For Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2020

DLN: 93493147008141 OMB No. 1545-0047

Open to Public

	ry ıl Reve	enue Service	:	s.qov/Form990 for instructions			mation.		Open to Public Inspection
A F	or th	e 2020 c		eginning 01-01-2020 , and end	ding 12-3:	L-2020			
☐ Ad		applicable: change nange	C Name of organization AMERICAN COMPUTER MUSEUN	1 LTD			<b>D Employe</b> 81-0460		fication number
	itial re	-	Doing business as						
		n/terminated		if well in wat dalivered to attract address	a) I Da a ma /ai	+-	E Telephone	e numbe	 r
		d return ion pending	DO DOV 7100	if mail is not delivered to street address	s)   Room/sui	te	(406) 57	70-762	5
·			City or town, state or province,	country, and ZIP or foreign postal code			(100) 0		
			BOZEMAN, MT 59771				<b>G</b> Gross red	eipts \$ 2	233,084
			<b>F</b> Name and address of prir	ncipal officer:		<b>H(a)</b> Is th	is a group ret	urn for	
			PO BOX 7190				ordinates?		□Yes <b>☑</b> No
			BOZEMAN, MT 597717190				all subordinate ided?	es	☐ Yes ☐No
I Ta	x-exe	mpt status:	<b>✓</b> 501(c)(3) □ 501(c)(	) <b>◀</b> (insert no.) ☐ 4947(a)(1) or	☐ 527			st. (see	instructions)
J W	ebsi	te:► ww	w.acrmuseum.org			H(c) Grou	ıp exemption	numbe	•
<b>K</b> For	n of o	rganization	: 🗹 Corporation 🗌 Trust 🗍	Association ☐ Other ►		<b>L</b> Year of form	nation: 1989	<b>M</b> State	of legal domicile: MT
		C							
Pa	art I		mary	on or most significant activities:					
a,				ND DISPLAY THE ARTIFACTS AND	HISTORY C	F THE INFO	RMATION AGE		
<u> </u>									
E	:								
Governance				n discontinued its operations or dis			% of its net as	sets.	
ত্ৰ	1		-	erning body (Part VI, line 1a) .			•	3	10
<b>~</b> Sé	1		· -	rs of the governing body (Part VI, li	-		•	4	0
Ě	1		, ,	n calendar year 2020 (Part V, line ? -	•		•	5	3
Activities &	1		•	f necessary)			•	6	
4	1			Part VIII, column (C), line 12 .			•	7a 7b	+
	D	Net unre	lated dusiness taxable income	from Form 990-T, line 39		 D	rior Year	/ B	Current Year
	8	Contribu	tions and grants (Part VIII, line	1h)		<u>                                   </u>	323,0	97	209,415
₹	1		• •	· 2g)			1,4	_	16,291
Ravenue	1	-	•	A), lines 3, 4, and 7d )			-6,2	_	1,471
ď	1		•	nes 5, 6d, 8c, 9c, 10c, and 11e)	-		11,6		2,110
	1		, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A),	line 12)		329,9		229,287
	13	Grants a	nd similar amounts paid (Part	IX, column (A), lines 1-3)					0
	14	Benefits	paid to or for members (Part I	X, column (A), line 4)					0
88	15	Salaries,	other compensation, employe	e benefits (Part IX, column (A), line	es 5-10)		61,4	76	104,537
SUS(	16a	Profession	onal fundraising fees (Part IX, o	column (A), line 11e)					0
Expenses	Ь	Total fund	raising expenses (Part IX, column	(D), line 25) ▶0					
ш	1		penses (Part IX, column (A), li	, ,	•		151,0	34	145,571
	1		•	equal Part IX, column (A), line 25)	)		212,5	_	250,108
. 10	19	Revenue	less expenses. Subtract line 1	8 from line 12		<u> </u>	117,4	_	-20,821
Net Assets or Fund Balances						Beginning	g of Current Ye	ear	End of Year
sset 3ala	20	Total ass	sets (Part X, line 16)				517,9	98	527,128
A A	21	Total liab	oilities (Part X, line 26)				6,3	50	21,676
ŽΞ	22	Net asse	ts or fund balances. Subtract l	ine 21 from line 20			511,6	48	505,452
	art II		ature Block						
				xamined this return, including acco plete. Declaration of preparer (othe					
any k									
		****	*			20	21-05-27		
Sign	1	Signat	ure of officer				ite		
Here		BARBA	ARA KEREMEDJIEV President						
			or print name and title						
-		F	Print/Type preparer's name	Preparer's signature	D	ate Ch		TIN 0134775	52
Paid		L				se	lf-employed		
Pre	•	E1	Firm's name			Fi	rm's EIN ▶ 81-0	0347988	
Use	On	ıly 👍	Firm's address ▶ 1283 N 14th Aven	ue Ste 201		Ph	one no. (406) 5	87-4265	
			Bozeman, MT 59	715					
May t	he IF	RS discuss	this return with the preparer	shown above? (see instructions)				<b>✓</b>	Yes 🗆 No

Cat. No. 11282Y

Form **990** (2020)

Form	990 (2020)						Page <b>2</b>
Pa	statement of	Program Service	Accomplis	hments			
	Check if Schedule	O contains a respon	se or note to	any line in this Part III .			. $\square$
1	Briefly describe the organ	nization's mission:					
то с	OLLECT, PRESERVE, INTER	RPRET, AND DISPLAY	THE ARTIFAC	TS AND HISTORY OF TH	IE INFORMATION AGE.		
2	Did the organization und	ertake any significan	t program ser	vices during the year wh	ich were not listed on	_ ,	
	the prior Form 990 or 99					☐ Yes [	<b>✓</b> No
	If "Yes," describe these r						
3	Did the organization ceas	se conducting, or ma	ke significant	changes in how it condu	cts, any program		
	services?					☐ Yes	✓ No
	If "Yes," describe these o	hanges on Schedule	Ο.				
4		01(c)(4) organization	s are required	to report the amount of	argest program services, as measur f grants and allocations to others, th		es.
4a	(Code:	) (Expenses \$	162,571	including grants of \$	) (Revenue \$	)	
	See Additional Data						
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)	
	_						
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)	
	(couc.	) (Expended ¢		merading grants or ¢	) (Nevende \$	,	
4.1	Oth an muanum assistant	(December in Cake del	- 0 )				
4d	Other program services ( (Expenses \$	•	e O.) ding grants of	\$	) (Revenue \$	)	
10	Total program service		162,5	•	) (nevenue y	,	
4e	i otai program service	evhenses L	102,5	, <u>+</u>			

19

Form	990 (2020)			Page <b>3</b>
Par	tiv 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)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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>	3		No
4	<b>Section 501(c)(3) organizations.</b> 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>	4		No
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? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part   <b>3</b>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥞	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I (see instructions)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Nο

Nο

Nο

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20a

20b

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Form	990 (2020)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

1b

0

0

**1**c

Form **990** (2020)

# 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . **1**a

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

(gambling) winnings to prize winners? .

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:			No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	tion <b>6a</b>		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were <b>6b</b>		
7	, , , , , , , , , , , , , , , , , , , ,			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sprovided to the payor?	services <b>7a</b>		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	<b>7g</b>		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a f 1098-C?	Form <b>7h</b>		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in	134		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or e	<b>—</b>		
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

orm 9	990 (2020)			Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🗸
Sec	ction A. Governing Body and Management			
1-	Enter the number of voting members of the governing body at the end of the tax year   1a   10		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 10  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
	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?	2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	≥ Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	·	16b		
	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
	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.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:  BARBARA KEREMEDJIEV PO BOX 7190 BOZEMAN, MT 59771 (406) 587-0427			
				<u>n (2020)</u>

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 • 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- organization, more than \$10,000 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 See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organizations organization from the (W-2/1099for related (W-2/1099organization and Highest compensatemployee Individual to or director organizations MISC) MISC) related nstitutional below dotted organizations employee line) trustee Trustee 35.00 (1) Eleonor Barker 67,128 Executive Dir. 0.00 20.00 (2) BARBARA KEREMEDJIEV 17,000 C President 0.00 0.00 (3) VICTOR KEREMEDJIEV ...... C Director 0.00 0.00 (4) Federico Faggin . . . . . . 0 Director 0.00 0.00 (5) Larry Johnson n n Secretary 0.00 0.00 (6) Mark Keremedjiev Director 0.00 0.00 (7) Nels Leutwiler n Χ 0.00 0.00 (8) Chris Nelson 0 0.00 0.00 (9) Rebekah Nelson 0 Director 0.00 0.00 (10) Nancy Lee Quist Treasurer 0.00

Part VII

Page 8

		hours per week (list any hours		ne bo	ox, u n off	ınles ficer	and a	on	compe from organ	ortable ensation m the nization	Reportable compensation from related organizations	tion amount of o ted compensati ions from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- ISC)	(W-2/1099- MISC)		relat relat organiza	ed
												_		
41. 6	T.L									ı				
c T	ub-Total	art VII, Section			•		<b>&gt;</b>			84,128				
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bov€	e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2				ey er •	mplo •	oyee, o	or hig •	ghest cor	npensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a receiservices rendered to the organization											5		No
Se	ction B. Independent Contract	ors												
1	Complete this table for your five high from the organization. Report compe											mpens	ation	
		(A) and business addre		,		9			32		(B) ription of services		(C Comper	
	Hame		-							2 3 3 6	,			

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  $\blacktriangleright$  0

Part		Statement	of E	Povonuo						Page <b>9</b>
Pan	VIII				respo	onse or note to any	line in this Part VIII			🗆
				3 33			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	<b>1</b> a	Federated campaig	gns	1	.a			revenue		312 - 314
s, Grants Amounts	ь	Membership dues		. 1	b					
وي وي	С	Fundraising events	٠.	. 1	.с					
Gifts, Grants ilar Amounts		Related organization		<u> </u>	d					
Contributions, Gifts and Other Similar	_	Government grants (			.е					
Contributions, and Other Sim	f	All other contributions and similar amounts a above	s, gift not ir	schudod	lf	209,415				
ibu Ithe	g	Noncash contributions	s incl							
ontr nd C		lines 1a - 1f:\$	. 16		g					
<u>ۃ ٽ</u>	n	Total. Add lines 1a	3-11			►	209,415			
	22	Admissions				Business Code	15,735	15,735		+
e										
Yen.	Ь	Memberships					556	556		
Program Service Revenue	_									
rvic	C									
× ×	d									
grar	e e									
Æ										<del> </del>
		All other program								
	—	Total. Add lines 2 Investment income				16,291 ntorost and other	1	T		
	s	imilar amounts) .	•		•	•	1,443			1,443
	l	Income from invest			npt bo		\			
	3	Royalties	r.	(i) Real	•	(ii) Personal		, 		
		Constants				(.,,	7			
		Gross rents Less: rental	6a				4			
	-	expenses	6b				_			
	С	Rental income or (loss)	6c							
	d	Net rental income	or (	(loss)				)		
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of	7a			2	8			
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses					4			
	l	Gain or (loss)	7c				8			
		Net gain or (loss)					28	3		28
ne	8a			of						
Ve⊓		contributions reported See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ses		8b		+			
her	ه	Net income or (los	s) fr	om fundraisir	ng ev	ents				
ŏ	9a	Gross income from	aami	ing activities.						
		See Part IV, line 19	•		9a					
	l	Less: direct expen			9b		J			
	l c	Net income or (los	s) fr	om gaming a	Ctivit	les		,		
	10a	Gross sales of inve	entor	ry, less						
		Less: cost of good			10a 10b	5,907 3,797				
		Net income or (los				,		2,110		
		Miscellaneo				Business Code				
	11	a								
						•				
	b	•								
	ا (						1			
	`									
	d	All other revenue								
		Total. Add lines 1			'	>				
	12	Total revenue. S	ee ir	nstructions .						
	<u> </u>					•	229,287	18,401		1,471

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to an  Do not include amounts reported on lines 6b,	y line in this Part IX (A)	(B)	(C)	<u> </u>
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	17,000		17,000	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	79,286	12,158	67,128	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
<b>.0</b> Payroll taxes	8,251	8,251		
1 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	0			
c Accounting	2,169		2,169	
<b>d</b> Lobbying	0		·	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0		_	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
2 Advertising and promotion	6,856	6,856		
3 Office expenses	6,545	6,545		
4 Information technology	0			
<b>5</b> Royalties	0			
6 Occupancy	92,922	92,922		
7 Travel	0	,		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	0			
<b>0</b> Interest	0			
1 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	0			
3 Insurance	239		239	
4 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 Moving	13,357	13,357		
<b>b</b> Displays	4,928	4,928		
c UTILITIES	4,129	4,129		
d Operations	2,707	2,707		
e All other expenses	11,719	10,718	1,001	
Total functional expenses. Add lines 1 through 24e	250,108	162,571	87,537	
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).				Form <b>990</b> (202

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 91.289

0

0

0

0

0

0

0

0

0

113.309

315.239

527,128

21,676

21.676

505,452

505,452

527,128

Form 990 (2020)

7.291

(B)

End of year

Page **11** 

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

Cash-non-interest-bearing .							
Savings and temporary cash inve	estm	nent	ts	•			
Pladage and grants receivable in	+						

Pledges and grants receivable, net . Accounts receivable, net

10b

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . Inventories for sale or use .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ▶ ☐ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D

**b** Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Grants payable .

- - 10a
    - 391,319

391,319

Beginning of year

97.296

8.886

96.577

315.239

517,998

2 3

4

5

6

7

8

9

10c

11 12

13

14

15

16

17 18

19

20 21

22 23

24

25

26

27

28

29

30

31

32

33

6.350

6.350

511,648

511,648

517,998

Form	990 (2020)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			229,287
2	Total expenses (must equal Part IX, column (A), line 25)	2			250,108
3	Revenue less expenses. Subtract line 2 from line 1	3			-20,821
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			511,648
5	Net unrealized gains (losses) on investments	5			14,625
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			505,452
Pa	rt 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:				
	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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
	The Mark of Mark of the Control of t		$\Box$		

**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. 3b

## **Additional Data**

Form 990, Part III, Line 4a:

MUSEUM TOURS TO APPROXIMATELY 3,500 PERSONS.

Software Version: 2020v4.0

**EIN:** 81-0460318

**Software ID:** 20011551

Form 990 (2020)

Name: AMERICAN COMPUTER MUSEUM LTD

efil	e GR/	APHIC pri	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493147008141
SCI	HED	ULE A	Dubli	c Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the	e organization is a sect 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2020
		f the Treasury	► Go to <u>www</u>	<u>.irs.gov/Form990</u> for i	nstructions and	the latest info	ormation.	Open to Public Inspection
Nam	e of th	<b>he organiza</b> OMPUTER MUS					Employer identific	ation number
							81-0460318	
	rt I			:atus (All organization use it is: (For lines 1 thro			See instructions.	
1	ga≥		•	r association of churches	•		(Δ)(i).	
2		,	ŕ	<b>b)(1)(A)(ii).</b> (Attach Sci				
3			-	service organization desc	,	, ,		
4		·	·	rated in conjunction with			•	nter the hospital's
•		name, city,		rated in conjunction with	a nospital descri	ibed iii <b>sectioii</b> .	170(b)(1)(A)(III). L	inter the hospital's
5			ation operated for the ber (iv). (Complete Part II.)	nefit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local governmen	t or governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	()(v).	
7	<b>✓</b>		ation that normally receive (b)(1)(A)(vi). (Comp	es a substantial part of it lete Part II.)	s support from a	governmental u	init or from the gener	al public described in
8				tion 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9				n described in <b>170(b)(1</b> ) e. See instructions. Enter				ege or university or a
10		from activit	ies related to its exempt	res: (1) more than 331/36 functions—subject to cer usiness taxable income (Io (Complete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organized and opera	ated exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ly supported organization	ated exclusively for the book of the book of the book of the type of supporting the type of	<b>509(a)(1)</b> or se	ction 509(a)(2	). See <mark>section 509</mark> (a	
a		<b>Type I.</b> A so	supporting organization o	perated, supervised, or c ly appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization	supervised or controlled i nization vested in the sar				
С		Type III f	inctionally integrated.	A supporting organizatio uctions). <b>You must com</b>				ited with, its
d		Type III n	on-functionally integra integrated. The organiza	ated. A supporting organ ation generally must satis Part IV, Sections A and	ization operated	in connection wi	th its supported organ	
e		Check this	box if the organization re	ceived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizatio	ally integrated supporting ons	_			
g	Provi	de the follow	ing information about the	e supported organization(				
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the		Cat. No. 11285			<u> </u> 90 or 990-EZ) 2020

	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities						0
	furnished by a governmental unit to						U
4	Total. Add lines 1 through 3	172,771	168,729	191,031	323,097	209,415	1,065,043
5	The portion of total contributions by	1/2,//1	100,729	191,031	323,037	209,413	1,005,045
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						227,666
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						837,377
	line 4.						
9	Section B. Total Support						
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ▶	. ,	` '	. ,		` ,	
7	Amounts from line 4	172,771	168,729	191,031	323,097	209,415	1,065,043
8	Gross income from interest,						
	dividends, payments received on	882	934	1,042	2,543	1,471	6,872

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).  Public support. Subtract line 5 from						227,666
ľ	line 4.						837,377
- 5	Section B. Total Support		•			•	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	172,771	168,729	191,031	323,097	209,415	1,065,043
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	882	934	1,042	2,543	1,471	6,872
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	<b>Total support.</b> Add lines 7 through						1 071 915

S	ection B. Total Support								
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total		
7	Amounts from line 4	172,771	168,729	191,031	323,097	209,415	1,065,043		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	882	934	1,042	2,543	1,471	6,872		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0		
11	<b>Total support.</b> Add lines 7 through 10						1,071,915		
12	Gross receipts from related activities, e	tc. (see instructio	ns)			12			
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organi	zation, check		
	this box and <b>stop here</b>								
S	Section C. Computation of Public Support Percentage								
14	Public support percentage for 2020 (lin	e 6, column (f) div	vided by line 11, o	olumn (f))		14	78.120 %		
15						76.280 %			

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . 17a 10%-facts-and-circumstances test-2020. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2019. 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

h 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Schedule A (Form 990 or 990-EZ) 2020

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► 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						
5	to or expended on its behalf The value of services or facilities						
3	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04( )(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Vec No

				'''	
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1			
,	Did the organization have any supported organization that does not have an IRS determination of status under section 509	_	-		
2	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described				
	in section 509(a)(1) or (2).				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below.				
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 $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination.				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.				
ŧa	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

acternment.	3b				
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
If fes, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
CHECKEG DOX 12a OF 12D IN MART 1, ANSWER LINES 4D AND 4C DELOW.					
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
Did the organization support any foreign supported organization that does not have an IRS determination under sections					
			<del>                                     </del>		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.  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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.  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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	To War II and the in Boat 1/7 what are trade the appropriation must be also to a provide the appropriation of the second state			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	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)? If "Yes," explain in <b>Part VI</b> 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.	4c		

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	id the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	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)? If "Yes," explain in <b>Part VI</b> 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.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

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))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

	Supporting Outpointing (actions)					
ŀē	Supporting Organizations (continued)		l			
			Yes	No		
11	, , , , , , , , , , , , , , , , , , , ,					
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, governing body of a supported organization?					
		11a				
	A family member of a person described in 11a above?	11b				
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in P VI.	Part 11c				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, 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 <b>Part VI</b> 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 a applied to such powers during the tax year.	ny,				
_		. 1				
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	:				
	organization.	2				
	Section C. Type II Supporting Organizations					
_	action of Type 12 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 trustee	es of				
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	Section D. All Type III Supporting Organizations					
			Yes	No		
1	he organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 1990 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	Diversion of the veletionship described in line 2 shows did the averagination/or averagination between the very significant					
3	By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.					
S	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 inst	ructions):				
	a The organization satisfied the Activities Test. Complete line 2 below.					
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see instru	ctions)			
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No		
	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 <b>Part VI identify those support organizations and explain</b> 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.	ed 2a				
	<b>b</b> Did the activities described in line 2a 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement.					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	25				
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? If "Yes" or "No" provide details in Part VI.</li> </ul>	h of <b>3a</b>				
	<ul> <li>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 <b>Part VI.</b> the role played by the organization in this regard.</li> </ul>	21-				

	Recoveries of prior-year distributions			
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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035	6		

tax year or assets held for part of year):	1		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
	tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt use assets  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt use assets  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  I Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  3  I and Average monthly value of securities  1b  Average monthly value of securities  1c  1c  1d  1d  1d  1d  1d  1d  1d  1d	tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt use assets  2  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  3  1  1  1  1  1  1  1  1  1  1  1  1

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2020

5

5

Income tax imposed in prior year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	8					
9 Distributable amount for 2020 from Section C, line 6	9					
10 Line 8 amount divided by Line 9 amount	<b>0</b> Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020		
1 Distributable amount for 2020 from Section C, line 6						
2 Underdistributions if any for years prior to 2020						

	Distributions to attentive supported organizations to which the organization is responsive ( $provide$ details in <b>Part VI</b> ). See instructions				
9 Distributable amount for 2020 fro	9				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution (see instruction		(i) xcess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 fro	m Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required expl. See instructions.					
<b>3</b> Excess distributions carryover, if a	any, to 2020:				
a From 2015					
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
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).
	Facts And Circumstances Test

**SCHEDULE D** 

## **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.

2020

DLN: 93493147008141 OMB No. 1545-0047

Open to Public

Department of the Treasury

(Form 990)

Na	me of the organization	. <u></u>	ui			yer identificatio	n number
AME	ERICAN COMPUTER MUSEUM LTD				81-046	0318	
Pa	Organizations Maintaining Donor Advistage Complete if the organization answered "Ye						
	complete if the organization answered Te			sed funds	(b)	) Funds and othe	r 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 advisor organization's property, subject to the organization's ex					_	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	any other purpose		impermissible	☐ Yes ☐ No
Pa	<b>Conservation Easements.</b> Complete if the organization answered "Ye	s" on Form 990	Part 1	V line 7			
1	Purpose(s) of conservation easements held by the organ						
_	Preservation of land for public use (e.g., recreation			Preservation of ar	n historical	lly important land	l area
	Protection of natural habitat	. c. caacacion,		Preservation of a			
			ш	Preservation of a	cerumea m	istoric structure	
_	Preservation of open space	11.6					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation  Held at the End	of the Year
а	Total number of conservation easements				2a	ricia at the zhia	or the rear
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	c structure include	ed in (a)	)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06	, and no	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extin	guished	, or terminated by	the organ	ization during the	e
4	Number of states where property subject to conservatio	n easement is loca	ated 🟲				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monito	ring, in: · · ·	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	/iolatior	ns, and enforcing c	onservatio	on easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violati	ions, an	d enforcing conser	vation eas	sements during th	ne year
8	Does each conservation easement reported on line 2(d)	above satisfy the	require	ments of section 1	.70(h)(4)(l	B)(i)	
	and section 170(h)(4)(B)(ii)?					Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or				,	
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Histori			ner Simil	lar Assets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme	ic exhibition, educ	cation, d	or research in furth			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:						
(	(i) Revenue included on Form 990, Part VIII, line 1				•	<b>\$</b>	
(i	ii)Assets included in Form 990, Part X					<b>-</b>	
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or o	ther sin	nilar assets for fina		-	
а	Revenue included on Form 990, Part VIII, line 1				1	<b>&gt;</b> \$	
b	Assets included in Form 990, Part X					<b>▶</b> \$	<u>-</u>
For I	Paperwork Reduction Act Notice, see the Instruction						Form 990) 202

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, I	listori	cal Tr	easur	res, or	Other	Similar A	ssets (c	ontinued)	
3		the organization's acq (check all that apply):		n, and other	records	, check a	any of t	he foll	owing th	nat are a	significant	use of its	collection	
а		Public exhibition				d		Loan c	or excha	nge prog	ırams			
b		Scholarly research				е		Other						
С		Preservation for future	e generations											
4	Provid Part X	de a description of the (III.	organization's coll	ections and	explain	how the	y furth	er the	organiza	ation's ex	kempt purpo	ose in		
5		g the year, did the org s to be sold to raise fur										☐ Ye	s 🗆 r	No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.	odial Arrange ganization answ	<b>ments.</b> vered "Yes'	' on For	m 990,	, Part i	IV, lin	ie 9, or	reporte	ed an amo	unt on F	orm 990,	Part
<b>1</b> a		organization an agent led on Form 990, Part										☐ <b>Y</b> e	s 🗆 l	No
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	te the fo	llowing	table:		Γ		-	mount		_
С		ning balance				_			Ī	1c				_
d	_	ons during the year .								1d				_
e		butions during the year								1e				
f		g balance								1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line	21, for e	escrow	or cus	todial ad	count lia	ability?	☐ Ye	s 🗆 r	— No
b		s," explain the arrange		,	•	•					,			
	rt V	Endowment Fund				7,   - 1, - 1, - 1, - 1, - 1, - 1, - 1, -						<u> </u>		
		Complete if the or		ered "Yes	on For									
_				(a) Currer	it year	<b>(b)</b> Pi	rior year	(0	<b>c)</b> Two ye	ears back	(d) Three ye	ears back	(e) Four ye	ars back
	_	ing of year balance .												
		outions												
		estment earnings, gair												
		or scholarships												
		expenditures for facilitions of the second s	es											
f	Admini	strative expenses .												
g	End of	year balance												
2		de the estimated perce	-	nt year end	balance	(line 1g	ı, colun	nn (a))	) held as	<b>5</b> :				
а		l designated or quasi-e	ndowment >											
b	Perma	anent endowment 🟲												
С														
_		ercentages on lines 2a												
3a		nere endowment funds lization by:	not in the posses	sion of the o	organizai	tion that	are ne	id and	adminis	sterea ro	r tne		Yes	No
	(i) Ur	nrelated organizations										3a	ı(i)	
	(ii) R	elated organizations										За	(ii)	
b	If "Ye	s" on 3a(ii), are the re	lated organization	s listed as r	equired	on Sche	dule R?	•				. 3	3b	
4		ibe in Part XIII the inte			n's endo	wment f	unds.							
Pai	rt VI	Land, Buildings, Complete if the or			on Fo	m 000	Dort 1	T\/ !:~	0 11-	Soo For	m 000 D-	art V lin	0.10	
	Descri	ption of property	(a) Cost or oth			or other					lepreciation		d) Book val	ie
	_ 55611	, pp/-/	(investme		. ,		,-	´						
1a	Land													
		gs						-+						
		old improvements						_						
		nent					6	7,531			67,531			
								3,788			323,788			
		lines 1a through 1e (C	Column (d) must e	aual Form 9	900 Part	- X colu			(O(c) )		-,:			

	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	Part X, line 12. od of valuation: f-year market value	
(1) Financia					
(2) Closely-l (3)Other	held equity interests				
(B)					
(C)					
(D)		1			
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column		•			
rait VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, line			
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market	
(1)				value	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column	on (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>•</b>		
Pail IX	Complete if the organization answered 'Yes' on Form 990, F			t X line 15	
		Part IV, line	11d. See Form 990, Pai		
(1)Collection	(a) Description	Part IV, line	11d. See Form 990, Par	<b>(b)</b> Book value 315,239	
(1)Collection (2)	(a) Description	Part IV, line	11d. See Form 990, Pai	(b) Book value	
-	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(3)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2) (3) (4)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2) (3) (4) (5)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2) (3) (4) (5) (6)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2) (3) (4) (5) (6) (7) (8)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2) (3) (4) (5) (6) (7) (8)	(a) Description	Part IV, line	11d. See Form 990, Par	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Description		11d. See Form 990, Par	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	(a) Description  ns  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.			(b) Book value 315,239	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu.	(a) Description  ns  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F			(b) Book value 315,239 315,239 315,239 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu.	(a) Description  In the second of the second			(b) Book value 315,239 315,239 315,239	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu.	(a) Description  Ins  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  income taxes			(b) Book value 315,239 315,239 315,239 990, Part X, line 25. (b) Book	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu. Part X  1. (1) Federal (2) Payroll li. (3) PPP Loan	(a) Description  In the second of the second			(b) Book value 315,239 315,239 315,239 990, Part X, line 25. (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation of the columnation of the colum	(a) Description  In the second of the second			(b) Book value 315,239 315,239 315,239 990, Part X, line 25. (b) Book value 4,981	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu. Part X  1. (1) Federal (2) Payroll li. (3) PPP Loan (4) Rounding (4)	(a) Description  In the second of the second			(b) Book value  315,239  315,239  315,239  990, Part X, line 25.  (b) Book value  4,981  16,694	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation of the columnation of the colum	(a) Description  In the second of the second			(b) Book value  315,239  315,239  315,239  990, Part X, line 25.  (b) Book value  4,981  16,694	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of the columnation of the column	(a) Description  In the second of the second			(b) Book value  315,239  315,239  315,239  990, Part X, line 25.  (b) Book value  4,981  16,694	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna	(a) Description  In the second of the second			(b) Book value  315,239  315,239  315,239  990, Part X, line 25.  (b) Book value  4,981  16,694	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation of the columnation of the colum	(a) Description  In the second of the second			(b) Book value  315,239  315,239  315,239  990, Part X, line 25.  (b) Book value  4,981  16,694	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu. Part X  1. (1) Federal (2) Payroll li. (3) PPP Loan (4) Rounding (4) (5) (6) (7) (8) (9)	(a) Description  In the second of the second		11e or 11f.See Form	(b) Book value  315,239  315,239  315,239  990, Part X, line 25.  (b) Book value  4,981  16,694	

Schedule D (Form 990) 2020

Page 4

1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	_
Par	Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, P		er Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line	18.)	5	
Par	t XIII Supplemental Information			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			line 2; Part
	Return Reference	Explanation		
See A	Additional Data Table			
		_		
	l l			

Page <b>5</b>		chedule D (Form 990) 2020
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2020

### **Additional Data**

Software Version: 2020v4.0 **EIN:** 81-0460318

**Software ID:** 20011551

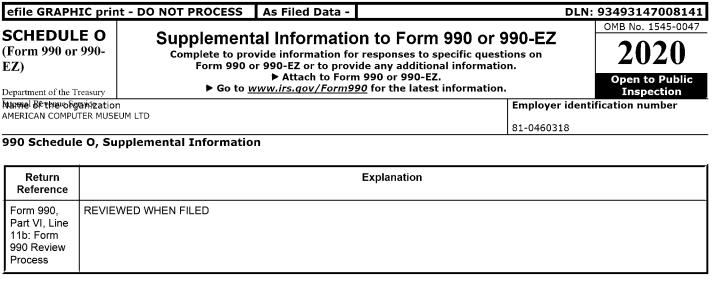
Name: AMERICAN COMPUTER MUSEUM LTD

ROBOTIC AND COMPUTER AGE ARTIFACTS THAT FURTHERS PUBLIC KNOWLEDGE OF THE INFORMATION AGE

Return Reference Part III, Line 4: Description of

organization's collections and how it furthers its purpose.

Supplemental Information Explanation



Return Reference
Form 990, Part VI, Line
REVIEWED BY ORGANIZATION AT MEETINGS

990 Schedule O, Supplemental Information

12c:
Explanation
of Monitoring
and
Enforcement
of Conflicts

Return
Reference

Form 990,
Part VI, Line
18:

Explanation

Explanation

990 Schedule O, Supplemental Information

Explanation
of Other
Means
Forms
Available For
Public
Inspection

Return Reference
Form 990, Part VI, Line
AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Part VI, Line
19: Other
Organization
Documents
Publicly
Available