	0	on	Return of Organization Exempt F			OMB No. 1545-0047
Form JJU			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (-		
Department of the Treasury			Do not enter Social Security numbers on this form as	-	•	Open to Public
		enue Service	► Information about Form 990 and its instructions is a ar year, or tax year beginning JUL 1, 2013 and e			Inspection
				naing U	-	4 ¹
	heck if pplicab	le: C Name of	organization		D Employer identifie	cation number
	Addre	THE	TECH MUSEUM OF INNOVATION			
	Name Chang		usiness As		94-2	864660
	Initial return			Room/suite		
	 ated		SOUTH MARKET STREET		(408	
	_Amen _return	ded	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,318,583.
	Applie distance	ca- SAN	JOSE, CA 95113		H(a) Is this a group re	eturn
	pendi	F Name a	nd address of principal officer: TIM RITCHIE		for subordinates	
		SAME	AS C ABOVE		H(b) Are all subordinates in	Included? Yes No
		empt status: L		· 527	lf "No," attach a	list. (see instructions)
			THETECH.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year of	of formation: 1983 N	State of legal domicile: CA
Pa	rt I	Summary				
ě	1		e the organization's mission or most significant activities: \underline{TOIN}	SPIRE	THE INNOVA	TOR IN
and		EVERYON				
'ern			x 🕨 📖 if the organization discontinued its operations or dispose	ed of more		
õ						<u>40</u> 39
80 80			ependent voting members of the governing body (Part VI, line 1b)			151
Activities & Governance			of individuals employed in calendar year 2013 (Part V, line 2a)			303
ivi			of volunteers (estimate if necessary)			183,412.
Ă			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34			-147,356.
	b	Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		11,124,299.	8,569,632.
nue	9		ce revenue (Part VIII, line 2g)	·····	3,769,831.	6,840,951.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		220,720.	264,190.
æ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-283,302.	83,423.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,831,548.	15,758,196.
_	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	500,000.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		5,818,076.	7,010,695.
Expense	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.
ď	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨 <u>1, 253, 68</u>	9.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		8,451,064.	8,857,718.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,269,140.	16,368,413.
<u></u>	19	Revenue less	expenses. Subtract line 18 from line 12		562,408.	-610,217.
Net Assets or Fund Balances	~				ginning of Current Year 61,175,490.	End of Year 63,034,519.
Asse Bala		Total assets (F			1,574,168.	1,837,215.
Vet ∕ und			(Part X, line 26)		59,601,322.	61,197,304.
	22 rt II		fund balances. Subtract line 21 from line 20		55,001,522.	51,177,304.
			I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	/ knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which			, onioago ana bollol, it lo
		,		I Por 01		

	Dispetune of officer		Data				
Sign	Signature of officer		Date				
Here	TIM RITCHIE, PRESIDENT	1					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	PRERNA JAGADA	For Tax Retern Hurpords Only	4/24/2015 ^{if} p01063809				
Preparer	Firm's name 🕞 FRANK , RIMERMAN	& CO. LNP	Firm's EIN 94-1341042				
Use Only	Firm's address 👞 1801 PAGE MILL F	OAD					
	PALO ALTO, CA 94	304	Phone no. (650)845-8100				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
332001 10-2	332001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)						

	990 (2013) THE TECH MUSEUM OF INNOVATION	94-2864660 F
Par	t 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:	
	TO INSPIRE THE INNOVATOR IN EVERYONE. THE TECH IS A NO	
	EXPERIENTIAL LEARNING RESOURCE DESIGNED TO HELP PEOPL	
	THRIVE IN A TECHNOLOGICAL AGE. THE TECH DOES THIS WIT	
	PROGRAMS THAT INSPIRE PEOPLE WITH THE POWER OF TECHNO	LOGY TO IMPROVE
	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes 🗋
	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 service	ces?Yes
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services	
	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. (Code:) (Expenses \$ 9,247,955 · including grants of \$ 500,000 ·) (F	Revenue \$ 5,990,1
la	(Code:)(Expenses \$ 9,247,955. including grants of \$ 500,000.) (F THE TECH ASPIRES TO BRING TOGETHER, IN ITS 132,000 SQ	
	EXHIBITION FACILITY, EXHIBITS AND PROGRAMS THAT INSPI	
	IN EVERYONE. WITH MORE THAN 100 INTERACTIVE EXHIBITS	
	STANDARDS-BASED EDUCATIONAL IMAX FILMS, THIS SPACE WE	-
	MORE THAN 400,000 VISITORS ANNUALLY, INCLUDING MORE T	
	LOCAL K-12 SCHOOLS, TO ENGAGE IN SCIENCE AND TECHNOLOG	
	ADDITIONALLY, THE TECH HOSTS TWO ANNUAL SIGNATURE PRO	
	(1) THE TECH CHALLENGE, A TEAM ENGINEERING DESIGN COM	
	MORE THAN 2,000 STUDENTS IN GRADES 4-12 DESIGN, BUILD	
	TEST DEVICES THAT SOLVE A REAL-WORLD PROBLEM, AND	
	(2) THE TECH AWARDS, AN INTERNATIONAL PROGRAM THAT HO	NORS INNOVATORS
	FROM AROUND THE WORLD WHO ARE APPLYING TECHNOLOGY TO	
1b	1 500 050	Revenue \$ 140,62
	THE TECH OFFERS AN ARRAY OF STANDARDS-BASED SCIENCE, '	
	ENGINEERING, AND MATH (STEM) EDUCATION PROGRAMS, WHICH	-
	HANDS-ON SCIENCE LABS, BILINGUAL WEEKEND WORKSHOPS, A	
	PROGRAMS, AND THE TECH CHALLENGE PROGRAM. ALL OF THES	
	WITH NEXT GENERATION SCIENCE STANDARDS AND COMMON COR	
	IN ADDITION, THE TECH OFFERS EDUCATIONAL IMAX FILMS T	
	CALIFORNIA SCIENCE AND SOCIAL STUDIES CONTENT STANDAR	DS. APPROXIMATE
	100,000 CALIFORNIA STUDENTS IN GRADES K-12 VISITED TH	E REGULAR MUSEU
	GALLERIES THROUGH OUR FIELD-TRIP PROGRAM. MORE THAN	HALF OF THOSE
	STUDENTS WERE FROM TITLE 1 SCHOOLS. MANY OF THESE TIT	LE 1 STUDENTS
	ACCESSED OUR FEE-WAIVED SUPPORT FROM DONORS THAT ALLO	WED THEM A DEEP
	ENGAGEMENT WITH SCIENCE AND TECHNOLOGY THAT OTHERWISE	WOULD NOT BE
łc	(Code:) (Expenses \$ 1,835,094. including grants of \$) (F	Revenue \$ 526,7
	MORE THAN 7,000 MEMBERS HELP SUPPORT THE TECH, INCLUD	
	LOCAL EDUCATORS WHO ARE GRANTED DISCOUNTED MEMBERSHIP	
	A NUMBER OF COMMUNITY CELEBRATIONS AND MORE THAN 200	
	AND PARTIES. THE TECH'S STAFF AND OVER 300 VOLUNTEERS	
	INTERPRETATION SERVICES FOR THE PERMANENT GALLERIES A	
	EXHIBITS. THEY ALSO ASSIST VISITORS WITH TICKETING, C	
	AND EDUCATIONAL OPPORTUNITIES SUCH AS IMAX FILM PRESE	NTATIONS.
łd	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 12,611,907.	
le		
		Form 990
1e 2002 -29-1	SEE SCHEDULE O FOR CONTINUATION	

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12 1 1 1 1 2 **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 332003 10-29-13

THE TECH MUSEUM OF INNOVATION

Par	Checklist of Required Schedules		N/	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ũ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>л</u>
15		15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 23	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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2013.05070 THE TECH MUSEUM OF INNOVATI 90477-T1

Form **990** (2013)

Form 990 (2013) Part IV Che

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	Х	<u></u>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2013)

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	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 151					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
		5b		Х		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
-	to file Form 8282?	7c		x		
d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	_				
а	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
		13a				
4	Note. See the instructions for additional information the organization must report on Schedule O.					
b						
2	organization is licensed to issue qualified health plans					
c	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>		
			000	<u>.</u>		

Statements Regarding Other IRS Filings and Tax Compliance

Form **990** (2013)

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Form 990 (2013)

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THE TECH MUSEUM OF INNOVATION

94-2864660 Page 6

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

ntaina a reaponea ar pata ta any lina, in this Dart VI Oh a al site Sectior

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 40)				
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 39	2				
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	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?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	a The governing body?					
b						
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	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
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?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	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?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
		1	1 77			

а	a The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
800	tion C. Disologuro			

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed CA 17

18	Section 6104 requires	an organization to make its Fo	orms 1023 (or 1024 if app	blicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. I	ndicate how you made these a	available. Check all that a	apply.
	X Own website	Another's website	X Upon request	Other (explain in Schedule O)

Another's website	X Upon request
-------------------	-----------------------

19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finan	ncial
	statements available to the public during the tax year.	

20	State t	he name, pl	nysical address	, and telephone	number	of the pers	on who	o possesses the books and records of the organization:	►
				- (408)					
	001	COTTENT	1(1 D II D D	<u>amp = = = = = = = = = = = = = = = = = = =</u>	~ > > T	TOGE	~ 1	0 - 1 1 2	-

	201	SOUTH	MARKET	STREET,	SAN	JOSE,	CA	95113
332006	10-29-13							

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

Check if Schedule O contains a response or note to any line 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.

		l				npei	1541			(E)
	(B)			(C Pos				(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	al tru		yee	mpe		, , ,		and related
	below	dual	Institutional trustee	5	nplo	est co o yee	er			organizations
	line)	Individual 1	Institu	Officer	Key employee	Highest compensated employee	Former			0
(1) TIM RITCHIE	40.00									
PRESIDENT & CEO/DIRECTOR		x		х				272,395.	0.	0.
(2) ANN BOWERS	3.00									
DIRECTOR		x						0.	0.	0.
(3) EDWARD CANNIZZARO	2.00									
BOARD TREASURER		x		х				0.	0.	0.
(4) DANIEL WARMENHOVEN	2.00									
BOARD VICE CHAIR		x		Х				0.	0.	0.
(5) ROGER QUINLAN	1.00									
BOARD SECRETARY		X		Х				0.	0.	0.
(6) MANNY BARBARA	0.50									
DIRECTOR		Х						0.	0.	0.
(7) JAMES BARRESE	0.50									
DIRECTOR		Х						0.	0.	0.
(8) HARRY BLOUNT	0.30									
DIRECTOR		Х						0.	0.	0.
(9) SALLY BOURGOIN	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) CHRIS BOYD	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) CHUCK BOYNTON	0.40									
DIRECTOR		Х						0.	0.	0.
(12) TERESA BRIGGS	0.50									
DIRECTOR		Х						0.	0.	0.
(13) BLAIR CHRISTIE	0.50									_
DIRECTOR		Х						0.	0.	0.
(14) DAVID CORTESE	0.50									_
DIRECTOR		Х						0.	0.	0.
(15) DAVID CRAWFORD	1.00									_
DIRECTOR		х						0.	0.	0.
(16) JAMES DEICHEN	4.00									
DIRECTOR		х						0.	0.	0.
(17) CHRISTOPHER DIGIORGIO	4.00							_		•
BOARD CHAIR		X		Х				0.	0.	0.
332007 10-29-13										Form 990 (2013)

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Form **990** (2013)

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, ar	nd H	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(do				n e than	one	Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	ess p	erson	is bot	th an	compensation	compensatior	וו	am	nount	of
	week	-		lua		.or/trus		from	from related			other	
	(list any hours for	irecto						the	organizations (W-2/1099-MIS			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-0013	0)		om th anizat	
	organizations	Individual trustee or director	In stitutional trustee		/ee	mpen		(112/1000/11100)			0	d relat	
	below	dual 1	utiona	-	nploy	est co oyee	E L					nizat	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				0		
(18) JOSEPH FABRIS	1.00												
DIRECTOR		x						0.		0.			0.
(19) ROBERT GRIMM	3.40												
DIRECTOR		x						0.		0.			Ο.
(20) WILLIAM HEIL	0.50												
DIRECTOR		x						0.		0.			0.
(21) GERALD HELD	2.00												
DIRECTOR		x						0.		0.			0.
(22) DAVE HOUSE	0.30												
DIRECTOR		x						0.		0.			0.
(23) JOE KAVA	1.00												
DIRECTOR		x						0.		0.			0.
(24) CATHY KIMBALL	0.50												
DIRECTOR		x						0.		0.			0.
(25) RANDY KREZIN	0.50												
DIRECTOR		x						0.		0.			0.
(26) DAN'L LEWIN	0.50									\rightarrow			
DIRECTOR		x						0.		0.			0.
1b Sub-total		-		-	-			272,395.		0.			0.
c Total from continuation sheets to Part V	/II. Section A							827,776.		0.	1	9,2	200.
d Total (add lines 1b and 1c)								1,100,171.		0.			200.
2 Total number of individuals (including but									000 of reportable	L ə		<u> </u>	
compensation from the organization						•,			,	-			7
												Yes	No
3 Did the organization list any former officer	. director, or tru	uste	e. ke	ev e	mpla	ovee	. or	highest compensated e	mplovee on	Г			
line 1a? If "Yes," complete Schedule J for				•				5 1		- I	3	Х	
4 For any individual listed on line 1a, is the s										····			
and related organizations greater than \$15			-					for such individual		- I	4	Х	
5 Did any person listed on line 1a receive or										····			
rendered to the organization? If "Yes," cor	•							5			5		X
Section B. Independent Contractors	•									<u> </u>	t		. <u></u>
1 Complete this table for your five highest c	ompensated in	depe	ende	ent o	cont	racto	ors	that received more than	\$100,000 of com	pensa	ation f	rom	
the organization. Report compensation for	-									•			
(A)								(B)			(C	;)	
Name and busines	s address							Description of s	ervices	C	omper		วท
RICHARD KING								FUNDRAISING-	THE TECH				
201 S. MARKET STREET, SA	N JOSE,	CZ	<u>A</u> 9	95	11	3		AWARDS			24	9,9	91.
2 Total number of independent contractors	(including but r	not li	mite	ed to	o tho	ose li	stee	d above) who received m	ore than				
\$100,000 of compensation from the organ						1							
SEE PART VII, SECTIO		ΓII	NUZ	AT	IO	N S	SH	EETS		ſ	Form 9	990	(2013)
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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	es, ar	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per					6		from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	se or	stee			nsate		(** 2/1000 10100)		and related
	organizations	trust	ial tru		oyee	ompei				organizations
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	Highest compensated employee	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) BILL MAY	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SMITH MCKEITHEN	0.50									
DIRECTOR		Х						0.	0.	0.
(29) JAMI NACHTSHEIM	1.20									
DIRECTOR		X						0.	0.	0.
(30) OMKARAM NALAMASU	0.50									_
DIRECTOR		x						0.	0.	0.
(31) STUART PANN	0.30									•
DIRECTOR	1 0 0	X						0.	0.	0.
(32) DANIEL PEREZ	1.00									0
DIRECTOR	1 0 0	X						0.	0.	0.
(33) FRANK QUATTRONE	1.00	x						0.	0.	0
DIRECTOR (34) PETER RELAN	0.20							0.	0.	0.
(34) PETER RELAN DIRECTOR	0.20	x						0.	0.	0.
(35) ARCHANA SATHAYE	0.50							0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(36) JUDY SWANSON	0.50							0.	•	
DIRECTOR	0.50	x						0.	0.	0.
(37) JIM VANIDES	0.50									
DIRECTOR		x						0.	0.	0.
(38) JOHN VITALIE	0.30									
DIRECTOR		x						0.	0.	0.
(39) KENNETH WASHINGTON	1.00									
DIRECTOR		x						0.	0.	0.
(40) STEVE YOUNG	0.50									
DIRECTOR		X						0.	0.	0.
(41) HARVARD SUNG	40.00									
CFO		Х		Х				109,827.	0.	0.
(42) VINOD MEHTA	1.00									
DIRECTOR		Х						0.	0.	0.
(43) LATH CARLSON	40.00									
VP EXHIBITS					Х			170,052.	0.	0.
(44) MARIA PAPPAS	40.00							1 - 0 - 0 - 0		•
VP DEVELOPMENT	10 00			$ \square$	Х			158,932.	0.	0.
(45) BILL BAILOR	40.00	ł						141 500		4 400
VP OPERATIONS	10 00					X		141,566.	0.	4,400.
(46) DAVID WHITMAN	40.00					v		120 604		10 000
VP TECH AWARDS						Х		128,604.	0.	10,000.
Total to Part VII, Section A, line 1c										

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Form	990

Form 990 THE TECH	MOSEOM	01		LINI	101	VA.	L.T.C	JN	94-286	4000
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		Iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
47) ELIZABETH WILLIAMS	40.00									
ORMER VP MARKETING							X	118,795.	0.	4,800
				-	-					
otal to Part VII, Section A, line 1c								827,776.		19,200

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Form 990 (20			TEC
Part VIII	Statemen	nt of Rev	/enue

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		Check if Schedule O contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
nts	1 ;	a Federated campaigns	1a					
and Other Similar Amounts	I	b Membership dues	1b					
₹I	(c Fundraising events	1c	2,054,155.				
æ		d Related organizations						
Ē	(e Government grants (contributions)	1e	1,149,750.				
ະ ກ	1	f All other contributions, gifts, grants, an	d					
Ĕ		similar amounts not included above \ldots	1f	5,365,727.				
	9	g Noncash contributions included in lines 1a-1f:	\$	349,930.				
a	I	h Total. Add lines 1a-1f		🕨	8,569,632.			
				Business Code				
	2 8	a ADMISSIONS AND FEES		611710	4,342,839.	4,342,839.		
Revenue	I	b IMAX TICKET SALES		900099	951,081.	767,669.	183,412.	
اة		c FACILITY RENTAL		900099	632,665.	632,665.		
ě	(d VISITORS SERVICES		900099	526,788.	526,788.		
	(e STORE REVENUE		453220	387,578.	387,578.		
	1	f All other program service revenue						
		g Total. Add lines 2a-2f		►	6,840,951.			
	3	Investment income (including divid	ends, inter	est, and				
		other similar amounts)		►	284,725.			284,72
	4	Income from investment of tax-exe	mpt bond p	oroceeds 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 8	a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
	(d Net rental income or (loss)		🕨				
	7 :		Securities	(ii) Other				
		assets other than inventory 3	,122,493.	•				
	I	b Less: cost or other basis						
			,998,028.					
	(c Gain or (loss)	124,465.	145,000.				
		d Net gain or (loss)			-20,535.			-20,53
	8 8	a Gross income from fundraising eve						
		including \$ 2,054,155						
		contributions reported on line 1c).						
		Part IV, line 18	а					
;		b Less: direct expenses			00.400			
		c Net income or (loss) from fundraisi	°	····· •	83,423.			83,42
	9 ;	a Gross income from gaming activitie						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming a		······ •				
	10 a	a Gross sales of inventory, less retur						
	_	and allowances						
		b Less: cost of goods sold						
┝		c Net income or (loss) from sales of i	nventory					
┟		Miscellaneous Revenue		Business Code				
	11 :			├ ──── ├				1
	I	b		├ ──── ├				
	(c		├ ──── ├				
		d All other revenue						
		e Total. Add lines 11a-11d Total revenue. See instructions			4.5 - 5.6 - 5.5			
	12	Letel revenue Coo instructions			15,758,196.	6,657,539.	183,412.	347,61

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	125,000.	125,000.		
2	Grants and other assistance to individuals in	75,000.	75,000.		
3	the United States. See Part IV, line 22 Grants and other assistance to governments,	75,000.	75,000.		
-	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	300,000.	300,000.		
4	Benefits paid to or for members	500,000	500,000		
5	Compensation of current officers, directors,				
	trustees, and key employees	836,199.	185,592.	485,555.	165,052
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	5,175,821.	3,913,846.	776,486.	485,489
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	574,420.	390,294.	122,314.	61,812
0	Payroll taxes	424,255.	289,833.	88,706.	45,716
1	Fees for services (non-employees):				
	Management			22 725	
		22,735. 121,020.		22,735. 121,020.	
	Accounting	121,020.		121,020.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	43,806.		43,806.	
	Other. (If line 11g amount exceeds 10% of line 25,	,			
Ũ	column (A) amount, list line 11g expenses on Sch 0.)	466,650.	314,303.	21,529.	130,818
2	Advertising and promotion	556,519.	331,609.	224,519.	391
3	Office expenses	741,221.	604,910.	86,664.	49,647
4	Information technology	045 046	0.4.0.005		
5	Royalties	245,946.	243,025.	164 002	2,921
6	Occupancy	1,797,844. 266,305.	1,540,242.	164,903. 42,040.	92,699 14,633
7	Travel	200,303.	209,632.	42,040.	14,033
8	Payments of travel or entertainment expenses				
9	for any federal, state, or local public officials Conferences, conventions, and meetings	29,387.	22,790.	3,458.	3,139
9 0	Interest	10,693.	8,293.	1,258.	1,142
21	Payments to affiliates		,	,	
2	Depreciation, depletion, and amortization	1,469,281.	1,373,645.	68,954.	26,682
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FEES AND SERVICES	1,178,447.	1,011,622.	165,357.	1,468
b	TECH AWARDS	802,301.	802,301.		~ / ~= ·
с	BUILDING AND EQUIPMENT	654,253.	581,837.	38,342.	34,074
d	BANKCARD FEES	122,221.	122,221.	<u> </u>	120 000
	All other expenses	329,089.	165,912.	25,171. 2,502,817.	138,006
25	Total functional expenses. Add lines 1 through 24e	16,368,413.	12,611,907.	2,502,01/•	1,253,689
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and full and sold sold sold sold sold sold sold sol				

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THE TECH MUSEUM OF INNOVATION

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Form 990 (IECH	MOBEOM	OF	INNOVATION		94-
Part X	Balance Sheet							
	Check if Schedule	O contai	ins a respo	onse or note to	any	ine in this Part X		
							(A)	

		Check in Schedule O contains a response of hote to any line in this Part A			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	49,685.	1	69,201.
	2	Savings and temporary cash investments		2	5,263,525.
	3	Pledges and grants receivable, net	12,100,086.	3	9,091,946.
	4	Accounts receivable, net	1,314,857.	4	50,276.
	5	Loans and other receivables from current and former officers, directors,			,
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		-	
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	208,857.	9	216,168.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 28,900,545			
	b	Less: accumulated depreciation 10b 21,635,187	6,465,188.	10c	7,265,358.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	17,625,957.	12	20,001,294.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	20,000.
	15	Other assets. See Part IV, line 11	21,189,388.	15	21,056,751.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	61,175,490.	16	63,034,519.
	17	Accounts payable and accrued expenses	1,189,071.	17	1,258,562.
	18	Grants payable		18	
	19	Deferred revenue	385,097.	19	578,653.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,574,168.	25	1,837,215.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	1,001,11101
s		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	5,799,794.	27	8,148,336.
alaı	28	Temporarily restricted net assets	41,085,822.	28	40,333,262.
dB	29	Permanently restricted net assets	12,715,706.	29	12,715,706.
- n		Organizations that do not follow SFAS 117 (ASC 958), check here			
or		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	59,601,322.	33	61,197,304.
	34	Total liabilities and net assets/fund balances	61,175,490.	34	63,034,519.

Form **990** (2013)

13

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THE TECH MUSEUM OF INNOVATION

94-2864660 Page 12

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) 1 15,758,196. 2 Total expenses (must equal Part IX, column (A), line 25) 2 16,368,413. 3 Revenue less expenses. Subtract line 2 from line 1 3 -610,217. 4 Net unrealized gains (losses) on investments 5 2,338,836. 6 -132,637. 7 7 Investment expenses 7 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 10 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Accounting method used to prepare the Form 990: Cash Accrual Other 2 14 Accounting method used to p		1990 (2013) THE TECH MUSEUM OF INNOVATION	94-2	2864660	Pa	<u>ge</u> 12
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Form **990** (2013)

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SCHEDULE A	
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(Form 990 or 990-E	Z
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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.

Open to Public

OMB No 1545-0047

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Nomo	of the	orgonizati	-

Attach to Form 990 or Form 990-EZ.

Department of the Treasurv Internal Revenue Service Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/form990. Employer identification number me of the organizat on THE TECH MUSEUM OF INNOVATION 94-2864660 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 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. **d** Type III - Non-functionally integrated **c** Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than ρ foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) 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) Provide the following information about the supported organization(s). h (iv) to the organization (v) Did you notify the (wi) lo the

(i) Name of supported organization	(ii) EIN	(described on lines 1-9) in col. (i) listed in your		(i) listed in your ing document? (i) of your support?		organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	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) 2013

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Schedule A (Form 990 or 990-EZ) 2013 THE TECH MUSEUM OF INNOVATION Part II Support Schedule for Organizations Described in Sections 170(b)

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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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	8,983,577.	6,996,214.	21,690,550.	11,124,299.	8,569,632.	57,364,272.
2	Tax revenues levied for the organ-						
	ization'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	1,298,939.		1,285,955.	1,278,871.	1,271,363.	6,427,764.
4	Total. Add lines 1 through 3	10,282,516.	8,288,850.	22,976,505.	12,403,170.	9,840,995.	63,792,036.
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)						25,004,379.
	Public support. Subtract line 5 from line 4.						38,787,657.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	10,282,516.	8,288,850.	22,976,505.	12,403,170.	9,840,995.	63,792,036.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	210 002	207 400	277 502	261 500	204 725	1 440 000
	and income from similar sources	318,803.	297,488.	211,593.	201,599.	284,725.	1,440,208.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						65,232,244.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (aga ipatruati	200)			12 21	,530,379.
	First five years. If the Form 990 is for	,	,	d fourth or fifth to			, 550, 515.
13	organization, check this box and stop	•					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (olumn (f))		14	59.46 %
						15	66.99 %
	5 Public support percentage from 2012 Schedule A, Part II, line 14 15 66.99 % 6a 33 1/3% support test - 2013. 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						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual						
17a							or more,
	a 10% -facts-and-circumstances test - 2013. 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 organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>
					Sche	dule A (Form 990	or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 THE TECH MUSEUM OF INNOVATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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						
	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	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here					-)
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2013 (ine 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2012					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2012. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organizatior	n▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟
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IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instructions).

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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

Name of the	organization
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A	ization	the same of	abaale	000
oruan	iization	lvbe	CHECK	one).

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

THE TECH MUSEUM OF INNOVATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

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	THE TECH MUSEUM OF		94-2864660
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>I</i>	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 w	vriting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or ed	ducation)	ally important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		anization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the y	vear ▶ \$
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the o	rganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	⁴ Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		🕨 \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b			N A
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2013
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Sche	dule D (Form 990) 2013 THE TEC	H MUSEUM O	F INNOVAT	ION			94-28	6466) Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical	Treasures,	or Oth	er Simil	ar Asse	ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	ne following th	nat are a s	significant	use of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d		xchange prog					
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						ose in Par	t XIII.	
5	During the year, did the organization solicit of		,	,				7	
Der	to be sold to raise funds rather than to be ma							Yes	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organiza	tion answered	d "Yes" to	Form 990), Part IV, I	ine 9, or	
	Is the organization an agent, trustee, custod		iary for contribut	ions or other a	assets no	t included			
iu	on Form 990, Part X?							Yes	
b	If "Yes," explain the arrangement in Part XIII							- 100	
-								Amount	
с	Beginning balance					1c		7 1110 0111	
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to	Form 990, Pa	rt IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three y	years back	(e) Four	years back
1a	Beginning of year balance	13,758,673.	12,715,70	6. 12,7	15,706.	12,6	585,706.	12	,675,167.
b	Contributions						30,000.		10,539.
С	Net investment earnings, gains, and losses	1,867,525.	1,042,96	7.					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	15,626,198.	13,758,67		15,706.	12,7	15,706.	12	,685,706.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colum	n (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 100.00	%							
С	Temporarily restricted endowment	%							
-	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are hel	and adminis	tered for	the organi	zation	г	
	by:								Yes No X
	(i) unrelated organizations								
	(ii) related organizations								A
	If "Yes" to 3a(ii), are the related organizations							3b	
4 Par	t VI Land, Buildings, and Equipm		wment lunds.						
I ui	Complete if the organization answere		Part IV line 11a	See Form 90	0 Part X	line 10			
	Description of property	(a) Cost or of		ost or other	-	ccumulate	ad	(d) Bool	
	Description of property	basis (investr		is (other)		preciation		(u) 5001	Value
12	Land		,	· ··-·/					
	Buildings								
	Leasehold improvements		10.2	46,417	8.	617,7	73.	1,62	8,644.
	Equipment			17,052		845,0			2,001.
	Other			37,076		$\frac{172,3}{172,3}$			4,713.
	Add lines 1a through 1e. (Column (d) must e				- /	, -			5,358.
				/ /			- · ·		n 990) 2013
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	SEUM OF INNOV	VATION	94	-2864660 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(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	13,593,794		EAR MARKET	VALITE
	, <i>,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,	• END-OF-1	EAR MARKEI	VALUE
(C) PARTNERSHIPS	1,171,474	END-OF-N	EAR MARKET	VALUE
(D) CERTIFICATES OF DEPOSIT	5,236,026		EAR MARKET	
(B) CENTER FOR EACH OF DEFORE	572507020			1111011
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,001,294	•		
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		-		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes"	to Form 000 Part IV line	11d Soo Form 000	Part V line 15	
	Description	110. See 1 0111 990,		(b) Book value
(1) CITY OF SAN JOSE LEASE				21,056,751.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			21,056,751.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
<u>(6)</u>			-	
<u>(7)</u>			-	
(8)			-	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>25)</u>			
 Liability for uncertain tax positions. In Part XIII, provide 		to the organization's	l financial statemente t	hat reports the
organization's liability for uncertain tax positions. In Part All, provide		•		
erganization o hability for uncontain tax positions under				edule D (Form 990) 2013
			- Cont	

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-	edule D (Form 990) 2013 INE IECH MUSEUM OF INNOVAT				2004000 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	ith Revenue per R	eturi	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	20,808,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	2,338,836.		
b	Donated services and use of facilities	2b	2,338,046.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,676,882.
3	Subtract line 2e from line 1			3	16,131,749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,806.		
b	Other (Describe in Part XIII.)	4b	-417,359.		
с	Add lines 4a and 4b			4c	-373,553.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,758,196.
				_	
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ents W	/ith Expenses per		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	/ith Expenses per	Retu	ırn. 19,212,649.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ents W	/ith Expenses per	1	
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	/ith Expenses per	1	
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	/ith Expenses per	1	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	/ith Expenses per	1	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W	/ith Expenses per	1	19,212,649.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	/ith Expenses per 2,470,683.	1	19,212,649. 2,470,683.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	/ith Expenses per 2,470,683.	1	19,212,649.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	/ith Expenses per 2,470,683.	1 2e	19,212,649. 2,470,683.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per 2,470,683. 43,806.	1 2e	19,212,649. 2,470,683.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents W	/ith Expenses per 2,470,683.	1 2e	19,212,649. 2,470,683. 16,741,966.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents W	/ith Expenses per 2,470,683. 43,806. -417,359.	1 2e	19,212,649. 2,470,683. 16,741,966. -373,553.
1 2 3 4 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W	/ith Expenses per 2,470,683. 43,806. -417,359.	1 2e 3	19,212,649. 2,470,683. 16,741,966.

04 2004000

mmatt Matamine

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

PART V, LINE 4:

THE INTENDED USE OF THE TECH'S ENDOWMENT FUNDS ARE TO PROVIDE

A DEPENDABLE AND GROWING SOURCE OF FUNDING FOR THE SUPPORT OF OPERATION,

SPECIAL PROGRAMS, AND CAPITAL IMPROVEMENT OF THE TECH MUSEUM.

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

LIMITATIONS REMAINED OPEN. THE ORGANIZATION BELIEVES THAT ITS TAX FILING

POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY 332054
09-25-13
Schedule D (Form 990) 2013
28

18180422 756877 90477-TAX 2013.05070 THE TECH MUSEUM OF INNOVATI 90477-T1

Schedule D (Form 990) 2013 THE TECH MUSEUM OF INNOVATION Part XIII Supplemental Information (continued)	94-286	4660 Page 5
FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AT	JUNE 30,	2014.
THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT INCRE	ASES OR	
DECREASES TO UNRECOGNIZED INCOME TAX BENEFITS DURING THE N	TEXT 12 M	ONTHS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
RECLASS OF TECH AWARD EXPENSES		-417,359
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
RECLASS OF TECH AWARD EXPENSES		-417,359
332055 09-25-13	Schedule [) (Form 990) 201
29 L80422 756877 90477-TAX 2013.05070 THE TECH MUSEUM OF	INNOVATI	90477-T1

	HEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates -	OMB No. 1545-0047
(For	m 990)	Complete if	-	n answered "Yes" on Form 990, Part orm 990. ► See separate instructio		5, or 16.	2013
	ment of the Treasury I Revenue Service	Information abo		(Form 990) and its instructions is at		orm990.	Open to Public Inspection
Nam	e of the organization					Employer ide	ntification number
тні	E TECH MUSEUM	OF INNO	VATION			94-2864	660
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1	-	-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	outside the
3				an be duplicated if additional space is r			(6) Tatal
	(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)	is a pro describe	vity listed in (d) gram service, e specific type ce(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.
с	Totals (add lines 3a and 3b)	0	0				0.

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

Schedule F (Form 990) 2013

332071 10-03-13 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

1 (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)
			CASH PRIZE -					
		MEXICO	UNRESTRICTED	75,000.	WIRE	0.		USD
			CASH PRIZE -					
		NIGERIA	UNRESTRICTED	25,000.	WIRE	0.		USD
2 Enter total number of	recipient organizatio	I ns listed above that are	I recognized as charities by the	foreign country	I , recognized as tax-e	xempt by		I
the IRS, or for which t	he grantee or couns	el has provided a sectio	n 501(c)(3) equivalency letter					0
3 Enter total number of	other organizations of	or entities				►		2 ule F (Form 990) 2013

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94-2864660

Schedule F (Form 990) 2013

Part III	Grants and Other Assistance	e to Individuals
	Part III can be duplicated if a	dditional space is
(a) ⊺	ype of grant or assistance	(b) Regior

Schedule F (Form 990) 2013

Is Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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)
CASH PRIZE	INDIA	1	75,000.	WIRE	0.		USD
CASH PRIZE	NIGERIA	1	25,000.	WIRE	0.		USD
CASH PRIZE	NETHERLANDS	1	75,000.	WIRE	0.		USD
CASH PRIZE	MEXICO	1	25,000.	WIRE	0.		USD

94-2864660

Schedule F (Form 990) 2013 THE TECH MUSEUM OF INNOVATION

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X 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	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report.</i> (see <i>Instructions for Form</i> 5713)	Yes	X No

Schedule F (Form 990) 2013

18180422 756877 90477-TAX

332075 10-03-13											Schedule	F (Form 990) 2
RULES AN												
											CORDANCE	
											TO IMPRC	
GALA. TH	IE PUR	POSE	OF TH	E TE	CH AW	ARDS	IS TO	HONO	R TECHN	OLO	GISTS,	
ГНЕ ТЕСН	I MAKE	S ANN	UAL A	WARD	S IN	CONJU	NCTIO	N WIT	H ITS A	NNUZ	AL	
PART I,	LINE	2:										
(85	simaled n	umber of re	2010101103),	do uppin	04010.710	0.0011101010			any addition			

Schedule F (Form 990) 2013

Part V | Supplemental Information

SCHEDULE G	Supplama	ntal Information Degarding		draid	ing or Coming	A otivitic		OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the										
Department of the Treasury Internal Revenue Service		organization entered more than \$1 Attach to Form 99) or Fo	rm 99	0-EZ.			Dpen To Public nspection			
Name of the organization		bout Schedule G (Form 990 or 990-EZ) and its	instru	ictions is at <u>www_irs_g</u>		90	ntification number			
	-2864										
Part I Fundraisi required to c	ng Activities	Complete if the organization answer t.	ered "Y	'es" to	9 Form 990, Part IV, I	ine 17. Fo	rm 990-EZ	filers are not			
a X Mail solicitati b X Internet and c X Phone solicit d X In-person soli 2 a Did the organization	ons email solicitations ations icitations n have a written o		ition of ition of I fundra	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru:	stees or	X Yes	No			
b If "Yes," list the ten compensated at lea	•	ividuals or entities (fundraisers) purs	suant to	o agre	ements under which	the fundra	aiser is to	be			
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amorto (or reta fundr listed ir	ained by)	(vi) Amount paid to (or retained by) organization			
RICHARD KING - 201 STREET, SAN JOSE, C	-	FUNDRAISING - THE TECH AWARDS	Yes	No X	2,804,928.	2	249,991.	2,554,937.			
-											
-				. 🕨	2,804,928.		249,991.	2,554,937.			
 List all states in which or licensing. 	ch the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is exen	npt from r	egistration			
CA											
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule (G (Form 9	90 or 990-EZ) 2013			
332081 09-12-13											
			35								

18180422 756877 90477-TAX 2013.05070 THE TECH MUSEUM OF INNOVATI 90477-T1

		le G (Form 990 or 990 EZ) 2013 THE TEC						-2864660 Page 2
Pa	ırt I		-					
		of fundraising event contributions and gr)-EZ,			-	ipts greater than \$5,000.
			(a) Event #1 THE TECH		(b) Event #2		(c) Other events NONE	(d) Total events
			AWARDS				NONE	(add col. (a) through
			(event type)		(event type)		(total number)	col. (c))
anı					(event type)		(total humber)	
Revenue	1	Gross receipts	2,554,937.					2,554,937.
Å	· ·							
	2	Less: Contributions	2,054,155.					2,054,155.
	3	Gross income (line 1 minus line 2)	500,782.					500,782.
	4	Cash prizes						
6	5	Noncash prizes						
Direct Expenses			0 500					0 5 2 0
kper	6	Rent/facility costs	9,529.					9,529.
ш ж	_	For dowed have a second						
irec	7	Food and beverages						
		Entortainmont						
	8 9	Entertainment Other direct expenses						407,830.
	-	Direct expense summary. Add lines 4 through						417,359.
	11							83,423.
Pa	irt I							
•		\$15,000 on Form 990-EZ, line 6a.						
e			(a) Bingo) Pull tabs/instant		(c) Other gaming	(d) Total gaming (add
enu				binę	go/progressive bing	0		col. (a) through col. (c))
Revenue								
_	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
	3							
ect	4	Rent/facility costs						
Dire								
	5	Other direct expenses						
			Yes %		Yes	% L	Yes %	6
	6	Volunteer labor	□ No		No		No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				►	
•	-							
		ter the state(s) in which the organization opera			-0			Yes No
		the organization licensed to operate gaming ac						
U.		No," explain:						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rmin	ated during the ta	ax veai	?	Yes No
		Yes," explain:				,		
3320	82 00	9-12-13		_			Schedule G (E	orm 990 or 990-EZ) 2013
5520							Concure a (F	

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Sch	edule G (Form 990 or 990-EZ) 2013 THE TECH MUSEUM OF INNOVATION 94-2	864	660	Pag
11	Does the organization operate gaming activities with nonmembers?		Yes	
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	
	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		
	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	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow $ \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
.0				
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
-				
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ل	162	L
u	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lire	nes 9	9b. 1	0b. 1
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		, '	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
(I) NAME OF FUNDRAISER: RICHARD KING			
			~	
/ -) ADDRESS OF FUNDRAISER: 201 S. MARKET STREET, SAN JOSE, CA 9	511	3	
(I	ADDREDD OF FONDATIDER. 201 D. MARKET DIREET, DAN OODE, CA	111		
(I	, ADDREDD OF FONDRAIDER. 201 D. MARKET DIREET, DAN OODE, CA J	<u> </u>		
(I	ADDRESS OF FONDATISER. 201 S. MARKET STREET, SAN GODE, CA S	<u> </u>		
(I	ADDRESS OF FONDATISER. 201 S. MARKET STREET, SAN GODE, CA S			
(I	ADDREDD OF FONDRATDER. 201 D. MARKET DIREET, DAN OODE, CA J	<u> </u>		
(I	ADDREDD OF FONDRATDER. 201 D. MARKET DIREET, DAN OODE, CA J			
(1				
	33 09-12-13 Schedule G (Form)-EZ)
208		990	or 990	

SCHEDULE I	G	irants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		2013
Department of the Treasury Internal Revenue Service	-	on about Schedule I	Attach to For	m 990.		20	Open to Public Inspection
Name of the organization THE TECH		INNOVATION					Employer identification number $94-2864660$
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	istance?						
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to		-			anization answered	Yes" to Form 990, Part	t IV, line 21, for any
recipient that received more than 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
POTENTIAL ENERGY 2150 ALLSTON WAY, SUITE 300 BERKELEY , CA 94702	26-1321043		75,000.	0.			CASH PRIZE TECH AWARDS
D-REV: DESIGN FOR THE OTHER NINETY PERCENT - 695 MINNESOTA ST SAN FRANCISCO, CA 94107	26-0642778		25,000.	0.			CASH PRIZE TECH AWARDS
WORLD WIDE WORKSHOP 113 W. 78TH STREET, SUITE #3 NEW YORK, NY 10024	37-1787342		25,000.	0.			CASH PRIZE TECH AWARDS
2 Enter total number of section 501(c)(3) a	and government or	anizations listed in th	line 1 table			1	▶ 0.
a Enter total number of section 50 h(c)(3) aa Enter total number of other organization	•	•					3.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

THE TECH MUSEUM OF INNOVATION

Page 2

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
ASH PRIZE	1	75,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE TECH MAKES ANNUAL AWARDS IN CONJUNCTION WITH ITS ANNUAL

GALA. THE PURPOSE OF THE TECH AWARDS IS TO HONOR TECHNOLOGISTS, EDUCATORS,

SCIENTISTS AND ENTREPENEURS 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.

SC	HEDULE J	Compensation Information	ON	1B No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	13	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	U	1
Dena	tment of the Treasury	Attach to Form 990. See separate instructions.		oen to		ic
	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www irs gov/fo	rm990	Inspe		
Nam	e of the organization		Employer identi			nber
_		THE TECH MUSEUM OF INNOVATION	94-286	4660	0	
Pa	rt I Question	s Regarding Compensation				
			r		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (e.g., maid, chauffeur, o	chet)			
•-	lf and af the stress					
D		on line 1a are checked, did the organization follow a written policy regarding payment or		46		
2		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
	trustees, and onice			~		
3	Indicate which if ar	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	Independent compensation consultant Compensation survey or study					
		ther organizations	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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
		ceive payment from, a supplemental nonqualified retirement plan?		4b		Х
с	Participate in, or rec	ceive payment from, an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3) and 501(c)(4) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re			_		v
a	The organization?		····· }	5a		X
b		ation?	·····	5b		Λ
~		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complexity of the section o	'n			
-	contingent on the n	5		60		х
a b	Any related organiz	ation?	·····	6a 6b		X
U		ation? r 6b, describe in Part III.	·····	00		
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	e			
'		es 5 and 6? If "Yes," describe in Part III		7		х
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
5	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		d the organization also follow the rebuttable presumption procedure described in		-		
-		153.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule J		1 990)	2013
		,			/	

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Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in prior Form 990
(1) TIM RITCHIE	(i)	272,395.	0.	0.	0.	0.	272,395.	0.
PRESIDENT & CEO/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LATH CARLSON	(i)	170,052.	0.	0.	0.	0.	170,052.	0.
VP EXHIBITS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIA PAPPAS	(i)	158,932.	0.	0.	0.	0.	158,932.	0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WILLIAMS	(i)	118,795.	0.	0.	0.	4,800.	123,595.	0.
FORMER VP MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J	(Form	990)	2013

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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.

Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

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

Open to Public . Inspection

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer	identification	number
9	4-286466	50

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Par	rt I Types of Property	1011 01	11110 /1111	011			1004	000	
		(a)	(b)	(c)		(d))		
		Check if	Number of	Noncash cont	ribution	Method of d		ning	
		applicable	contributions or	amounts repo		noncash contrib	ution a	mount	s
4	Art Works of art		items contributed	Form 990, Part v	m, ine rg				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests								
12	Securities - Miscellaneous Qualified conservation contribution -								
13									
	Historic structures Qualified conservation contribution - Other								
14 15									
15	Real estate - Residential								
16 17	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19 00	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24 25	Archeological artifacts Other ► (OTHER GOODS)	x	28	159	482.	FMV			
25 26	Other (FOOD)	X	14		352.	FMV			
20 27	Other \blacktriangleright (\overrightarrow{WINE})	X	29		153.	FMV			
27 28	Other \blacktriangleright (ELECTRONICS)	X	13		513.	FMV			
20	Number of Forms 8283 received by the organi			-					
25	for which the organization completed Form 82				29			0	
			Doneo / lonnowied	gement	20			Yes	No
30a	During the year, did the organization receive b	w contributio	on any property rer	oorted in Part L lin	nes 1 - 28	that it must hold for		100	
	at least three years from the date of the initial								
	the entire holding period?						30a		х
h	If "Yes," describe the arrangement in Part II.						000		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-stand	ard contrib	outions?	31	х	
	Does the organization have a girt acceptance						1		
0_u	contributions?		-				32a		х
b	If "Yes," describe in Part II.						ULU		
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which colu	mn (a) is c	hecked.			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2013)
v 、									

Schedule M (Form 990) (2013) $ { m T}$	HE TECH	MUSEUM (OF	INNOVATION
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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.

PART I, OTHER TYPES OF PROPERTY:

TRAVEL

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 8
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 28023.
- (D) METHOD OF DETERMINING REVENUE: FMV

ENTERTAINMENT

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 38
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 19307.
- (D) METHOD OF DETERMINING REVENUE:

EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 100.

(D) METHOD OF DETERMINING REVENUE: FMV

Schedule M (Form 990) (2013)

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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

plete 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.

Department of the Treasury Internal Revenue Service

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

rm990 Inspection Employer identification number 94-2864660

OMB No. 1545-0047

THE TECH MUSEUM OF INNOVATION

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

LIVES AND BUILD BETTER COMMUNITIES.

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

HUMANITY'S MOST URGENT CHALLENGES IN FIVE AWARD CATEGORIES:

ENVIRONMENT, EDUCATION, YOUNG INNOVATOR, HEALTH, AND ECONOMIC

DEVELOPMENT. THIS TECHNOLOGY CAN BE EITHER A NEW INVENTION OR AN

INNOVATIVE USE OF AN EXISTING TECHNOLOGY. 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:

AVAILABLE TO THEM. NEARLY 50,000 SAW AN EDUCATIONAL IMAX FILM AND

24,000 STUDENTS PARTICIPATED IN 90-MINUTE LABS LED BY TRAINED

INSTRUCTORS. THE TECH REACHES OUT TO A DIVERSE ARRAY OF 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, AND OTHERS THAT THE TECH MUSEUM MAY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE TECH MUSEUM OF INNOVATION	Employer identification number 94-2864660
IDENTIFY, IS REQUIRED TO 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 AGREE	D 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 ARE REQUIRE	D TO BE FILED WITH
THE RECORDS THE BOARD OR COMMITTEE; STATEMENTS BY OTHERS	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, AND PERIODICALLY CONDUCTS AND OR REVIEWS COMPENSATIO	N COMPARISONS.
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES THESE AVAILABLE TO THE PUBLIC ON T	HE
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 O	RGANIZATION'S
WEBSITE OR UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF TH	Έ

FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT

CHANGED FROM PRIOR YEARS.

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Schedule O (Form 990 or 990-EZ) (2013)

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