

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

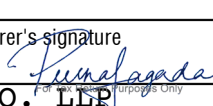
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TECH MUSEUM OF INNOVATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 SOUTH MARKET STREET City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95113 F Name and address of principal officer: TIM RITCHIE SAME AS C ABOVE	D Employer identification number 94-2864660 E Telephone number (408) 795-6116 G Gross receipts \$ 27,403,103. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.THETECH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1983		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO INSPIRE THE INNOVATOR IN EVERYONE.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	33
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	159
6	Total number of volunteers (estimate if necessary)	390
7a	Total unrelated business revenue from Part VIII, column (C), line 12	676,753.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.
8	Contributions and grants (Part VIII, line 1h)	14,247,459.
9	Program service revenue (Part VIII, line 2g)	4,694,452.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	227,726.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-240,960.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,928,677.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,940,324.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,348,277.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,547,140.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,987,464.
19	Revenue less expenses. Subtract line 18 from line 12	2,941,213.
20	Total assets (Part X, line 16)	66,465,006.
21	Total liabilities (Part X, line 26)	2,135,319.
22	Net assets or fund balances. Subtract line 21 from line 20	64,329,687.

Part II Signature Block

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

Sign Here	Signature of officer TIM RITCHIE, PRESIDENT Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name PRERNA JAGADA	Preparer's signature 
	Firm's name ▶ FRANK, RIMERMAN & CO. LLP	Date 02/07/17
	Firm's address ▶ 1801 PAGE MILL ROAD PALO ALTO, CA 94304	Check if self-employed <input type="checkbox"/> PTIN P01063809
		Firm's EIN ▶ 94-1341042
		Phone no. (650) 845-8100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO INSPIRE THE INNOVATOR IN EVERYONE. THE TECH IS A NONPROFIT EXPERIENTIAL LEARNING RESOURCE DESIGNED TO HELP PEOPLE AND COMMUNITIES THRIVE IN A TECHNOLOGICAL AGE. THE TECH DOES THIS WITH EXHIBITS AND PROGRAMS THAT INSPIRE PEOPLE WITH THE POWER OF TECHNOLOGY TO IMPROVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 9,519,954. including grants of \$ 525,000.) (Revenue \$ 3,988,158.) THE TECH ASPIRES TO BRING TOGETHER, IN ITS 132,000 SQUARE-FOOT FACILITY, EXHIBITS AND PROGRAMS THAT INSPIRE THE INNOVATOR IN EVERYONE. WITH MORE THAN 75 INTERACTIVE EXHIBITS, ALONG WITH STANDARDS-BASED EDUCATIONAL IMAX FILMS, THIS SPACE WELCOMES ON AVERAGE MORE THAN 400,000 VISITORS ANNUALLY, INCLUDING TENS OF THOUSANDS FROM LOCAL K-12 SCHOOLS, TO ENGAGE IN SCIENCE AND TECHNOLOGY EXPERIENCES. ADDITIONALLY, THE TECH HOSTS TWO ANNUAL SIGNATURE PROGRAMS: (1) THE TECH CHALLENGE, A TEAM ENGINEERING DESIGN COMPETITION IN WHICH MORE THAN 2,500 STUDENTS IN GRADES 4-12 DESIGN, BUILD, DOCUMENT AND TEST DEVICES TO SOLVE A REAL-WORLD PROBLEM, AND (2) THE TECH AWARDS, AN INTERNATIONAL PROGRAM THAT HONORS INNOVATORS WHO ARE APPLYING TECHNOLOGY TO CONFRONT HUMANITY'S MOST URGENT CHALLENGES. THESE LAUREATES ARE CELEBRATED AT AN

4b (Code:) (Expenses \$ 2,384,068. including grants of \$) (Revenue \$ 707,995.) THE TECH OFFERS AN ARRAY OF STANDARDS-BASED SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) EDUCATIONAL PROGRAMS, INCLUDING EIGHT HANDS-ON SCIENCE LABS, BILINGUAL WEEKEND WORKSHOPS, AFTER-SCHOOL PROGRAMS AND THE TECH CHALLENGE PROGRAM. ALL OF THESE PROGRAMS ALIGN WITH COMMON CORE STATE STANDARDS. IN ADDITION THE TECH OFFERS EDUCATIONAL IMAX FILMS THAT SUPPORT CALIFORNIA SCIENCE AND SOCIAL STUDIES CONTENT STANDARDS. APPROXIMATELY 135,000 CALIFORNIA STUDENTS IN GRADES K-12 VISITED THE GALLERIES LAST YEAR THROUGH OUR FIELD-TRIP PROGRAM. JUST UNDER HALF OF THOSE STUDENTS (66,000) WERE FROM LOW-INCOME TITLE 1 SCHOOLS. MANY OF THESE TITLE 1 STUDENTS ACCESSED OUR FEE-WAIVED SUPPORT FROM DONORS THAT ALLOWED DEEPER ENGAGEMENT WITH SCIENCE AND TECHNOLOGY: OVER 36,000 SAW AN EDUCATIONAL IMAX FILM AND

4c (Code:) (Expenses \$ 2,108,878. including grants of \$) (Revenue \$ 150,300.) MORE THAN 7,000 MEMBERS HELP SUPPORT THE TECH, INCLUDING MORE THAN 290 LOCAL EDUCATORS WHO ARE GRANTED DISCOUNTED MEMBERSHIPS. THE TECH HOSTS A NUMBER OF COMMUNITY CELEBRATIONS AND MORE THAN 200 RECEPTIONS, EVENTS AND PARTIES. THE STAFF AND MORE THAN 380 VOLUNTEERS PROVIDE INTERPRETATION SERVICES FOR THE GALLERIES. THEY ALSO ASSIST VISITORS WITH TICKETING, CHOOSING PROGRAMS AND ASSESSING EDUCATIONAL OPPORTUNITIES SUCH AS IMAX FILM PRESENTATIONS.

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

4e Total program service expenses 14,012,900.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 33		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

Check if Schedule O contains a response 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIM RITCHIE PRESIDENT AND CEO	40.00			X	X			304,432.	0.	635.
(2) HARVARD SUNG CFO	40.00			X	X			159,344.	0.	716.
(3) BILL BAILOR VP OPERATIONS	40.00				X			157,277.	0.	374.
(4) MARIA PAPPAS VP DEVELOPMENT	40.00				X			180,680.	0.	433.
(5) GRETCHEN WALKER VP EDUCATION	40.00				X			156,683.	0.	181.
(6) LATH CARLSON VP EXHIBITS	40.00					X		119,962.	0.	128.
(7) DAVID WHITMAN VP TECH AWARDS	40.00					X		131,401.	0.	882.
(8) RACHEL WILNER VP MARKETING	40.00					X		141,724.	0.	146.
(9) CHRISTOPHER DIGIORGIO BOARD CHAIR	4.00	X		X				0.	0.	0.
(10) DANIEL WARMENHOVEN BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(11) EDWARD CANNIZZARO BOARD TREASURER	2.00	X		X				0.	0.	0.
(12) ROGER QUINLAN BOARD SECRETARY	1.00	X		X				0.	0.	0.
(13) ANN BOWERS DIRECTOR	0.50	X						0.	0.	0.
(14) ARCHANA SATHAYE DIRECTOR	0.50	X						0.	0.	0.
(15) CHRIS BOYD DIRECTOR	1.00	X						0.	0.	0.
(16) CHUCK BOYNTON DIRECTOR	0.40	X						0.	0.	0.
(17) DANIEL PEREZ DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN'L LEWIN DIRECTOR	1.00	X						0.	0.	0.
(19) DAVE HOUSE DIRECTOR	0.30	X						0.	0.	0.
(20) FRANK QUATTRONE DIRECTOR	1.00	X						0.	0.	0.
(21) GERALD HELD DIRECTOR	2.00	X						0.	0.	0.
(22) GLORIA CHEN DIRECTOR	0.50	X						0.	0.	0.
(23) JAMES BARRESE DIRECTOR	1.00	X						0.	0.	0.
(24) JAMES DEICHEN DIRECTOR	4.00	X						0.	0.	0.
(25) JAMI NACHTSHEIM DIRECTOR	1.20	X						0.	0.	0.
(26) JOE KAVA DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								1,351,503.	0.	3,495.
c Total from continuation sheets to Part VII, Section A								471,331.	0.	674.
d Total (add lines 1b and 1c)								1,822,834.	0.	4,169.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN GIUBILEO DIRECTOR	0.50	X						0.	0.	0.
(28) JUDY SWANSON DIRECTOR	0.30	X						0.	0.	0.
(29) MANNY BARBARA DIRECTOR	0.50	X						0.	0.	0.
(30) MATTHEW SAPP DIRECTOR	1.00	X						0.	0.	0.
(31) MAURIA FINLEY DIRECTOR	1.00	X						0.	0.	0.
(32) MICHAEL ABBOTT DIRECTOR	1.00	X						0.	0.	0.
(33) OMKARAM NALAMASU DIRECTOR	1.00	X						0.	0.	0.
(34) PETER RELAN DIRECTOR	0.50	X						0.	0.	0.
(35) RANDY KRENZIN DIRECTOR	0.50	X						0.	0.	0.
(36) RAQUEL GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(37) RUBA BORNO DIRECTOR	1.00	X						0.	0.	0.
(38) SMITH MCKEITHEN DIRECTOR	1.00	X						0.	0.	0.
(39) STEVE YOUNG DIRECTOR	0.50	X						0.	0.	0.
(40) STUART PANN DIRECTOR	1.00	X						0.	0.	0.
(41) WILLIAM HEIL DIRECTOR	0.50	X						0.	0.	0.
(42) LINDA TSAI FOUNDATIONS RELATIONS DIRECTOR	40.00					X		119,967.	0.	174.
(43) MAUREEN LANGAN DIRECTOR OF SPECIAL EVENTS	40.00					X		137,832.	0.	336.
(44) AMY PIZARRO SENIOR DIRECTOR OF MEDIA AND COMMUNI	40.00					X		109,324.	0.	98.
(45) CHARLES PEARSON DIRECTOR OF IT	40.00					X		104,208.	0.	66.
Total to Part VII, Section A, line 1c								471,331.		674.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,422,601.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,049,800.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,932,721.				
	g Noncash contributions included in lines 1a-1f: \$		1,399,493.				
	h Total. Add lines 1a-1f		14,405,122.				
	Program Service Revenue	2 a ADMISSIONS AND FEES	Business Code 611710	2,256,232.	2,256,232.		
b IMAX TICKET SALES		900099	1,458,949.	782,239.	676,710.		
c FACILITY RENTAL		900099	860,832.	860,832.			
d VISITORS SERVICES		900099	707,995.	707,995.			
e STORE REVENUE		453220	239,155.	239,155.			
f All other program service revenue							
g Total. Add lines 2a-2f			5,523,163.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		284,153.		43.	284,110.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		6,926,953.	10,000.		
		c Gain or (loss)		-288.	-10,000.		
	d Net gain or (loss)			-10,288.		-10,288.	
	8 a Gross income from fundraising events (not including \$ 2,422,601. of contributions reported on line 1c). See Part IV, line 18	a	264,000.				
		b Less: direct expenses	b	522,688.			
c Net income or (loss) from fundraising events				-258,688.		-258,688.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			19,943,462.	4,846,453.	676,753.	15,134.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	325,000.	325,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	200,000.	200,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	960,755.	345,022.	434,620.	181,113.
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	6,804,966.	5,016,040.	1,069,442.	719,484.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	619,198.	430,287.	116,273.	72,638.
10 Payroll taxes	541,308.	373,756.	104,709.	62,843.
11 Fees for services (non-employees):				
a Management				
b Legal	38,230.		38,230.	
c Accounting	135,285.		135,285.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,490.		43,490.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	164,885.	124,874.	40,011.	
12 Advertising and promotion	407,968.	75,603.	310,340.	22,025.
13 Office expenses	745,825.	645,159.	60,516.	40,150.
14 Information technology				
15 Royalties	501,742.	487,953.		13,789.
16 Occupancy	1,754,879.	1,489,716.	175,638.	89,525.
17 Travel	171,927.	85,371.	61,671.	24,885.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,623,693.	2,533,223.	60,313.	30,157.
23 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 O.)				
a TECH AWARDS	982,355.	982,355.		
b FEES AND SERVICES	303,083.	171,545.	124,360.	7,178.
c AWARDS AND RELATED EXPE	287,988.	213,277.	34,372.	40,339.
d OTHER EXPENSES	276,000.	204,399.	32,941.	38,660.
e All other expenses	321,244.	309,320.	6,433.	5,491.
25 Total functional expenses. Add lines 1 through 24e	18,209,821.	14,012,900.	2,848,644.	1,348,277.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	64,782.	1	164,427.
	2 Savings and temporary cash investments	2,445,133.	2	1,764,406.
	3 Pledges and grants receivable, net	6,615,828.	3	8,834,477.
	4 Accounts receivable, net	353,548.	4	603,566.
	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	306,109.	9	306,672.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,555,827.		
	b Less: accumulated depreciation	10b 21,502,741.	11,991,488.	10c 13,053,086.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	23,771,962.	12	21,958,064.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,916,156.	15	20,767,125.
16 Total assets. Add lines 1 through 15 (must equal line 34)	66,465,006.	16	67,451,823.	
Liabilities	17 Accounts payable and accrued expenses	1,634,718.	17	1,266,316.
	18 Grants payable		18	
	19 Deferred revenue	500,601.	19	615,937.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	2,135,319.	26	1,882,253.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,011,310.	27	15,795,647.
	28 Temporarily restricted net assets	37,602,671.	28	37,058,217.
	29 Permanently restricted net assets	12,715,706.	29	12,715,706.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	64,329,687.	33	65,569,570.
34 Total liabilities and net assets/fund balances	66,465,006.	34	67,451,823.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,943,462.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,209,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,733,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,329,687.
5	Net unrealized gains (losses) on investments	5	-344,727.
6	Donated services and use of facilities	6	-149,031.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,569,570.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,690,550.	11,124,299.	8,569,632.	14,247,459.	14,405,122.	70,037,062.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	1,285,955.	1,278,871.	1,271,363.	1,263,405.	1,254,969.	6,354,563.
4 Total. Add lines 1 through 3	22,976,505.	12,403,170.	9,840,995.	15,510,864.	15,660,091.	76,391,625.
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)						29,184,718.
6 Public support. Subtract line 5 from line 4.						47,206,907.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	22,976,505.	12,403,170.	9,840,995.	15,510,864.	15,660,091.	76,391,625.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	277,593.	261,599.	284,725.	265,287.	284,153.	1,373,357.
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 VI.)						
11 Total support. Add lines 7 through 10						77,764,982.
12 Gross receipts from related activities, etc. (see instructions)					12	23,406,167.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	60.70 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	58.01 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015
Open to Public Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,479,179.	15,626,198.	13,758,673.	12,715,706.	12,715,706.
b Contributions	-163,737.	535,981.	2,515,879.	1,648,363.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	744,000.	683,000.	648,354.	605,396.	
f Administrative expenses					
g End of year balance	14,571,442.	15,479,179.	15,626,198.	13,758,673.	12,715,706.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,266,230.	9,501,007.	1,765,223.
d Equipment		6,163,004.	4,682,060.	1,480,944.
e Other		17,126,593.	7,319,674.	9,806,919.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,053,086.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY FUNDS	12,363,351.	END-OF-YEAR MARKET VALUE
(B) VENTURE CAPITAL FUNDS &		
(C) PARTNERSHIPS	1,179,656.	END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSIT	8,415,057.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,958,064.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CITY OF SAN JOSE LEASE	20,767,125.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	20,767,125.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	21,549,082.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-344,727.	
	b Donated services and use of facilities	2b	1,471,149.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	1,126,422.	
3	Subtract line 2e from line 1		3	20,422,660.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,490.	
	b Other (Describe in Part XIII.)	4b	-522,688.	
	c Add lines 4a and 4b	4c	-479,198.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,943,462.

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

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

1	Total expenses and losses per audited financial statements		1	20,309,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,620,180.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	1,620,180.	
3	Subtract line 2e from line 1		3	18,689,019.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,490.	
	b Other (Describe in Part XIII.)	4b	-522,688.	
	c Add lines 4a and 4b	4c	-479,198.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	18,209,821.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USE OF THE TECH'S ENDOWMENT FUNDS IS TO PROVIDE A DEPENDABLE AND GROWING SOURCE OF FUNDING FOR THE SUPPORT OF OPERATIONS, SPECIAL PROGRAMS, AND CAPITAL IMPROVEMENTS OF THE TECH.

PART X, LINE 2:

THE ORGANIZATION APPLIES THE PROVISIONS SET FORTH IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740 TO ACCOUNT FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATION REMAINED OPEN. THE ORGANIZATION BELIEVES THAT ITS TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAX

Part XIII Supplemental Information (continued)

BENEFITS HAS BEEN RECORDED AT JUNE 30, 2015. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT INCREASES OR DECREASES TO UNRECOGNIZED INCOME TAX BENEFITS DURING THE NEXT 12 MONTHS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF TECH AWARD EXPENSES -522,688.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF TECH AWARD EXPENSES -522,688.

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)
		BRITISH VIRGIN ISLANDS	CASH PRIZE - UNRESTRICTED	50,000.	WIRE	0.		USD
		GERMANY	CASH PRIZE - UNRESTRICTED	50,000.	WIRE	0.		USD
		SOUTH AFRICA	CASH PRIZE - UNRESTRICTED	50,000.	WIRE	0.		USD
		ENGLAND	CASH PRIZE - UNRESTRICTED	50,000.	WIRE	0.		USD

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **0**

3 Enter total number of other organizations or entities **4**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

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 ENTREPRENEURS WHO USE TECHNOLOGY TO IMPROVE OUR WORLD. EACH NOMINEE ELIGIBLE FOR AN AWARD IS VETTED IN ACCORDANCE WITH THE IRS REGULATIONS AND APPLICABLE GUIDANCE TO ENSURE COMPLIANCE WITH THE RULES AND REGULATIONS FOR MAKING INTERNATIONAL AWARDS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE TECH AWARDS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	2,686,601.			2,686,601.
	2 Less: Contributions	2,422,601.			2,422,601.
	3 Gross income (line 1 minus line 2)	264,000.			264,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	261,504.			261,504.
	8 Entertainment				
	9 Other direct expenses	261,184.			261,184.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				522,688.
11 Net income summary. Subtract line 10 from line 3, column (d)				-258,688.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

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

(I) NAME OF FUNDRAISER: RICHARD KING

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEELINE READER 115 OTIS AVE WOODSIDE, CA 94062	47-1882065		50,000.	0.		CASH PRIZE TECH AWARDS	UNRESTRICTED
CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441		50,000.	0.		CASH PRIZE TECH AWARDS	UNRESTRICTED
DAYONE RESPONSE, INC. 375 21ST AVE, SUITE 6 SAN FRANCISCO, CA 94121	27-2309187		50,000.	0.		CASH PRIZE TECH AWARDS	UNRESTRICTED
MIRACLEFEET 410 W. MAIN STREET CARRBORO, NC 27510	27-3764203		50,000.	0.		CASH PRIZE TECH AWARDS	UNRESTRICTED
NEXLEAF ANALYTICS 2356 PELHAM AVE LOS ANGELES, CA 90064	90-0514027		50,000.	0.		CASH PRIZE TECH AWARDS	UNRESTRICTED
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	13-1740011		50,000.	0.		CASH PRIZE TECH AWARDS	UNRESTRICTED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3** Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) (2015)

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

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

Part IV Supplemental Information. 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 ENTREPRENEURS WHO USE TECHNOLOGY TO IMPROVE OUR WORLD. EACH NOMINEE ELIGIBLE FOR AN AWARD IS VETTED IN ACCORDANCE WITH THE IRS REGULATIONS AND APPLICABLE GUIDANCE TO ENSURE COMPLIANCE WITH THE RULES AND REGULATIONS FOR MAKING DOMESTIC AWARDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer identification number

94-2864660

Part I Questions Regarding Compensation

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

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIM RITCHIE PRESIDENT AND CEO	(i)	274,432.	30,000.	0.	0.	635.	305,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HARVARD SUNG CFO	(i)	154,694.	4,650.	0.	0.	716.	160,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BILL BAILOR VP OPERATIONS	(i)	152,777.	4,500.	0.	0.	374.	157,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA PAPPAS VP DEVELOPMENT	(i)	175,430.	5,250.	0.	0.	433.	181,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GRETCHEN WALKER VP EDUCATION	(i)	156,683.	0.	0.	0.	181.	156,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 5:

MAUREEN LANGAN RECEIVED A BONUS FOR EXCEEDING HER REVENUE TARGET PER HER SALES BONUS PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	10	681,954.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>EQUIPMENT</u>)	X	5	369,772.	FMV
26	Other ▶ (<u>SOFTWARE LICE</u>)	X	4	167,276.	FMV
27	Other ▶ (<u>OTHER GOODS</u>)	X	11	76,185.	FMV
28	Other ▶ (<u>TRAVEL</u>)	X	22	34,483.	FMV
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) (2015)

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:

ENTERTAINMENT

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 35
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 25463.
- (D) METHOD OF DETERMINING REVENUE: FMV

WINE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 11
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 19550.
- (D) METHOD OF DETERMINING REVENUE: FMV

ELECTRONICS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 15
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 18050.
- (D) METHOD OF DETERMINING REVENUE: FMV

FOOD

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 22
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6760.
- (D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE TECH MUSEUM OF INNOVATION

Employer identification number

94-2864660

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

LIVES AND BUILD BETTER COMMUNITIES.

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

ANNUAL AWARDS GALA, WHICH HAS BECOME A SIGNIFICANT SILICON VALLEY
EVENT.

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

18,600 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. THE TECH ALSO PROVIDES
PROFESSIONAL DEVELOPMENT FOR EDUCATORS IN STEM THROUGH THE TECH
ACADEMIES OF INNOVATION PROGRAM AND CLASSES IN THE DESIGN CHALLENGE
LEARNING INSTITUTE.

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 MAY IDENTIFY, IS
REQUIRED TO SIGN A STATEMENT THAT:

1) AFFIRMS THE PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST

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

POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY; AND

2) DISCLOSES THE PERSON'S INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

ALL SUCH STATEMENTS BY DIRECTORS AND OFFICERS ARE REQUIRED TO BE FILED WITH THE RECORDS OF 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. THE ORGANIZATION PERIODICALLY CONDUCTS AND/OR REVIEWS COMPENSATION COMPARISONS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES THESE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34		35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d		40e
41 Subtract line 40e from line 39		41 0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42
43 Total tax. Add lines 41 and 42		43 0.
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g		45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48 0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	70,297.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b	70,297.			
5 Total. Add lines 1 through 4b	5	70,297.			

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

Sign Here	Signature of officer	Date	PRESIDENT	Title		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
Paid Preparer Use Only	PRERNA JAGADA		02/07/17		P01063809	
	Firm's name FRANK, RIMERMAN & CO. LLP	Firm's EIN 94-1341042				
	Firm's address 1801 PAGE MILL ROAD PALO ALTO, CA 94304	Phone no. (650) 845-8100				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
DUES & MEMBERSHIP FEES & SERVICES		240.	
JANITORIAL SECURITY		27,159.	
MAINTENANCE		6,160.	
ROYALTIES		15,690.	
INSURANCE		39,031.	
SUPPLIES		311,519.	
TRAVEL		2,906.	
SHIPPING		5,463.	
MATERIALS		6,697.	
RENT - FACILITIES		883.	
TELEPHONE		6,749.	
UTILITIES		24,469.	
EQUIPMENT		1,164.	
PROFESSIONAL DEVELOPMENT		19,276.	
ADVERTISING		1,087.	
		89.	
		6,009.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		474,591.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/10	26,113.	26,113.	0.	0.	
06/30/11	100,566.	21,431.	79,135.	79,135.	
06/30/12	322,882.	0.	322,882.	322,882.	
06/30/13	167,696.	0.	167,696.	167,696.	
06/30/14	147,356.	0.	147,356.	147,356.	
NOL CARRYOVER AVAILABLE THIS YEAR			717,069.	717,069.	

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. THE TECH MUSEUM OF INNOVATION	Employer identification number (EIN) or 94-2864660
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 SOUTH MARKET STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95113	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **201 SOUTH MARKET STREET - SAN JOSE, CA 95113**
Telephone No. ▶ **(408) 795-6116** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. THE TECH MUSEUM OF INNOVATION	Employer identification number (EIN) or 94-2864660
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 SOUTH MARKET STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95113	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **201 SOUTH MARKET STREET - SAN JOSE, CA 95113**
Telephone No. ▶ **(408) 795-6116** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name THE TECH MUSEUM OF INNOVATION California corporation number 1131588 FEIN 94-2864660

Street address (suite or room) 201 SOUTH MARKET STREET City SAN JOSE State CA ZIP code 95113

A First Return B Amended Return C IRC Section 4947(a)(1) trust D Final Information Return? E Check accounting method: (1) Cash (2) Accrual (3) Other F Federal return filed? G Is this a group filing? H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? P Is a federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 4 columns: Description, Line number, Amount, and Total. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17).

Sign Here Signature of officer PRESIDENT Date 02/07/17 Preparer's signature FRANK, RIMERMAN & CO. LLP 1801 PAGE MILL ROAD PALO ALTO, CA 94304 Telephone (650) 845-8100

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	264,000.00	
	2	Interest	•	2	284,153.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	6,926,665.00	
	7	Other income	SEE STATEMENT 4 •	7	5,523,163.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	12,997,981.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5 •	9	525,000.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6 •	11	960,755.00	
	12	Other salaries and wages	•	12	6,804,966.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	541,308.00
		15	Rents	•	15	1,754,879.00
		16	Depreciation and depletion (See instructions)	•	16	2,623,693.00
		17	Other Expenses and Disbursements	SEE STATEMENT 7 •	17	5,521,908.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	18,732,509.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,509,915.		• 1,928,833.
2 Net accounts receivable		353,548.		• 603,566.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 8		23,771,962.		• 21,958,064.
10 a Depreciable assets	33,373,158.		34,555,827.	
b Less accumulated depreciation	(21,381,670.)	11,991,488.	(21,502,741.)	13,053,086.
11 Land				•
12 Other assets STMT 9		27,838,093.		• 29,908,274.
13 Total assets		66,465,006.		67,451,823.
Liabilities and net worth				
14 Accounts payable		1,634,718.		• 1,266,316.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 10		500,601.		615,937.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		64,329,687.		• 65,569,570.
22 Total liabilities and net worth		66,465,006.		67,451,823.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 1,733,641.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	1,733,641.
6	Total. Add line 1 through line 5	1,733,641.			

The Tech Museum of Innovation
 EIN: 94-2864660
 FYE 6/30/2016

Number	In Service	Cost	Depreciation Method	Estimate life (years)	Prior Accum Depreciation	Current Year		Ending Accum Depreciation
						Depreciation this run	to date Depreciation	
25	6/30/1990	8,800	SLMM	5	8,800	0	0	8,800
26	8/6/1990	2,467	SLMM	5	2,467	0	0	2,467
28	4/30/1991	6,450	SLMM	5	6,450	0	0	6,450
34	5/28/1998	1,800	SLMM	5	1,800	0	0	1,800
43	12/31/1999	10,113	SLMM	5	10,113	0	0	10,113
45	6/30/2000	11,000	SLMM	5	11,000	0	0	11,000
46	6/30/2000	9,823	SLMM	5	9,823	0	0	9,823
70	7/21/1994	2,059	SLMM	5	2,059	0	0	2,059
82	6/23/1997	1,201	SLMM	5	1,201	0	0	1,201
83	6/25/1998	2,726	SLMM	5	2,726	0	0	2,726
95	2/20/2001	34,419	SLMM	5	34,419	0	0	34,419
96	3/15/2001	14,967	SLMM	5	14,967	0	0	14,967
98	1/14/1994	11,020	SLMM	3	11,020	0	0	11,020
102	12/18/1998	1,890	SLMM	3	1,890	0	0	1,890
107	6/17/1999	8,702	SLMM	3	8,702	0	0	8,702
108	2/10/1999	9,653	SLMM	3	9,653	0	0	9,653
109	12/31/1999	17,995	SLMM	3	17,995	0	0	17,995
110	12/31/1999	17,240	SLMM	3	17,240	0	0	17,240
111	12/31/1999	8,390	SLMM	3	8,390	0	0	8,390
126	10/31/1998	113,168	SLMM	5	113,168	0	0	113,168
151	10/31/1998	29,000	SLMM	5	29,000	0	0	29,000
163	12/5/2000	3,248	SLMM	5	3,248	0	0	3,248
164	12/28/2000	4,061	SLMM	5	4,061	0	0	4,061
171	10/1/1998	17,038	SLMM	5	17,038	0	0	17,038
174	10/1/1998	25,109	SLMM	5	25,109	0	0	25,109
181	6/22/1999	12,183	SLMM	5	12,183	0	0	12,183
189	3/16/2000	11,041	SLMM	5	11,041	0	0	11,041
190	11/9/2000	5,531	SLMM	5	5,531	0	0	5,531
191	5/10/2000	4,915	SLMM	5	4,915	0	0	4,915
192	12/12/2000	6,779	SLMM	5	6,779	0	0	6,779
193	12/21/2000	15,977	SLMM	5	15,977	0	0	15,977
194	12/27/2000	5,943	SLMM	5	5,943	0	0	5,943
208	10/31/1998	50,000	SLMM	3	50,000	0	0	50,000
214	10/1/1998	23,820	SLMM	5	23,820	0	0	23,820
215	12/31/2000	1,023,574	SLMM	3	1,023,574	0	0	1,023,574
216	10/1/1998	5,256,288	SLMM	20	4,380,240	262,814	262,814	4,643,055
217	12/31/1999	425,737	SLMM	20	329,946	21,287	21,287	351,233
218	12/31/1999	183,523	SLMM	20	142,231	9,176	9,176	151,407
219	12/21/2000	19,901	SLMM	20	14,428	995	995	15,423
220	12/31/1999	29,684	SLMM	20	23,005	1,484	1,484	24,489
221	12/31/2000	3,011	SLMM	20	2,183	151	151	2,334
222	12/31/1999	20,272	SLMM	20	15,711	1,014	1,014	16,724
223	12/31/2000	87	SLMM	20	63	4	4	67
224	12/31/1999	377	SLMM	20	292	19	19	311
225	12/31/1999	50,205	SLMM	20	38,909	2,510	2,510	41,419
226	12/31/1999	15,950	SLMM	20	12,361	798	798	13,159
227	12/31/1999	26,069	SLMM	20	20,204	1,303	1,303	21,507
228	12/31/2000	5,110	SLMM	20	3,705	256	256	3,960
229	12/31/1999	7,925	SLMM	20	6,142	396	396	6,538
230	12/31/2000	28,814	SLMM	20	20,890	1,441	1,441	22,331
231	12/31/2000	42,376	SLMM	20	30,722	2,119	2,119	32,841
232	12/31/2000	28,663	SLMM	20	20,780	1,433	1,433	22,214
233	12/31/2000	8,507	SLMM	20	6,168	425	425	6,593
234	12/31/2000	35,105	SLMM	20	25,451	1,755	1,755	27,206
235	12/31/2000	3,000	SLMM	20	2,175	150	150	2,325
236	12/31/2001	3,000	SLMM	20	2,025	150	150	2,175

237	12/31/2001	4,096	SLMM	20	2,765	205	205	2,970
238	12/31/2001	28,750	SLMM	20	19,406	1,438	1,438	20,844
239	1/10/1991	1,697,915	SLMM	4	1,697,915	0	0	1,697,915
240	6/1/1993	3,240	SLMM	20	3,227	0	0	3,227
241	12/1/1993	3,516	SLMM	2	3,516	0	0	3,516
242	12/1/1994	7,152	SLMM	1	7,152	0	0	7,152
243	12/1/1995	54,299	SLMM	20	52,942	1,131	1,131	54,073
244	3/1/1997	7,204	SLMM	20	6,574	360	360	6,934
245	6/1/1997	40,472	SLMM	20	36,424	2,024	2,024	38,448
246	11/1/1997	3,411	SLMM	20	2,999	171	171	3,170
247	11/1/1997	1,876	SLMM	20	1,649	94	94	1,743
248	2/12/1999	2,706	SLMM	20	2,210	135	135	2,345
251	11/1/1998	2,929	SLMM	20	2,429	146	146	2,575
253	12/1/1998	3,031	SLMM	20	2,501	152	152	2,653
254	1/10/1991	157,029	SLMM	4	157,029	0	0	157,029
255	1/1/1991	87,760	SLMM	4	87,760	0	0	87,760
256	11/20/1998	3,856	SLMM	20	3,197	193	193	3,390
257	12/31/1998	(2,929)	SLMM	20	(2,416)	(146)	(146)	(2,563)
258	12/31/1999	1,169,701	SLMM	20	906,518	58,485	58,485	965,004
259	12/31/1999	0	SLMM	7	0	0	0	0
260	12/31/2000	292,933	SLMM	20	212,376	14,647	14,647	227,023
261	12/31/2000	56,543	SLMM	20	40,994	2,827	2,827	43,821
262	12/31/2000	12,868	SLMM	20	9,329	643	643	9,973
263	12/31/2001	10,433	SLMM	20	7,042	522	522	7,564
264	12/31/2001	447	SLMM	20	302	22	22	324
318	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
319	10/1/1998	110,879	SLMM	7	110,879	0	0	110,879
323	10/1/1998	33,543	SLMM	7	33,543	0	0	33,543
325	10/1/1998	8,824	SLMM	7	8,824	0	0	8,824
326	10/1/1998	21,853	SLMM	7	21,853	0	0	21,853
327	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
328	10/1/1998	30,767	SLMM	7	30,767	0	0	30,767
329	10/1/1998	59,514	SLMM	7	59,514	0	0	59,514
330	10/1/1998	37,292	SLMM	7	37,292	0	0	37,292
331	10/1/1998	163,147	SLMM	7	163,147	0	0	163,147
332	10/1/1998	96,582	SLMM	7	96,582	0	0	96,582
333	10/1/1998	26,473	SLMM	7	26,473	0	0	26,473
355	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
358	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
359	10/1/1998	35,767	SLMM	7	35,767	0	0	35,767
360	10/1/1998	57,288	SLMM	7	57,288	0	0	57,288
362	10/1/1998	35,623	SLMM	7	35,623	0	0	35,623
363	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
364	10/1/1998	19,553	SLMM	7	19,553	0	0	19,553
365	10/1/1998	72,096	SLMM	7	72,096	0	0	72,096
367	10/1/1998	178,296	SLMM	7	178,296	0	0	178,296
370	10/1/1998	8,824	SLMM	7	8,824	0	0	8,824
371	10/1/1998	57,458	SLMM	7	57,458	0	0	57,458
372	10/1/1998	17,801	SLMM	7	17,801	0	0	17,801
376	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
377	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
378	10/1/1998	17,648	SLMM	7	17,648	0	0	17,648
379	10/1/1998	18,093	SLMM	7	18,093	0	0	18,093
380	10/1/1998	37,272	SLMM	7	37,272	0	0	37,272
382	10/1/1998	27,648	SLMM	7	27,648	0	0	27,648
383	10/1/1998	82,408	SLMM	7	82,408	0	0	82,408
384	10/1/1998	41,840	SLMM	7	41,840	0	0	41,840
385	10/1/1998	67,648	SLMM	7	67,648	0	0	67,648
387	10/1/1998	17,813	SLMM	7	17,813	0	0	17,813
388	10/1/1998	53,208	SLMM	7	53,208	0	0	53,208
389	10/1/1998	8,824	SLMM	7	8,824	0	0	8,824
431	10/1/1998	110,451	SLMM	7	110,451	0	0	110,451

432	10/1/1998	126,842	SLMM	7	126,842	0	0	126,842
439	10/1/1998	595,458	SLMM	7	595,458	0	0	595,458
440	10/1/1998	105,285	SLMM	7	105,285	0	0	105,285
449	10/1/1998	38,505	SLMM	7	38,505	0	0	38,505
450	10/1/1998	32,705	SLMM	7	32,705	0	0	32,705
454	10/1/1998	114,607	SLMM	7	114,607	0	0	114,607
455	10/1/1998	93,743	SLMM	7	93,743	0	0	93,743
463	10/1/1998	96,602	SLMM	7	96,602	0	0	96,602
471	10/1/1998	106,207	SLMM	7	106,207	0	0	106,207
506	10/1/1998	8,991	SLMM	7	8,991	0	0	8,991
508	10/1/1998	1,007,458	SLMM	7	1,007,458	0	0	1,007,458
535	9/1/2003	26,842	SLMM	20	15,770	1,342	1,342	17,112
539	12/31/2003	14,346	SLMM	3	14,346	0	0	14,346
540	12/31/2003	3,948	SLMM	5	3,948	0	0	3,948
541	12/31/2003	4,000	SLMM	5	4,000	0	0	4,000
542	12/31/2003	30,205	SLMM	5	30,205	0	0	30,205
548	3/30/2004	3,596	SLMM	5	3,596	0	0	3,596
549	3/1/2004	37,887	SLMM	5	37,255	0	0	37,255
550	3/1/2004	6,248	SLMM	5	6,143	0	0	6,143
551	3/1/2004	23,288	SLMM	5	23,288	0	0	23,288
552	3/1/2004	41,848	SLMM	5	41,848	0	0	41,848
556	3/1/2004	21,648	SLMM	5	21,648	0	0	21,648
557	3/1/2004	217,299	SLMM	5	217,299	0	0	217,299
558	3/1/2004	4,508	SLMM	5	4,508	0	0	4,508
560	3/1/2004	8,250	SLMM	5	8,250	0	0	8,250
561	3/1/2004	166,822	SLMM	5	166,822	0	0	166,822
562	3/1/2004	35,531	SLMM	5	35,531	0	0	35,531
563	3/1/2004	20,967	SLMM	5	20,967	0	0	20,967
564	3/1/2004	164,737	SLMM	5	164,737	0	0	164,737
565	3/1/2004	11,829	SLMM	5	11,829	0	0	11,829
566	3/1/2004	15,533	SLMM	5	15,533	0	0	15,533
567	3/1/2004	5,691	SLMM	5	5,691	0	0	5,691
568	3/1/2004	140,996	SLMM	5	138,646	0	0	138,646
569	3/1/2004	572,251	SLMM	5	572,251	0	0	572,251
574	3/1/2004	33,403	SLMM	5	32,846	0	0	32,846
591	5/31/2004	25,650	SLMM	5	25,650	0	0	25,650
594	5/31/2004	6,227	SLMM	5	6,227	0	0	6,227
595	5/31/2004	27,063	SLMM	5	27,063	0	0	27,063
598	8/16/2004	22,192	SLMM	5	22,192	0	0	22,192
599	6/28/2004	4,249	SLMM	5	4,249	0	0	4,249
606	9/30/2004	11,059	SLMM	20	5,944	553	553	6,497
610	3/1/2004	90,735	SLMM	5	90,735	0	0	90,735
612	12/31/2004	22,240	SLMM	3	22,240	0	0	22,240
613	12/31/2004	36,229	SLMM	5	36,229	0	0	36,229
614	12/31/2004	153,153	SLMM	5	153,153	0	0	153,153
615	12/31/2004	15,994	SLMM	3	15,994	0	0	15,994
625	3/31/2005	5,450	SLMM	5	5,450	0	0	5,450
633	10/31/2005	17,069	SLMM	5	17,069	0	0	17,069
635	7/1/2005	22,736	SLMM	5	22,736	0	0	22,736
636	6/15/2005	18,277	SLMM	5	18,277	0	0	18,277
637	12/31/2005	17,908	SLMM	5	17,908	0	0	17,908
638	12/31/2005	19,656	SLMM	3	19,656	0	0	19,656
639	12/31/2005	14,859	SLMM	3	14,859	0	0	14,859
640	12/31/2005	40,365	SLMM	5	40,365	0	0	40,365
641	12/31/2005	36,729	SLMM	5	36,729	0	0	36,729
643	1/31/2006	997	SLMM	5	997	0	0	997
646	3/31/2006	3,885	SLMM	5	3,885	0	0	3,885
648	4/30/2006	3,885	SLMM	5	3,885	0	0	3,885
649	3/31/2006	79,344	SLMM	5	79,344	0	0	79,344
650	8/31/2006	4,064	SLMM	5	4,064	0	0	4,064
652	11/30/2006	26,706	SLMM	5	26,706	0	0	26,706
653	1/1/2007	9,633	SLMM	3	9,633	0	0	9,633

657	11/21/2006	300,534	SLMM	3	300,534	0	0	300,534
658	6/12/2007	45,315	SLMM	3	44,056	0	0	44,056
659	7/28/2006	18,000	SLMM	7	18,000	0	0	18,000
660	9/1/2007	5,959	SLMM	5	5,860	0	0	5,860
661	9/26/2007	8,375	SLMM	5	8,375	0	0	8,375
662	9/26/2007	41,546	SLMM	5	41,546	0	0	41,546
663	9/26/2007	23,476	SLMM	5	23,476	0	0	23,476
664	11/7/2007	18,694	SLMM	5	18,694	0	0	18,694
665	2/1/2008	2,143	SLMM	5	2,108	0	0	2,108
666	2/20/2008	37,492	SLMM	5	37,492	0	0	37,492
667	4/25/2008	3,227	SLMM	3	3,227	0	0	3,227
668	6/3/2008	10,021	SLMM	3	10,021	0	0	10,021
671	4/1/2008	8,394	SLMM	5	8,394	0	0	8,394
673	7/1/2008	8,330	SLMM	5	8,330	0	0	8,330
674	2/1/2008	5,000	SLMM	5	5,000	0	0	5,000
676	7/28/2008	7,329	SLMM	5	7,329	0	0	7,329
677	8/11/2008	4,779	SLMM	5	4,779	0	0	4,779
678	8/1/2008	2,517	SLMM	5	2,517	0	0	2,517
679	8/29/2008	25,652	SLMM	5	25,652	0	0	25,652
680	10/1/2008	5,878	SLMM	5	5,878	0	0	5,878
682	4/1/2009	5,875	SLMM	5	5,875	0	0	5,875
683	7/1/2008	312,453	SLMM	5	312,453	0	0	312,453
684	9/1/2009	641,399	SLMM	5	641,399	0	0	641,399
685	1/23/2009	18,543	SLMM	5	18,543	0	0	18,543
687	7/1/2010	4,140	SLMM	5	4,140	0	0	4,140
688	10/1/2010	216,116	SLMM	5	205,310	7,204	7,204	212,514
689	10/1/2010	499,709	SLMM	5	474,724	24,985	24,985	499,709
690	10/1/2010	405,617	SLMM	5	385,336	20,281	20,281	405,617
691	9/23/2010	7,428	SLMM	5	7,056	371	371	7,428
692	3/21/2011	488,985	SLMM	5	415,637	73,348	73,348	488,985
693	3/21/2011	18,013	SLMM	7	10,937	2,573	2,573	13,510
694	1/1/2011	17,422	SLMM	5	15,680	1,742	1,742	17,422
695	10/1/2010	10,782	SLMM	5	10,243	539	539	10,782
696	9/1/2010	70,000	SLMM	5	67,667	2,333	2,333	70,000
697	9/1/2011	15,086	SLMM	5	11,566	3,017	3,017	14,583
698	4/15/2012	32,621	SLMM	6	17,670	5,437	5,437	23,106
699	4/1/2012	422,912	SLMM	5	275,273	84,582	84,582	359,855
700	6/1/2012	3,570	SLMM	5	2,202	714	714	2,916
703	7/1/2012	5,000	SLMM	5	3,000	1,000	1,000	4,000
704	9/1/2011	10,500	SLMM	5	8,050	2,100	2,100	10,150
705	12/1/2011	137,782	SLMM	5	98,744	27,556	27,556	126,300
706	9/1/2011	67,082	SLMM	3	67,082	0	0	67,082
707	6/1/2012	31,993	SLMM	5	19,729	6,399	6,399	26,128
708	3/1/2012	8,437	SLMM	5	5,625	1,687	1,687	7,312
709	7/1/2011	7,091	SLMM	5	5,673	1,418	1,418	7,091
710	7/1/2011	3,800	SLMM	5	3,040	760	760	3,800
712	4/1/2012	35,464	SLMM	5	23,052	7,093	7,093	30,145
715	7/1/2012	3,360	SLMM	5	2,016	672	672	2,688
716	7/1/2012	12,647	SLMM	5	7,588	2,529	2,529	10,118
717	9/1/2012	3,187	SLMM	5	1,806	637	637	2,444
718	11/1/2012	66,294	SLMM	5	35,357	13,259	13,259	48,616
719	8/1/2012	63,889	SLMM	5	37,269	12,778	12,778	50,047
720	10/18/2012	7,000	SLMM	5	3,733	1,400	1,400	5,133
721	10/18/2012	10,045	SLMM	5	5,358	2,009	2,009	7,367
722	4/1/2013	3,086	SLMM	3	2,315	772	772	3,086
723	5/8/2013	16,458	SLMM	5	7,132	3,292	3,292	10,423
724	5/1/2013	7,834	SLMM	5	3,395	1,567	1,567	4,962
725	3/15/2013	3,878	SLMM	3	3,016	862	862	3,878
726	2/7/2013	17,502	SLMM	5	8,459	3,500	3,500	11,960
727	4/23/2013	13,035	SLMM	5	5,648	2,607	2,607	8,255
728	4/23/2013	21,657	SLMM	5	9,385	4,331	4,331	13,716
729	9/7/2012	56,550	SLMM	15	10,682	3,770	3,770	14,452

730	5/1/2013	89,533	SLMM	5	38,797	17,907	17,907	56,704
731	6/7/2013	8,952	SLMM	5	3,730	1,790	1,790	5,520
732	9/11/2013	4,951	SLMM	5	1,815	990	990	2,805
733	7/11/2013	25,180	SLMM	15	3,357	1,679	1,679	5,036
734	9/5/2013	9,536	SLMM	5	3,497	1,907	1,907	5,404
735	9/16/2013	80,761	SLMM	15	9,422	5,384	5,384	14,806
736	8/13/2013	3,140	SLMM	5	1,204	628	628	1,832
737	7/1/2013	3,841	SLMM	20	384	192	192	576
739	10/1/2013	9,909	SLMM	5	3,468	1,982	1,982	5,450
740	10/1/2013	10,747	SLMM	5	3,762	2,149	2,149	5,911
741	11/1/2013	15,719	SLMM	3	8,733	5,240	5,240	13,972
742	12/24/2013	11,498	SLMM	5	3,449	2,300	2,300	5,749
743	2/1/2014	7,759	SLMM	5	2,198	1,552	1,552	3,750
744	2/10/2014	3,033	SLMM	3	1,432	1,011	1,011	2,444
745	2/10/2014	4,125	SLMM	5	1,169	825	825	1,994
746	7/1/2013	5,253	SLMM	3	3,502	1,751	1,751	5,253
747	2/26/2014	8,888	SLMM	5	2,370	1,778	1,778	4,148
748	3/11/2014	8,319	SLMM	5	2,218	1,664	1,664	3,882
749	7/1/2013	123,496	SLMM	3	82,331	41,165	41,165	123,496
750	12/7/2012	24,384	SLMM	3	20,997	3,387	3,387	24,384
751	7/1/2013	103,311	SLMM	3	68,874	34,437	34,437	103,311
752	1/1/2013	93,512	SLMM	3	77,926	15,585	15,585	93,512
753	1/1/2014	8,994	SLMM	3	4,497	2,998	2,998	7,495
754	2/4/2014	8,544	SLMM	3	4,035	2,848	2,848	6,883
755	3/27/2014	18,270	SLMM	5	4,568	3,654	3,654	8,222
756	3/12/2014	4,479	SLMM	5	1,194	896	896	2,090
757	7/1/2012	9,950	SLMM	5	5,970	1,990	1,990	7,960
758	11/5/2012	23,962	SLMM	5	12,780	4,792	4,792	17,572
759	11/5/2012	3,895	SLMM	3	3,462	433	433	3,895
760	4/1/2014	4,634	SLMM	3	1,931	1,545	1,545	3,475
761	10/2/2013	138,686	SLMM	15	16,180	9,246	9,246	25,426
762	4/15/2014	25,104	SLMM	10	3,138	2,510	2,510	5,648
763	5/10/2014	5,160	SLMM	5	1,204	1,032	1,032	2,236
764	7/1/2013	150,431	SLMM	5	60,173	30,086	30,086	90,259
765	6/26/2014	20,348	SLMM	5	4,070	4,070	4,070	8,139
766	10/31/2013	997,773	SLMM	5	332,591	199,555	199,555	532,145
767	7/3/2014	11,105	SLMM	5	2,221	2,221	2,221	4,442
768	7/15/2014	3,595	SLMM	5	719	719	719	1,438
769	6/18/2014	3,863	SLMM	5	773	773	773	1,545
770	7/15/2014	68,053	SLMM	5	13,611	13,611	13,611	27,221
771	7/31/2014	36,425	SLMM	5	6,678	7,285	7,285	13,963
772	8/10/2014	3,794	SLMM	5	696	759	759	1,455
773	8/13/2014	586,775	SLMM	5	107,575	117,355	117,355	224,931
774	8/31/2014	19,370	SLMM	5	3,228	3,874	3,874	7,102
775	8/31/2014	79,345	SLMM	5	13,224	15,869	15,869	29,093
776	9/15/2014	5,390	SLMM	5	898	1,078	1,078	1,976
777	8/13/2014	36,829	SLMM	20	1,688	1,841	1,841	3,529
778	12/29/2014	5,003	SLMM	5	500	1,001	1,001	1,501
779	12/29/2014	14,665	SLMM	5	1,467	489	489	1,955
780	10/29/2014	113,770	SLMM	5	15,169	22,754	22,754	37,923
781	10/29/2014	35,093	SLMM	5	4,679	7,019	7,019	11,698
782	10/29/2014	106,133	SLMM	5	14,151	21,227	21,227	35,378
783	10/29/2014	208,924	SLMM	5	27,856	41,785	41,785	69,641
784	10/29/2014	666,290	SLMM	5	88,839	133,258	133,258	222,097
785	10/29/2014	290,477	SLMM	5	38,730	58,095	58,095	96,826
786	10/29/2014	12,037	SLMM	5	1,605	2,407	2,407	4,012
787	1/15/2015	5,981	SLMM	5	598	1,196	1,196	1,794
788	1/1/2015	577,170	SLMM	20	14,429	28,858	28,858	43,288
789	9/15/2014	20,663	SLMM	5	3,444	4,133	4,133	7,576
790	3/3/2015	3,000	SLMM	5	200	600	600	800
791	4/1/2015	5,098	SLMM	5	255	1,020	1,020	1,275
792	4/7/2015	7,059	SLMM	5	353	1,412	1,412	1,765

793	3/13/2015	52,611	SLMM	7	2,505	7,516	7,516	10,021
794	3/13/2015	385,017	SLMM	15	8,556	25,668	25,668	34,224
795	5/1/2015	141,462	SLMM	5	4,715	28,292	28,292	33,008
796	5/5/2015	7,907	SLMM	5	264	1,581	1,581	1,845
797	6/1/2015	34,572	SLMM	5	576	6,914	6,914	7,491
798	6/23/2015	5,215	SLMM	5	0	1,043	1,043	1,043
800	6/30/2015	26,042	SLMM	5	0	5,208	5,208	5,208
801	6/30/2015	18,023	SLMM	5	0	3,605	3,605	3,605
802	6/5/2015	137,705	SLMM	5	2,295	27,541	27,541	29,836
803	6/1/2015	23,200	SLMM	5	387	4,640	4,640	5,027
804	6/1/2015	115,312	SLMM	5	1,922	23,062	23,062	24,984
805	6/30/2015	191,761	SLMM	5	0	38,352	38,352	38,352
806	6/30/2015	9,893	SLMM	5	0	1,979	1,979	1,979
807	6/30/2015	1,196,940	SLMM	5	0	239,388	239,388	239,388
808	8/21/2015	3,885	SLMM	5	0	647	647	647
809	8/5/2015	3,124	SLMM	10	0	286	286	286
810	8/31/2015	3,169	SLMM	5	0	528	528	528
811	9/9/2015	25,214	SLMM	5	0	4,202	4,202	4,202
812	9/1/2015	4,045	SLMM	5	0	674	674	674
813	9/10/2015	5,800	SLMM	5	0	967	967	967
814	9/10/2015	1,657,422	SLMM	5	0	276,237	276,237	276,237
815	9/10/2015	185,190	SLMM	5	0	30,865	30,865	30,865
816	6/30/2015	12,737	SLMM	5	0	2,547	2,547	2,547
817	12/29/2014	10,405	SLMM	5	1,040	2,081	2,081	3,121
818	11/30/2015	29,049	SLMM	20	0	847	847	847
819	12/1/2015	29,173	SLMM	10	0	1,702	1,702	1,702
820	12/23/2015	6,521	SLMM	5	0	652	652	652
821	12/15/2015	89,447	SLMM	5	0	10,435	10,435	10,435
822	1/1/2016	984,807	SLMM	5	0	98,481	98,481	98,481
823	4/16/2016	7,794	SLMM	10	0	130	130	130
824	4/16/2016	11,449	SLMM	5	0	382	382	382
825	2/1/2016	9,222	SLMM	3	0	1,281	1,281	1,281
826	5/11/2016	218,000	SLMM	5	0	7,267	7,267	7,267
827	12/15/2015	9,807	SLMM	5	0	1,144	1,144	1,144
828	6/1/2016	16,256	SLMM	5	0	271	271	271
829	6/1/2016	25,000	SLMM	5	0	417	417	417
830	10/1/2015	304,772	SLMM	5	0	45,716	45,716	45,716
831	6/30/2016	15,219	SLMM	5	0	0	0	0
832	6/30/2016	2,728,288	SLMM	5	0	0	0	0
833	10/1/2015	18,251	SLMM	5	0	2,738	2,738	2,738
834	10/29/2014	1,000,000	SLMM	10	66,849	100,000	100,000	166,849

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
200,000 SHS CD FIRST NIAGARA BANK	03/25/15	09/28/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	200,000.	0.	0.	200,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD SANTANDER BK	12/29/14	10/07/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	249,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
200,000 SHS CD GOLDMAN SACHS BK USA	10/09/12	10/19/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	200,000.	0.	0.	200,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
145,000 SHS CD FIRSTBANK PUERTO RICO	11/03/14	11/12/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	145,000.	0.	0.	145,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD APPLE BK FOR SVGS	12/08/14	11/20/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	247,950.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
145,000 SHS CD GE CAPITAL BANK	12/02/14	11/20/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	145,000.	0.	0.	144,971.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD STATE BANK OF INDIA	03/31/15	11/20/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	248,791.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
60 SHS AMAZON COM INC COM	11/30/15	11/30/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	40,402.	0.	0.	40,402.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD PACIFIC WESTERN BANK	03/02/15	12/07/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	249,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
26 SHS ORACLE CORP \$0.01 DEL	12/14/15	12/14/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	916.	0.	0.	916.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
22 SHS AIR PRODUCTS&CHEM	12/15/15	12/15/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,806.	0.	0.	2,806.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
104 SHS PROCTER & GAMBLE CO	12/15/15	12/15/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	8,161.	0.	0.	8,161.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
18 SHS ALTRIA GROUP INC	12/16/15	12/16/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,006.	0.	0.	1,006.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
360 SHS LENDINGCLUB CORP SHS	12/17/15	12/17/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	4,392.	0.	0.	4,392.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
10,000 SHS NETAPP INC	12/28/15	12/28/15	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	264,455.	0.	0.	264,455.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD SYNOVUS BANK	12/15/14	12/30/15	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	248,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
93 SHS VMWARE INC	01/04/16	01/04/16	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	5,128.	0.	0.	5,128.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
357 SHS VMWARE INC	01/04/16	01/04/16	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	19,686.	0.	0.	19,686.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD EVERBANK	01/05/15	01/15/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	248,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD HARDIN COUNTY BANK	01/05/15	01/20/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	249,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD DISCOVER BANK	01/21/15	01/28/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	248,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
145,000 SHS CD AMERICAN EXPR CENTURI	01/28/13	02/08/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	145,000.	0.	0.	145,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
140,000 SHS CD WHITNEY BK LOUISIANA	02/03/15	02/18/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	140,000.	0.	0.	140,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD MB FINL BK N A	02/17/15	02/19/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	249,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
1,362 SHS AMGEN INC COM PV \$0.0001	02/29/16	02/29/16	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	197,730.	0.	0.	197,730.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
66,000 SHS CD BMW BK NORTH AMER	03/04/13	03/08/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	66,000.	0.	0.	66,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD CITIZENS ST BANK	06/16/15	04/29/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	249,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD MEDALLION BK	05/04/15	05/18/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	248,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD SALLIE MAE BK	08/13/15	05/19/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	248,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
125,000 SHS CD BMW BK OF NORTH AMER	05/18/15	05/20/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	125,000.	0.	0.	125,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
200,000 SHS CD BANK NORTH CAROLINA	05/13/13	05/24/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	200,000.	0.	0.	200,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
233,000 SHS CD LCA BK CORP	05/26/15	05/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	233,000.	0.	0.	233,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
249,000 SHS CD SCOTIABANK DE P R	06/03/13	06/13/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	249,000.	0.	0.	249,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
180,000 SHS CD BANK OF BARODA	06/11/15	06/20/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	180,000.	0.	0.	180,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
248,000 SHS CD MERCANTIL COMMERCEBAN	06/08/15	06/20/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	248,000.	0.	0.	248,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
240 SHS G-III APPAREL GROUP LTD	06/22/16	06/22/16	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	10,472.	0.	0.	10,472.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
5,000 SHS NETAPP INC	06/22/16	06/22/16	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	126,799.	0.	0.	126,799.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
RETIREMENT OF ASSETS	VARIOUS	VARIOUS	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	10,000.	0.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6	6,936,953.	0.	0.	6,926,665.
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FORM 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
ADMISSIONS AND FEES	2,256,232.
STORE REVENUE	239,155.
IMAX TICKET SALES	1,458,949.
FACILITY RENTAL	860,832.
VISITORS SERVICES	707,995.
TOTAL TO FORM 199, PART II, LINE 7	5,523,163.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CIRCMEDTECH LTD	HORIZON CHAMBERS POB 4622 - ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS	AWARD WINNER	50,000.
EINDOLLARBRILLE E. V.	BOEHMLACH 22 - ERLANGEN, GERMANY 91058	AWARD WINNER	50,000.
THE SOCIOTECH INSTITUTE	19 KENT ST, WOODSTOCK - CAPE TOWN, WESTERN CAPE, SOUTH AFRICA 7915	AWARD WINNER	50,000.
WHAT3WORDS LIMITED	STUDIO 213 WESTBOURNE STUDIOS, 242 ACKLAM ROAD - LONDON, UNITED KINGDOM W105J	AWARD WINNER	50,000.
TOTAL FOR THIS ACTIVITY			525,000.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>525,000.</u>

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TIM RITCHIE 201 SOUTH MARKET STREET SAN JOSE, CA 95113	PRESIDENT AND CEO 40.00	305,067.
HARVARD SUNG 201 SOUTH MARKET STREET SAN JOSE, CA 95113	CFO 40.00	160,060.
BILL BAILOR 201 SOUTH MARKET STREET SAN JOSE, CA 95113	VP OPERATIONS 40.00	157,651.
MARIA PAPPAS 201 SOUTH MARKET STREET SAN JOSE, CA 95113	VP DEVELOPMENT 40.00	181,113.
GRETCHEN WALKER 201 SOUTH MARKET STREET SAN JOSE, CA 95113	VP EDUCATION 40.00	156,864.
CHRISTOPHER DIGIORGIO 201 SOUTH MARKET STREET SAN JOSE, CA 95113	BOARD CHAIR 4.00	0.
DANIEL WARMENHOVEN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	BOARD VICE CHAIR 2.00	0.
EDWARD CANNIZZARO 201 SOUTH MARKET STREET SAN JOSE, CA 95113	BOARD TREASURER 2.00	0.
ROGER QUINLAN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	BOARD SECRETARY 1.00	0.
ANN BOWERS 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.
ARCHANA SATHAYE 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.

CHRIS BOYD 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
CHUCK BOYNTON 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.40	0.
DANIEL PEREZ 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 2.00	0.
DAN'L LEWIN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
DAVE HOUSE 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.30	0.
FRANK QUATTRONE 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
GERALD HELD 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 2.00	0.
GLORIA CHEN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.
JAMES BARRESE 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
JAMES DEICHEN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 4.00	0.
JAMI NACHTSHEIM 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.20	0.
JOE KAVA 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
JOHN GIUBILEO 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.

JUDY SWANSON 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.30	0.
MANNY BARBARA 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.
MATTHEW SAPP 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
MAURIA FINLEY 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
MICHAEL ABBOTT 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
OMKARAM NALAMASU 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
PETER RELAN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.
RANDY KRENZIN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.
RAQUEL GONZALEZ 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
RUBA BORNO 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
SMITH MCKEITHEN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.
STEVE YOUNG 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 0.50	0.
STUART PANN 201 SOUTH MARKET STREET SAN JOSE, CA 95113	DIRECTOR 1.00	0.

WILLIAM HEIL
 201 SOUTH MARKET STREET
 SAN JOSE, CA 95113

DIRECTOR
 0.50

0.

TOTAL TO FORM 199, PART II, LINE 11

960,755.

FORM 199 OTHER EXPENSES STATEMENT 7

DESCRIPTION	AMOUNT
TECH AWARDS	982,355.
FEEES AND SERVICES	303,083.
AWARDS AND RELATED EXPE	287,988.
OTHER EXPENSES	276,000.
DIRECT EXPENSES OF FUNDRAISING EVENTS	522,688.
OTHER EMPLOYEE BENEFITS	619,198.
LEGAL FEES	38,230.
ACCOUNTING FEES	135,285.
INVESTMENT MANAGEMENT FEES	43,490.
OTHER PROFESSIONAL FEES	164,885.
ADVERTISING AND PROMOTION	407,968.
OFFICE EXPENSES	745,825.
ROYALTIES	501,742.
TRAVEL	171,927.
ALL OTHER EXPENSES	321,244.
TOTAL TO FORM 199, PART II, LINE 17	5,521,908.

FORM 199 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY FUNDS	13,270,740.	12,363,351.
VENTURE CAPITAL FUNDS & PARTNERSHIPS	1,239,690.	1,179,656.
CERTIFICATES OF DEPOSIT	9,261,532.	8,415,057.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	23,771,962.	21,958,064.

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		6,615,828.	8,834,477.
PREPAID EXPENSES AND DEFERRED CHARGES		306,109.	306,672.
CITY OF SAN JOSE LEASE		20,916,156.	20,767,125.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		27,838,093.	29,908,274.

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		500,601.	615,937.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		500,601.	615,937.

FORM 199	FUND BALANCES	STATEMENT	11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		14,011,310.	15,795,647.
TEMPORARILY RESTRICTED ASSETS		37,602,671.	37,058,217.
PERMANENTLY RESTRICTED ASSETS		12,715,706.	12,715,706.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		64,329,687.	65,569,570.

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
THE TECH MUSEUM OF INNOVATION	94-2864660

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 27,403,103.00
2 Total gross income (Form 199, line 8)	2 20,466,150.00
3 Total expenses and disbursements (Form 199, line 9)	3 18,732,509.00

Part II Settle Your Account Electronically for Taxable Year 2015

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ **PRESIDENT**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign Firm's name (or yours if self-employed) and address	FRANK, RIMERMAN & CO. LLP			FEIN 94-1341042
	1801 PAGE MILL ROAD			ZIP code 94304
	PALO ALTO, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address	02/07/17		P01063809
	FRANK, RIMERMAN & CO. LLP	FEIN 94-1341042	
	1801 PAGE MILL ROAD	ZIP code 94304	
	PALO ALTO, CA		

California Exempt Organization
Business Income Tax Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **07/01/2015**, and ending (mm/dd/yyyy) **06/30/2016**

Corporation/Organization name
THE TECH MUSEUM OF INNOVATION California corporation number
1131588

Additional information. See instructions. FEIN
94-2864660

Street address (suite/room no.)
201 SOUTH MARKET STREET PMB no.

City (If the corporation has a foreign address, see instructions.)
SAN JOSE State
CA ZIP code
95113

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date (mm/dd/yyyy) _____
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **SEE STATEMENT 12**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code **900099**
- L Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	2,617.00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	2,617.00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	2,617.00
	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6	00
	7	Net Operating Loss deduction. See General Information N	•	7	2,617.00
	8	Add line 6 and line 7	•	8	2,617.00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	0.00
	10	Tax 8.84 % x line 9. See General Information J	•	10	00
	11	a New employment credit, amount generated. • a) _____ 11 b) Amount claimed _____	•	11b	00
	c Tax credits from Schedule B. See instructions	•	11c	00	
	d Total Credits. Add line 11b and 11c	•	11d	00	
Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	•	12	00
	13	Alternative minimum tax. See General Information O	•	13	00
	14	Total tax. Add line 12 and line 13	•	14	0.00
Payments	15	Overpayment from a prior year allowed as a credit	•	15	00
	16	2015 estimated tax payments. See instructions	•	16	00
	17	Withholding (Form 592-B and/or 593.) See instructions	•	17	00
	18	Amount paid with extension (form FTB 3539)	•	18	00
	19	Total payments and credits. Add line 15 through line 18	•	19	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	•	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	00
	25	Enter amount of line 24 to be applied to 2016 estimated tax	•	25	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26a 26c	
	27 Penalties and interest. See General Information M	27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales 676,710. b Less returns and allowances c Balance	1c	676,710.00
2 Cost of goods sold and/or operations (Schedule A, line 7)	2	70,297.00
3 Gross profit. Subtract line 2 from line 1c	3	606,413.00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	4a	00
b Net gain (loss) from Part II, Schedule D-1	4b	00
c Capital loss deduction for trusts	4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule SEE STATEMENT 13	5	43.00
6 Rental income (Schedule C)	6	00
7 Unrelated debt-financed income (Schedule D)	7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	00
10 Exploited exempt activity income (Schedule G)	10	00
11 Advertising income (Schedule H, Part III, Column A)	11	00
12 Other income. Attach schedule	12	00
13 Total unrelated trade or business income. Add line 3 through line 12	13	606,456.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	124,624.00
16 Repairs	16	3,624.00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions SEE STATEMENT 14	24	474,591.00
25 Total deductions. Add line 14 through line 24	25	602,839.00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	3,617.00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	3,617.00
29 Specific deduction	29	1,000.00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	2,617.00

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title PRESIDENT	Date	Telephone
Preparer's signature <i>Puneet Agade</i>	Date 02/07/17	Check if self-employed <input type="checkbox"/>	PTIN P01063809
Firm's name (or yours, if self-employed) and address FRANK, RIMERMAN & CO. LLP 1801 PAGE MILL ROAD PALO ALTO, CA 94304			FEIN 94-1341042 Telephone (650) 845-8100

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	70,297.00
5	Total. Add line 1 through line 4b	5	70,297.00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	70,297.00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

1	Enter credit name	code	1	00	
2	Enter credit name	code	2	00	
3	Enter credit name	code	3	00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c			4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation	(b) Other deductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1				
2				
3				

4 Add columns 5 and 10

5 Add columns 6 and 11

6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

Total. Enter here and on Side 2, Part I, line 10

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

FORM 109	NATURE OF TRADE OR BUSINESS	STATEMENT	12
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IMAX MOVIE THEATER TICKET SALES

TO FORM 109, PAGE 1

FORM 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT	13
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DESCRIPTION	AMOUNT
UNIVERSITY TECHNOLOGY VENTURES, LP	-15.
LEGACY VENTURE VII, LLC	58.
TOTAL TO FORM 109, PAGE 2, LINE 5	43.

FORM 109	OTHER DEDUCTIONS	STATEMENT	14
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DESCRIPTION	AMOUNT
DUES & MEMBERSHIP	240.
FEES & SERVICES	27,159.
JANITORIAL	6,160.
SECURITY	15,690.
MAINTENANCE	39,031.
ROYALTIES	311,519.
INSURANCE	2,906.
SUPPLIES	5,463.
TRAVEL	6,697.
SHIPPING	883.
MATERIALS	6,749.
RENT - FACILITIES	24,469.
TELEPHONE	1,164.
UTILITIES	19,276.
PRINTING	0.
EQUIPMENT	1,087.
PROFESSIONAL DEVELOPMENT	89.
ADVERTISING	6,009.
TOTAL TO FORM 109, PAGE 2, LINE 24	474,591.

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

THE TECH MUSEUM OF INNOVATION

1131588

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation S Corporation

FEIN

Exempt Organization Limited liability company (electing to be taxed as a corporation)

94-2864660

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	0.00
2	2015 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a	00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
	c Add line 4a and line 4b	4c	00
5	General NOL. Subtract line 4c from line 3	5	00
6	Current Year NOL. Add line 2, line 4c, and line 5. See instructions	6	00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7	2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e)	7	00
8	2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g)	8	00
9	2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	
		2,617.	

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (e) - col. (f)
2010		GEN	100,566.	80,135.	2,617.	0.	77,518.
2011		GEN	322,882.	322,882.	0.	0.	322,882.
2012		GEN	167,696.	167,696.	0.	0.	167,696.
2013		GEN	147,356.	147,356.	0.	0.	147,356.

Current Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (d) - col. (f) See instructions.
3 2015		DIS					
4 2015							
2015							
2015							
2015							

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

1	2013 Net income - Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S line 21; or taxable income from Form 109, line 9; (but not less than -0-)	-147,356.
2	2014 Net income - Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)	

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss - See Instructions	2013		2014		(i) Carryover to 2016 col. (d) - (col. (e) + col. (g))
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2015								
2015								
2015								
2015								
2015								

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2015 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	2,617.00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	0.00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	2,617.00

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 051459 THE TECH MUSEUM OF INNOVATION <small>Name of Organization</small> 201 SOUTH MARKET STREET <small>Address (Number and Street)</small> SAN JOSE, CA 95113 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1131588</u> Federal Employer I.D. No. <u>94-2864660</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2015 ending 06/30/2016) list:
 Gross annual revenue \$ 19,943,462. Total assets \$ 67,451,823.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 16	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (408) 795-6116

Organization's e-mail address INFO@THE TECH.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

TIM RITCHIE

PRESIDENT

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 16

RICHARD KING
201 SOUTH MARKET STREET
SAN JOSE, CA 95113
(408) 239-6469