468,182.			
	d	FACILITY RENTAL	900099	434,989.	434,989.			
	e	STORE REVENUE	453220	348,899.	348,899.			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		4541420.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		297,488.			297,488.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					1,772,411.			
	b	Less: cost or other basis and sales expenses			1,769,000.			
c	Gain or (loss)			3,411.				
d	Net gain or (loss)			3,411.	3,411.			
8 a	Gross income from fundraising events (not including \$ <u>1,573,394.</u> of contributions reported on line 1c). See Part IV, line 18	a	542800.					
b	Less: direct expenses	b	977688.					
c	Net income or (loss) from fundraising events			-434,888.		-434888.		
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
		b						
		c						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions.			10,587,777.	3720417.	824,414.	-137400.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	488,792.	330,589.	100,446.	57,757.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,993,796.	2,701,161.	820,718.	471,917.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	300,472.	240,607.	22,565.	37,300.
10 Payroll taxes	303,517.	200,687.	65,733.	37,097.
11 Fees for services (non-employees):				
a Management				
b Legal	3,020.		3,020.	
c Accounting	137,852.		137,852.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	56,784.		56,784.	
g Other	527,648.	147,264.	183,974.	196,410.
12 Advertising and promotion	627,214.	388,615.	234,980.	3,619.
13 Office expenses	592,818.	469,545.	98,785.	24,488.
14 Information technology				
15 Royalties	330,090.	330,090.		
16 Occupancy	1,207,012.	1,167,344.	19,834.	19,834.
17 Travel	93,784.	47,080.	37,326.	9,378.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,078,385.	1,027,548.	35,885.	14,952.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FEEES AND SERVICES	912,393.	843,299.	35,935.	33,159.
b TECH AWARDS	743,790.	743,790.		
c BUILDING AND EQUIPMENT	316,288.	316,288.		
d OTHER EXPENSES	281,693.	164,654.	61,018.	56,021.
e BANKCARD FEES	120,012.	120,012.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,115,360.	9,238,573.	1,914,855.	961,932.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	55,118.	1	43,972.
	2	Savings and temporary cash investments	931,395.	2	352,106.
	3	Pledges and grants receivable, net	1,209,909.	3	1,419,506.
	4	Accounts receivable, net	1,679,340.	4	1,126,854.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	278,453.	9	205,772.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,441,367.		
	b	Less: accumulated depreciation	10b 31,709,025.		
	11	Investments - publicly traded securities	5,502,896.	10c	5,732,342.
	12	Investments - other securities. See Part IV, line 11	14,603,482.	12	16,046,150.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,543,927.	15	21,432,562.
16	Total assets. Add lines 1 through 15 (must equal line 34)	45,804,520.	16	46,359,264.	
Liabilities	17	Accounts payable and accrued expenses	1,154,321.	17	682,100.
	18	Grants payable		18	
	19	Deferred revenue	473,403.	19	339,039.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,627,724.	26	1,021,139.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,877,520.	27	5,864,507.
	28	Temporarily restricted net assets	27,613,570.	28	26,757,912.
	29	Permanently restricted net assets	12,685,706.	29	12,715,706.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	44,176,796.	33	45,338,125.	
34	Total liabilities and net assets/fund balances	45,804,520.	34	46,359,264.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,587,777.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,115,360.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,527,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,176,796.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,688,912.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	45,338,125.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer identification number

94-2864660

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,871,655.	11,577,669.	11,117,707.	8,983,577.	6,996,214.	47,546,822.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	1,404,000.	1,404,000.	1,304,886.	1,298,939.	1,292,636.	6,704,461.
4 Total. Add lines 1 through 3	10,275,655.	12,981,669.	12,422,593.	10,282,516.	8,288,850.	54,251,283.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						54,251,283.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,275,655.	12,981,669.	12,422,593.	10,282,516.	8,288,850.	54,251,283.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	607,988.	459,289.	381,718.	318,803.	297,488.	2,065,286.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...				748,485.	824,414.	1,572,899.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						57,889,468.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.72 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.01 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010
Open to Public Inspection

Name of the organization **THE TECH MUSEUM OF INNOVATION** Employer identification number **94-2864660**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 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 XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,685,706.	12,675,167.			
b Contributions	30,000.	10,539.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	12,715,706.	12,685,706.			

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

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,966,579.	6,852,659.	3,113,920.
d Equipment		7,413,267.	6,885,099.	528,168.
e Other		20,061,521.	17,971,267.	2,090,254.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,732,342.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY FUNDS	12,096,782.	END-OF-YEAR MARKET VALUE
(B) VENTURE CAPITAL FUNDS &		
(C) PARTNERSHIPS	925,104.	END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSIT	3,024,264.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	16,046,150.	

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

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1) CITY OF SAN JOSE LEASE	21,432,562.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	21,432,562.

Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,587,777.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,115,360.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,527,583.
4	Net unrealized gains (losses) on investments	4	2,224,715.
5	Donated services and use of facilities	5	-111,364.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	575,561.
9	Total adjustments (net). Add lines 4 through 8	9	2,688,912.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,161,329.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,998,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,224,715.
b	Donated services and use of facilities	2b	1,292,636.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,242,108.
e	Add lines 2a through 2d	2e	4,759,459.
3	Subtract line 2e from line 1	3	11,238,949.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990; Part VIII, line 7b	4a	56,784.
b	Other (Describe in Part XIV.)	4b	-707,956.
c	Add lines 4a and 4b	4c	-651,172.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,587,777.

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

1	Total expenses and losses per audited financial statements	1	14,837,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,404,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	666,547.
e	Add lines 2a through 2d	2e	2,070,547.
3	Subtract line 2e from line 1	3	12,766,532.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,784.
b	Other (Describe in Part XIV.)	4b	-707,956.
c	Add lines 4a and 4b	4c	-651,172.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,115,360.

Part XIV Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION APPLIES THE PROVISIONS SET FORTH IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740 TO ACCOUNT FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATION REMAINED OPEN. THE ORGANIZATION BELIEVES THAT ITS TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AT JUNE 30, 2011. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT INCREASES OR

Part XIV Supplemental Information (continued)

DECREASES TO UNRECOGNIZED INCOME TAX BENEFITS DURING THE NEXT TWELVE MONTHS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

IN-KIND CONTRIBUTIONS - REPORTED AS INCOME	1,242,108.
IN-KIND CONTRIBUTIONS - REPORTED AS EXPENSES	-666,547.
TOTAL TO SCHEDULE D, PART XI, LINE 8	575,561.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND CONTRIBUTIONS	1,242,108.
-----------------------	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF TECH AWARD EXPENSES	-707,956.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND CONTRIBUTIONS	666,547.
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PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF TECH AWARD EXPENSES	-707,956.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047
2010
Open to Public
Inspection

Name of the organization THE TECH MUSEUM OF INNOVATION	Employer identification number 94-2864660
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

94-2864660

THE TECH MUSEUM OF INNOVATION

Schedule F (Form 990) 2010

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. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	PRIZE FOR THE TECH AWARDS	50,000.00	WIRE	0.		FMV
		CANADA	PRIZE FOR THE TECH AWARDS	50,000.00	WIRE	0.		FMV
		PHILIPPINES	PRIZE FOR THE TECH AWARDS	50,000.00	WIRE	0.		FMV

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 1

3 Enter total number of other organizations or entities 2

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PRIZE FOR THE TECH AWARDS	PHILIPPINES	1	50,000	WIRE	0.		FMV

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) 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, 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) Yes No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 2: THE TECH MUSEUM MAKES ANNUAL AWARDS IN CONJUNCTION WITH ITS ANNUAL TECH AWARDS GALA. THE PURPOSE OF THE TECH AWARDS IS TO HONOR TECHNOLOGISTS, EDUCATORS, SCIENTISTS AND ENTREPRENEURS WHO USE TECHNOLOGY TO IMPROVE OUR WORLD. EACH NOMINEE ELIGIBLE FOR AN AWARD IS VETTED IN ACCORDANCE WITH THE IRS REGULATIONS AND APPLICABLE GUIDANCE TO ENSURE COMPLIANCE WITH THE RULES AND REGULATIONS FOR MAKING INTERNATIONAL AWARDS.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

Open To Public
Inspection

Name of the organization **THE TECH MUSEUM OF INNOVATION** Employer identification number **94-2864660**

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a 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			
RICHARD KING - 201 S. MARKET STREET, SAN JOSE, CA 95113	FUNDRAISING - THE TECH AWARDS		X	2,116,194.	264,995.	1,851,199.
Total				2,116,194.	264,995.	1,851,199.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE TECH AWARDS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	2,116,194.		2,116,194.
	2	Less: Charitable contributions	1,573,394.		1,573,394.
	3	Gross income (line 1 minus line 2)	542,800.		542,800.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	249,119.		249,119.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	728,569.		728,569.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(977,688)
	11	Net income summary. Combine line 3, column (d), and line 10			-434,888.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 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 operate 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 operated in:
a The organization's facility 13a %
b An outside facility 13b %

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) 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).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RICHARD KING

(I) ADDRESS OF FUNDRAISER: 201 S. MARKET STREET, SAN JOSE, CA 95113

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number
94-2864660

THE TECH MUSEUM OF INNOVATION

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE PLANET RUN FOUNDATION PO BOX 3059 REDWOOD CITY, CA 94064	74-3050022	501(C)(3)	50,000.	0.	FMV		PRIZE FOR THE TECH AWARDS

2 Enter total number of section 501(c)(3) and government organizations 1.

3 Enter total number of other organizations 1.

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

Schedule I (Form 990) (2010)

THE TECH MUSEUM OF INNOVATION

Schedule I (Form 990) (2010)

Part III: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE TECH MUSEUM MAKES ANNUAL AWARDS IN CONJUNCTION WITH ITS ANNUAL TECH AWARDS GALA. THE PURPOSE OF THE TECH AWARDS IS TO HONOR TECHNOLOGISTS, EDUCATORS, SCIENTISTS AND ENTREPRENEURS WHO USE TECHNOLOGY TO IMPROVE OUR WORLD. EACH NOMINEE ELIGIBLE FOR AN AWARD IS VETTED IN ACCORDANCE WITH THE IRS REGULATIONS AND APPLICABLE GUIDANCE TO ENSURE COMPLIANCE WITH THE RULES AND REGULATIONS FOR MAKING DOMESTIC AWARDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer identification number
94-2864660

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2010

THE TECH MUSEUM OF INNOVATION

94-2864660

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER FRIESS	335,792.	0.	0.	0.	0.	335,792.	0.
2 NARESH KAPAHI	153,000.	0.	0.	0.	0.	153,000.	0.
3 GEORGE LEAR	116,932.	0.	0.	0.	0.	116,932.	0.
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

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

PART I, LINE 4A:

- PETER FRIESS RECEIVED SEVERANCE PAY IN THE AMOUNT OF \$152,500.

- GEORGE LEAR RECEIVED SEVERANCE PAY IN THE AMOUNT OF \$58,333.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization **THE TECH MUSEUM OF INNOVATION** Employer identification number **94-2864660**

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	X		42,251.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>ELECTRONICS</u>)	X	14	433,669.	FMV
26	Other ▶ (<u>ADVERTISING</u>)	X	8	326,500.	FMV
27	Other ▶ (<u>EQUIPMENT</u>)	X	6	156,368.	FMV
28	Other ▶ (<u>ENTERTAINMENT</u>)	X	30	56,200.	FMV

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

PART I, OTHER TYPES OF PROPERTY:

SOFTWARE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 4
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 43670.
- (D) METHOD OF DETERMINING REVENUE: FMV

TRAVEL

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 6
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 36935.
- (D) METHOD OF DETERMINING REVENUE: FMV

OTHER GOODS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 4
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 21858.
- (D) METHOD OF DETERMINING REVENUE: FMV

HOTEL

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 4
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 18050.
- (D) METHOD OF DETERMINING REVENUE: FMV

WINE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 9

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

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9760.

(D) METHOD OF DETERMINING REVENUE: FMV

FOOD

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 8

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4550.

(D) METHOD OF DETERMINING REVENUE: FMV

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.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer identification number
94-2864660

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

HONORS TECHNOLOGICAL SOLUTIONS TO HUMANITY'S MOST PRESSING PROBLEMS,
WITH OVER 700 NOMINATIONS OF INDIVIDUALS AND ORGANIZATIONS FROM 70+
COUNTRIES. THE LAUREATES ARE CELEBRATED AT AN ANNUAL AWARDS GALA, WHICH
HAS BECOME A SIGNIFICANT SILICON VALLEY EVENT.

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

MUSEUM REACHES OUT TO DIFFERENT ETHNIC AND SOCIOECONOMIC COMMUNITIES TO
INTRODUCE STUDENTS NOT ONLY TO STEM CONCEPTS, BUT ALSO TO THE THRILL OF
HANDS-ON LEARNING AND REAL-WORLD DESIGN.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS A DRAFT
OF THE RETURNS. ALL BOARD MEMBERS ARE SENT A FINAL DRAFT OF THE RETURNS
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, EACH CORPORATE
OFFICER, THE HIGHEST RANKING OR CHIEF MANAGEMENT OFFICIAL, THE HIGHEST
RANKING OR CHIEF FINANCIAL OFFICER, EACH KEY EMPLOYEE OF THE TECH MUSEUM,
AND OTHERS THAT THE TECH MUSEUM MAY IDENTIFY, SHALL SIGN A STATEMENT THAT:
1) AFFIRMS THE PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST
POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH
THE POLICY; AND
2) DISCLOSES THE PERSON'S INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF
INTEREST.

ALL SUCH STATEMENTS BY DIRECTORS AND OFFICERS SHALL BE FILED WITH THE
MINUTES OF THE MEETINGS OF THE BOARD OR COMMITTEE; STATEMENTS BY OTHERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer identification number

94-2864660

SHALL BE RETAINED IN THEIR PERSONNEL FILES.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE APPROVES COMPENSATION FOR THE CEO AND CFO. THE ORGANIZATION PERIODICALLY CONDUCTS A SALARY COMPARISON.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES THESE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	2,224,715.
DONATED SERVICES AND USE OF FACILITIES:	-111,364.
IN-KIND CONTRIBUTIONS - REPORTED AS INCOME	1,242,108.
IN-KIND CONTRIBUTIONS - REPORTED AS EXPENSES	-666,547.
TOTAL TO FORM 990, PART XI, LINE 5	2,688,912.

FORM 990, PART XII, LINE 2C: THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS.