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ARMANINO ^{LLP}

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OAKLAND MUSEUM OF CALIFORNIA		D Employer identification number 45-3138892
	Doing business as		E Telephone number (510) 318-8551
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607		G Gross receipts \$ 47,429,054.
F Name and address of principal officer: LORI FOGARTY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MUSEUMCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2011
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE ALL CALIFORNIANS TO CREATE A MORE VIBRANT FUTURE FOR THEMSELVES AND THEIR COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	158
	6 Total number of volunteers (estimate if necessary)	6	33
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-55,508.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,050,336.	17,942,391.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,315,586.	2,389,008.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,102.	2,846,609.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	325,426.	-177,055.
		21,712,450.	23,000,953.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,353,344.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,030,799.	9,202,087.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,250.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,305,458.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,493,104.	5,678,253.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,880,497.	14,880,340.	
19 Revenue less expenses. Subtract line 18 from line 12	831,953.	8,120,613.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	69,568,610.	81,871,438.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,403,385.	1,834,944.
	62,165,225.	80,036,494.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LORI FOGARTY, EXECUTIVE DIRECTOR & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN	Date 05/11/22	Check if self-employed <input type="checkbox"/>	PTIN P00650274
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841	Phone no. 925-790-2600		
	Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MUSEUM'S MISSION IS TO INSPIRE ALL CALIFORNIANS TO CREATE A MORE VIBRANT FUTURE FOR THEMSELVES AND THEIR COMMUNITIES. THROUGH COLLECTIONS, EXHIBITIONS, EDUCATION PROGRAMS, AND PUBLIC DIALOGUE, WE INSPIRE PEOPLE OF ALL AGES AND BACKGROUNDS TO THINK CREATIVELY AND

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

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

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

4a (Code:) (Expenses \$ 7,346,610. including grants of \$) (Revenue \$ 2,180,986.) COLLECTIONS AND FACILITIES MANAGEMENT: THE OAKLAND MUSEUM OF CALIFORNIA (OMCA) HAS LEASE AND GRANT AGREEMENTS IN PLACE WITH THE CITY OF OAKLAND TO CONSERVE, STEWARD, RESEARCH AND PROVIDE SCHOLARLY AND INTERPRETIVE EXPERTISE IN SUPPORT OF THE CITY OF OAKLAND'S MUSEUM COLLECTIONS, WHICH MAKE UP THE TOTALITY OF THE MUSEUM'S COLLECTION, AND TO MANAGE AND MAINTAIN THE CITY'S HISTORIC BRUTALIST BUILDING AND GARDENS OVER SEVEN ACRES AT 1000 OAK STREET AND ITS COLLECTIONS WAREHOUSE IN OAKLAND, CA.

THE MUSEUM'S COLLECTIONS ARE THE MOST COMPLETE RESOURCE ON CALIFORNIA'S NATURAL, ARTISTIC, AND SOCIAL HISTORY ANYWHERE IN THE STATE AND ARE HELD IN PUBLIC TRUST BY THE CITY OF OAKLAND FOR THE PUBLIC GOOD AS ONE

4b (Code:) (Expenses \$ 2,205,356. including grants of \$) (Revenue \$ 17,801.) CORE GALLERIES AND SPECIAL EXHIBITIONS: OMCA IS THE MOST COMPLETE REPOSITORY OF CALIFORNIA'S CULTURAL AND ENVIRONMENTAL HERITAGE IN NORTHERN CALIFORNIA. OMCA'S GALLERIES WERE CLOSED FOR THE MAJORITY OF FY21 DUE TO RESTRICTIONS OF THE COVID-19 PANDEMIC.

THE MUSEUM'S COLLECTIONS OF NEARLY 2 MILLION OBJECTS ARE DEVOTED TO THE ART, HISTORY, AND NATURAL ENVIRONMENT OF CALIFORNIA AND ARE DISPLAYED TO REFLECT THE STATE'S CULTURAL, ARTISTIC AND BIOLOGICAL DIVERSITY. THE MUSEUM IS CONTINUALLY ROTATING OBJECTS IN ITS THREE CORE COLLECTIONS GALLERIES AND TYPICALLY HOSTS FIVE TEMPORARY EXHIBITIONS PER YEAR. THE MUSEUM HAS GALLERIES OF CALIFORNIA HISTORY, ART, AND NATURAL SCIENCES

4c (Code:) (Expenses \$ 986,567. including grants of \$) (Revenue \$ 7,920.) EDUCATIONAL AND COMMUNITY PROGRAMS: OMCA AUDIENCES ARE FAMILIES, ADULTS, STUDENTS, AND LIFELONG LEARNERS. WHILE THE VISION FOR ENGAGEMENT EMBRACES ALL MUSEUM AUDIENCES AND PARTICIPANTS, OMCA'S TARGET AUDIENCES ARE ADULTS AND FAMILIES WHO LIVE IN THE MOST IMMEDIATE NEIGHBORHOODS ADJACENT TO THE MUSEUM. THESE INDIVIDUALS ARE RESIDENTS OF THE CHINATOWN, FRUITVALE, SAN ANTONIO, UPTOWN AND WEST OAKLAND NEIGHBORHOODS, WHICH ARE AMONG OAKLAND'S MOST CULTURALLY AND ECONOMICALLY DIVERSE REGIONS, CHARACTERIZED BY A SIGNIFICANT PROPORTION OF MULTI-RACIAL AND MULTI-GENERATIONAL FAMILIES. THE MEDIAN HOUSEHOLD INCOME OF THE MUSEUM'S IMMEDIATE NEIGHBORHOODS IS \$31,097.

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

4e Total program service expenses 10,538,533.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 34		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LORI FOGARTY, EXECUTIVE DIRECTOR & CEO - (510) 318-8551**
1000 OAK STREET, OAKLAND, CA 94607

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI GRANT FOGARTY EXECUTIVE DIRECTOR & CEO	37.50			X				244,487.	0.	14,935.
(2) KIM ONDRECK CARIM DEPUTY DIRECTOR & CFO	37.50			X				162,726.	0.	12,136.
(3) MARY E. SMITH-SONKIN CHIEF MARKETING & AUDIENCE	37.50				X			159,456.	0.	4,908.
(4) REHANA K. ABBAS CHIEF PHILANTHROPY OFFICER	37.50				X			158,712.	0.	4,852.
(5) VALERIE HUACO DEPUTY DIRECTOR & CCO	37.50					X		145,017.	0.	4,293.
(6) KEVIN R. CONLEY DIRECTOR, TECHNOLOGY	37.50					X		130,022.	0.	11,225.
(7) AYANNA M. REED CHIEF HUMAN RESOURCES OFFICER	37.50					X		127,523.	0.	11,887.
(8) LESLIE J. SMITH CHIEF OPERATING OFFICER	37.50					X		126,671.	0.	11,707.
(9) MARGARET M. MONAHAN DIRECTOR, CONTENT DEVELOPMENT	37.50					X		106,737.	0.	11,113.
(10) QUINN DELANEY BOARD CHAIR	5.00	X		X				0.	0.	0.
(11) LANCE GYORFI VICE CHAIR	5.00	X		X				0.	0.	0.
(12) SEAN CHANG VICE CHAIR	5.00	X		X				0.	0.	0.
(13) DANA KING SECRETARY	5.00	X		X				0.	0.	0.
(14) RAHSAAN THOMPSON TREASURER	5.00	X		X				0.	0.	0.
(15) EILEEN ASH TRUSTEE	5.00	X						0.	0.	0.
(16) ABBEY BANKS TRUSTEE	5.00	X						0.	0.	0.
(17) RACHEL BENHAM TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COLIN BOYLE TRUSTEE	5.00	X						0.	0.	0.
(19) WARREN BRESLAU TRUSTEE	2.00	X						0.	0.	0.
(20) CEDRIC BROWN TRUSTEE	5.00	X						0.	0.	0.
(21) DEBORAH CASTLES TRUSTEE	2.00	X						0.	0.	0.
(22) SUSAN C. CHAMBERLIN TRUSTEE	5.00	X						0.	0.	0.
(23) JOSE CORONA TRUSTEE	2.00	X						0.	0.	0.
(24) VALERIE CORVIN TRUSTEE	2.00	X						0.	0.	0.
(25) SILVIA FERNANDEZ TRUSTEE	2.00	X						0.	0.	0.
(26) KELLY FINLEY TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								1,361,351.	0.	87,056.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,361,351.	0.	87,056.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAHILL CONTRACTORS, INC, 425 CALIFORNIA ST, STE 2200, SAN FRANCISCO, CA 94104	CONSTRUCTION	5,594,072.
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 31001-2374, PASADENA, CA 91110	SECURITY SERVICES	960,963.
GEORGE S. HALL, INC, 4 GATEHALL DRIVE, 2ND FLOOR, PARSIPPANY, NJ 07054	BUILDING ENGINEERING	476,788.
MARK CAVAGNERO ASSOCIATES, 1045 SANSOME ST, SUITE 200, SAN FRANCISCO, CA 94111	ARCHITECTURAL	348,842.
ABM JANITORIAL SERVICES - NORTHERN CALIF P.O. BOX 419860, BOSTON, MA 00241	JANITORIAL	301,952.

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 **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KAREN FRANK TRUSTEE	5.00	X						0.	0.	0.
(28) DOUG HESKE TRUSTEE	2.00	X						0.	0.	0.
(29) JOSEPH HURWICH TRUSTEE	2.00	X						0.	0.	0.
(30) SHANNON JACKSON TRUSTEE	2.00	X						0.	0.	0.
(31) ANITA MARTINEZ TRUSTEE	5.00	X						0.	0.	0.
(32) JACK MORRIS TRUSTEE	2.00	X						0.	0.	0.
(33) TREVOR PARHAM TRUSTEE	2.00	X						0.	0.	0.
(34) ESTRELLA PARKER TRUSTEE	2.00	X						0.	0.	0.
(35) PETER PERVERE TRUSTEE	5.00	X						0.	0.	0.
(36) MIKE ROSENBAUM TRUSTEE	2.00	X						0.	0.	0.
(37) BETH SAWI TRUSTEE	5.00	X						0.	0.	0.
(38) RACHELLE K. SESSIONS TRUSTEE	2.00	X						0.	0.	0.
(39) DORINE STREETER TRUSTEE	5.00	X						0.	0.	0.
(40) ANN THOMPSON TRUSTEE	2.00	X						0.	0.	0.
(41) LINDA WENDEL TRUSTEE	2.00	X						0.	0.	0.
(42) SHERRY WESTERNOFF TRUSTEE	2.00	X						0.	0.	0.
(43) PENELOPE WONG TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	549,057.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,577,771.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,815,563.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 236,513.				
	h Total. Add lines 1a-1f			17,942,391.			
Program Service Revenue	2 a OTHER PROGRAM INCOME	Business Code					
		900099	2,367,971.	2,367,971.			
	b ADMISSIONS/CONTRACT FE	900099	20,317.	20,317.			
	c GUILD & COUNCIL	900099	720.	720.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,389,008.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,334,516.		-56,619.	1,391,135.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		4,946.			4,946.	
	6 a Gross rents	6a	(i) Real	300.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	300.				
	d Net rental income or (loss)			300.		300.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	25,680,346.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	24,168,253.				
	c Gain or (loss)	7c	1,512,093.				
	d Net gain or (loss)			1,512,093.		1,111.	1,510,982.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	77,547.					
b Less: cost of goods sold	10b	259,848.					
c Net income or (loss) from sales of inventory			-182,301.	-182,301.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			23,000,953.	2,206,707.	-55,508.	2,907,363.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,002,363.	365,923.	451,714.	184,726.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,307,608.	4,242,042.	1,452,848.	612,718.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	191,156.	124,233.	47,108.	19,815.
9 Other employee benefits	1,086,427.	656,586.	309,224.	120,617.
10 Payroll taxes	614,533.	397,927.	150,512.	66,094.
11 Fees for services (nonemployees):				
a Management	707,855.	226,589.	406,136.	75,130.
b Legal	149,437.		149,437.	
c Accounting	105,322.		105,322.	
d Lobbying	30,000.		30,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	130,201.		130,201.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,798,763.	47,210.	1,751,553.	
12 Advertising and promotion	174,111.	137,684.	5,871.	30,556.
13 Office expenses	223,911.	44,495.	123,288.	56,128.
14 Information technology	551,528.	36,040.	512,633.	2,855.
15 Royalties				
16 Occupancy	1,003,904.	417,357.	586,547.	
17 Travel	5,342.	2,360.	2,982.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,205.	1,103.	752.	350.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	193,997.	59,811.	134,186.	
23 Insurance	94,115.		94,115.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITION EXPENSES	288,046.	286,775.	1,342.	-71.
b EQUIPMENT RENTAL AND MA	94,764.	184.	94,580.	
c OTHER EXPENSES	68,037.	56,772.	11,265.	
d DUES, EDUCATION, AND TR	56,715.	17,516.	38,641.	558.
e All other expenses		3,417,926.	-3,553,908.	135,982.
25 Total functional expenses. Add lines 1 through 24e	14,880,340.	10,538,533.	3,036,349.	1,305,458.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,495,060.	1	3,434,067.
	2 Savings and temporary cash investments	579,201.	2	670,266.
	3 Pledges and grants receivable, net	8,431,881.	3	2,825,190.
	4 Accounts receivable, net	217,419.	4	977,802.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	9,577,400.	7	9,577,400.
	8 Inventories for sale or use	97,669.	8	85,997.
	9 Prepaid expenses and deferred charges	143,584.	9	91,392.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,479,609.		
	b Less: accumulated depreciation	10b 2,758,566.		
	11 Investments - publicly traded securities	40,665,394.	11	56,498,880.
	12 Investments - other securities. See Part IV, line 11	2,986,167.	12	3,649,153.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	974,725.	15	1,340,248.
16 Total assets. Add lines 1 through 15 (must equal line 33)	69,568,610.	16	81,871,438.	
Liabilities	17 Accounts payable and accrued expenses	2,554,835.	17	1,812,758.
	18 Grants payable		18	
	19 Deferred revenue	5,051.	19	15,789.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	4,840,189.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,310.	25	6,397.
	26 Total liabilities. Add lines 17 through 25	7,403,385.	26	1,834,944.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,557,647.	27	41,356,547.
	28 Net assets with donor restrictions	42,607,578.	28	38,679,947.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	62,165,225.	32	80,036,494.
33 Total liabilities and net assets/fund balances	69,568,610.	33	81,871,438.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,000,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,880,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,120,613.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,165,225.
5	Net unrealized gains (losses) on investments	5	9,750,656.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	80,036,494.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,976,975.	14,665,696.	23,330,218.	19,050,336.	16,364,620.	89,387,845.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,976,975.	14,665,696.	23,330,218.	19,050,336.	16,364,620.	89,387,845.
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)						20,016,429.
6 Public support. Subtract line 5 from line 4.						69,371,416.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15,976,975.	14,665,696.	23,330,218.	19,050,336.	16,364,620.	89,387,845.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	996,544.	1,296,707.	2,025,081.	1,881,668.	1,395,270.	7,595,270.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		69,915.	49,343.			119,258.
11 Total support. Add lines 7 through 10						97,102,373.
12 Gross receipts from related activities, etc. (see instructions)					12	14,133,599.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	71.44 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.12 %
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 and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 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 box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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 organization		<input type="checkbox"/>
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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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
10	Line 8 amount divided by line 9 amount	10

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 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

45-3138892

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,015,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,600,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,865,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		30,000.
j Total. Add lines 1c through 1i			30,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TOWNSEND PUBLIC AFFAIRS PROVIDES ONGOING ADVOCACY AND PUBLIC SECTOR

CONSULTING TO OMCA INCLUDING IDENTIFYING STATE AND FEDERAL GRANT

OPPORTUNITIES, ASSISTING WITH PREPARATION OF STATE AND FEDERAL GRANTS,

AND SUPPORTING THE MUSEUM'S CONTACT AND INFORMATION-SHARING WITH LOCAL,

STATE, AND FEDERAL ELECTED OFFICIALS. THE FIRM ALSO RESEARCHES AND

Part IV Supplemental Information *(continued)*

PROVIDES INFORMATION ON LEGISLATIVE ACTIVITIES THAT MIGHT IMPACT OMCA

OR THE CULTURAL OR MUSEUM SECTOR. THERE ARE NO PUBLISHED MATERIALS

ASSOCIATED WITH THE CONTRACT.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization OAKLAND MUSEUM OF CALIFORNIA
Employer identification number 45-3138892

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,830,974.	38,700,551.	30,681,951.	26,492,031.	16,384,603.
b Contributions	4,199,089.	8,062,282.	8,891,829.	4,685,714.	7,962,027.
c Net investment earnings, gains, and losses	12,387,797.	-1,489,297.	1,778,227.	1,305,448.	2,699,839.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,321,162.	4,442,562.	2,651,456.	1,801,242.	554,438.
f Administrative expenses					
g End of year balance	55,096,698.	40,830,974.	38,700,551.	30,681,951.	26,492,031.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 53.1000 %
 - b Permanent endowment 28.9000 %
 - c Term endowment 18.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,559,061.	1,571,893.	1,987,168.
c Leasehold improvements				
d Equipment		1,329,012.	1,106,964.	222,048.
e Other		591,536.	79,709.	511,827.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,721,043.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CUSTOMER DEPOSITS	4,397.
(3) SECURITY DEPOSITS	2,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,397.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	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 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE COLLECTIONS THAT ARE HOUSED AT OMCA BELONG TO THE CITY OF OAKLAND,
 WHICH PROVIDES FUNDING TO SUPPORT THE CONTINUED CARE, CONSERVATION, AND
 DISPLAY OF THE ART AND ARTIFACTS. OMCA'S RESPONSIBILITY IS TO CARE FOR,
 CONSERVE, DISPLAY, STEWARD, RESEARCH AND PROVIDE SCHOLARLY AND
 INTERPRETATIVE EXPERTISE IN SUPPORT OF THE MUSEUM'S COLLECTIONS AS WELL AS
 CARRY OUT PROGRAM ACTIVITIES.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT FUNDS CONSIST OF INDIVIDUAL FUNDS PRIMARILY
 ESTABLISHED FOR THE SUPPORT OF EXHIBITIONS, PROGRAMS, AND ACQUISITIONS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

OMCA HAS OBTAINED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE
 AND THE CALIFORNIA FRANCHISE TAX BOARD INDICATING QUALIFICATION UNDER
 SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE
 CALIFORNIA TAX CODE. ACCORDINGLY, THE PRIMARY OPERATIONS OF OMCA ARE
 CURRENTLY CONSIDERED EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES.

OMCA HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF
 JUNE 30, 2021, IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A
 RESERVE WOULD BE NECESSARY. OMCA FILES U.S. FEDERAL, AND U.S. STATE
 RETURNS. FOR U.S. STATE RETURNS, OMCA IS GENERALLY NO LONGER SUBJECT TO
 TAX EXAMINATIONS FOR YEARS PRIOR TO 2017. FOR U.S. FEDERAL RETURNS, OMCA
 IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS PRIOR TO 2018.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LORI GRANT FOGARTY EXECUTIVE DIRECTOR & CEO	(i)	244,487.	0.	0.	7,797.	7,138.	259,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM ONDRECK CARIM DEPUTY DIRECTOR & CFO	(i)	162,726.	0.	0.	4,948.	7,188.	174,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY E. SMITH-SONKIN CHIEF MARKETING & AUDIENCE	(i)	159,456.	0.	0.	4,788.	120.	164,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REHANA K. ABBAS CHIEF PHILANTHROPY OFFICER	(i)	158,712.	0.	0.	4,852.	0.	163,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **OAKLAND MUSEUM OF CALIFORNIA** Employer identification number **45-3138892**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	236,513. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE MUSEUM, UPON OCCASION, USES AUCTION HOUSES TO SELL NONCASH CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

45-3138892

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

CRITICALLY ABOUT THE NATURAL, ARTISTIC, AND SOCIAL FORCES THAT

CHARACTERIZE OUR STATE AND INFLUENCE ITS RELATIONSHIP TO THE WORLD.

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

OF THE CITY'S MOST VALUABLE ASSETS. OMCA MAINTAINS THE MUSEUM'S

ACCREDITATION WITH THE AMERICAN ALLIANCE OF MUSEUMS (AAM) ON BEHALF OF

THE CITY OF OAKLAND. OTHER ACTIVITIES THAT OMCA PERFORMS RELATED TO THE

CITY OF OAKLAND'S COLLECTIONS INCLUDE:

OVERSEE ACQUISITION, CATALOGING, STORAGE, RESEARCH, AND CARE FOR THE

CITY OF OAKLAND'S MUSEUM COLLECTIONS

MAKE COLLECTIONS AVAILABLE THROUGH EXHIBITION, LOANS TO OTHER

INSTITUTIONS, AND ONLINE PRESENTATION

UNDERTAKE PRESERVATION, SECURITY, AND CONSERVATION EFFECTS FOR

COLLECTIONS

OMCA ALSO MAINTAINS THE BUILDING AND SEVEN ACRES OF GROUNDS AND GARDENS

ON BEHALF OF THE CITY OF OAKLAND. THE MUSEUM'S TERRACED ROOF GARDENS

AND CENTRAL COURTYARD, DESIGNED BY NOTED LANDSCAPE ARCHITECT DAN KILEY,

SERVE AS A VILLAGE GREEN FOR OAKLAND RESIDENTS AND VISITORS FROM THE

BAY AREA AND BEYOND. THROUGH PREDOMINANTLY PRIVATELY FINANCED FUNDS,

OMCA COMPLETED RENOVATIONS TO THE MUSEUM'S CAMPUS IN FY21, INCLUDING A

NEW, DIRECT ENTRANCE FROM OAKLAND'S LAKE MERRITT, UPGRADES AND IMPROVED

ACCESS TO THE MUSEUM'S CAF, AND REFRESHED GARDENS COMPLETE WITH NEW

NATIVE PLANTINGS AND A PERMANENT STAGE FOR INCREASED OUTDOOR

PROGRAMMING. THIS RENOVATION WILL HELP OMCA TO EXPAND ITS ROLE AS A

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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PUBLIC GATHERING PLACE, OFFERING EVEN GREATER AMENITIES TO SERVE AS OAKLAND'S TOWN SQUARE. THESE IMPROVEMENTS WILL HELP US BETTER SHARE OUR SPACE WITH OAKLAND, PROVIDING OPPORTUNITIES FOR MORE DYNAMIC PROGRAMS AND COMMUNITY EVENTS, CREATING IMPROVED EASE OF ACCESS TO THE GARDENS, CAF, AND GALLERIES THROUGH ADDITIONAL ADA-ACCESSIBLE RAMPS AND CAMPUS WAYFINDING.

A PROMINENT COMPONENT OF THE CAMPUS AND GARDEN RENOVATION HAS BEEN REDESIGNING OMCA'S OUTDOOR SCULPTURE PLACEMENT TO COMPLEMENT THE RENOVATED GARDENS. THE MUSEUM'S CURATORS BROUGHT A FRESH EYE TO THE PUBLIC SCULPTURES ON VIEW THROUGHOUT THE GARDENS, FEATURING WORK BY 24 INTERNATIONALLY RENOWNED CALIFORNIA ARTISTS. THE RESULTING DESIGN CREATES A STRONG SENSE OF PLACE AND MUSEUM IDENTITY AND ENHANCES THE ORIGINAL KEVIN ROCHE ARCHITECTURAL DESIGN. OVERALL, OMCA BROUGHT 6 SCULPTURES BACK ON VIEW FROM STORAGE, 24 SCULPTURES RECEIVED CONSERVATION TREATMENTS FROM THE OMCA CONSERVATION TEAM, AND 7 SCULPTURES HAVE BEEN MOVED TO NEW LOCATIONS ON CAMPUS. TWO RED LINES II (1966), BY GEORGE RICKEY, A KINETIC, ENGAGING PIECE OF WORK, WAS REINSTALLED ON A NEW BASE AND PEDESTAL ALONG THE GREAT LAWN. AFTER FORTY YEARS, BETTY GOLD'S MONUMENTAL HOLISTIC I (1978) MOVED FROM ITS PRIOR LOCATION AT OAKLAND ESTUARY PARK AND WAS REINSTALLED AT ITS NEW LOCATION ON THE SECOND LEVEL TERRACE. AND FINALLY, AFTER FORTY YEARS AT THE OAK STREET ENTRANCE BEFORE FOURTEEN YEARS IN STORAGE, THE MASSIVE MR. ISHI, BY PETER VOULKOS (1969), HAS BEEN REINSTALLED AT OMCA'S NEW 12TH STREET ENTRANCE.

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

TO DISPLAY THE CORE COLLECTION, AS WELL AS TWO SPACES FOR TEMPORARY

Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
--	--

EXHIBITIONS. OMCA IS CONTINUALLY CHANGING ITS THREE CORE COLLECTIONS
GALLERIES WITH A COLLECTION THAT ENCOMPASSES NEARLY 2 MILLION OBJECTS
PERTAINING TO CALIFORNIA, INCLUDING 70,000 WORKS BY CALIFORNIA ARTISTS
FROM THE LATE 18TH CENTURY TO THE PRESENT, 1,055,000 ARTIFACTS AND
PHOTOGRAPHS DOCUMENTING THE STATE'S HISTORY AND PEOPLE FROM PRE-HISTORY
TO TODAY, AND 112,000 NATURAL SPECIMENS, IMAGES, AND SOUND RECORDINGS
OF CALIFORNIA SPECIES AND ENVIRONMENTS. INTERDISCIPLINARY
INTERPRETATION IS PROVIDED BY OBJECT AND THEMATIC LABELS, AUDIOVISUAL
PRESENTATIONS, INTERACTIVE COMPUTER AND VIDEO TERMINALS, SELF-GUIDING
BROCHURES, AND DOCENT-GUIDED TOURS.

THE GALLERY OF CALIFORNIA ART EXHIBITS WORKS OF ALL DISCIPLINES,
INCLUDING PAINTING, SCULPTURE, PHOTOGRAPHY, CRAFT, CONCEPTUAL WORK, AND
NEW MEDIA, AS WELL AS DOCUMENTARY MATERIALS SUCH AS ARTISTS' TOOLS,
SKETCHBOOKS, SCRAPBOOKS, AND OTHER EPHEMERA. ORGANIZED THEMATICALLY,
THE GALLERY HIGHLIGHTS CALIFORNIA LAND, CALIFORNIA PEOPLE, AND
CALIFORNIA CREATIVITY SUCH THAT VISITORS SEE WORKS IN DIFFERENT MEDIA
AND FROM DIFFERENT PERIODS SIDE BY SIDE, INSPIRING NEW WAYS OF LOOKING
AT CALIFORNIA'S VISUAL EXPRESSION.

THE GALLERY OF CALIFORNIA HISTORY PRESENTS THE THEME "BECOMING
CALIFORNIA" TO EMPHASIZE THE PROFOUND CIVIC ENGAGEMENT OF THOSE WHO
LIVE HERE, BEGINNING WITH INDIGENOUS PEOPLES. VISITORS TRACE THE WAYS
CALIFORNIANS HAVE FORGED RELATIONSHIPS WITH EACH OTHER, THE
ENVIRONMENT, AND THE WORLD THROUGH ARTIFACTS AND STORIES. THE GALLERY
OF CALIFORNIA NATURAL SCIENCES FEATURES SEVEN PLACES THROUGHOUT
CALIFORNIA THAT DEPICT THE STATE'S DIVERSITY OF CLIMATE, GEOLOGY,
HABITATS, ECOSYSTEMS, AND WILDLIFE, WHILE EXPLORING CURRENT RESEARCH,
CONTEMPORARY ISSUES OF LAND USE, ENVIRONMENTAL CONFLICT, AND

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CONSERVATION PROJECTS.

THE SCOPE OF THE MUSEUM'S COLLECTION PLACES PARTICULAR EMPHASIS ON THE DIVERSITY OF ENVIRONMENTS, PEOPLES AND CULTURES OF CALIFORNIA. FOR THE ART COLLECTION, THE MUSEUM SEEKS WORKS THAT REFLECT THE DIVERSITY OF IDENTITIES IN CALIFORNIA AND THAT SPEAK TO THE EXPERIENCE OF UNDER-REPRESENTED PEOPLE SUCH AS WOMEN, PERSONS OF COLOR, PEOPLE WITH DISABILITIES, AND MEMBERS OF THE LGBTQ+ COMMUNITY. IN COLLECTING HISTORY ARTIFACTS, OMCA PLACES A HIGH PRIORITY ON ACQUISITIONS THAT FILL GAPS IN OUR ABILITY TO TELL THE STORIES OF DIVERSE PEOPLE AND CULTURES OF CALIFORNIA, THEIR IDENTITIES AND THE DYNAMICS OF POWER BETWEEN AND AMONG THEM, AND THAT ENSURE THE ABILITY OF TRADITIONALLY UNDERREPRESENTED GROUPS TO TELL THEIR OWN STORIES.

OMCA HAS BEEN COLLECTING AND PRESENTING ART SINCE 1922 WHEN ITS PREDECESSOR ORGANIZATION, THE OAKLAND ART GALLERY WAS HOUSED IN THE KAISER CONVENTION CENTER. THE MUSEUM HOLDS 166,000 WORKS OF CALIFORNIA ART FROM THE 1840S TO THE PRESENT INCLUDING MANY LARGE-SCALE OUTDOOR SCULPTURES BY ARTISTS RUTH ASAWA, VIOLA FREY, FLETCHER BENTON, TONY LABAT, STEPHEN DE STAEBLER, MARK DI SUVERO, PETER VOULKOS, GEORGE RICKEY AND LINDA FLEMING. THE PROPOSED PROJECT WOULD BE THE FIRST MAJOR PUBLIC ART COMMISSION IN OMCA'S HISTORY.

OMCA ACQUIRED 46 NEW OBJECTS INTO THE COLLECTION, INCLUDING THE RASHAAD NEWSOME ARTWORK, PARENTING WHILE BLACK, WHICH IS FEATURED IN OUR FY22 SPECIAL EXHIBITION, MOTHERSHIP: VOYAGE INTO AFROFUTURISM.

OMCA UPGRADED ITS COLLECTIONS DATABASE COLLECTIONSPACE FOR THE FIRST

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TIME SINCE 2015. OMCA CONTINUED ITS ONGOING WORK TO CREATE
 COMPREHENSIVE DIGITAL RECORDS OF THE MUSEUM'S COLLECTION, IN
 PREPARATION FOR THESE IMAGES AND CATALOG INFORMATION TO BE MADE
 AVAILABLE PUBLICLY ONLINE. MUSEUM STAFF DEVELOPED AN INSTITUTION-WIDE,
 REMOTE WORK PROJECT THAT GENERATED CONTENT DESCRIPTIONS FOR OVER 9,000
 PHOTOGRAPHIC OBJECTS. STAFF MEMBERS ALSO RESPONDED TO 230 EXTERNAL
 RESEARCH REQUESTS.

THE MUSEUM MEASURES ITS SUCCESS IN TERMS OF NUMBER OF VISITORS AND
 MEMBERS; CONTRIBUTIONS TO THE MUSEUM FIELD AND SCHOLARSHIP IN
 CALIFORNIA ART, HISTORY, AND NATURAL SCIENCES; CRITICAL AND MEDIA
 RESPONSE TO EXHIBITIONS; AND VISITOR COMMENTS AND FEEDBACK. THE MUSEUM
 UNDERTAKES EXTENSIVE VISITOR EVALUATION TO MEASURE THE IMPACT OF ITS
 PROGRAMMING ON BOTH INDIVIDUAL AUDIENCE MEMBERS AND ON THE COMMUNITY AT
 LARGE. THE MUSEUM SERVED 7,833 VISITORS IN THE THREE WEEKS BETWEEN JUNE
 11 TO 30, 2021.

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

APPROXIMATELY 90% OF THE MUSEUM'S VISITORS ARE RESIDENTS OF THE SAN
 FRANCISCO BAY AREA. OMCA IS PART OF A GROWING ECOSYSTEM SUPPORTING THE
 ARTS IN OAKLAND, ACTIVELY ENGAGING CONTEMPORARY ART TO ACCOMPLISH ITS
 MISSION. OMCA CREATES TRANSFORMATIVE EXPERIENCES THAT HAVE REAL
 MEANING IN THE LIVES OF OUR VISITORS. THE MUSEUM'S ABILITY TO
 COMMUNICATE THE PERSONAL RELEVANCE OF THESE EXPERIENCES ATTRACTS
 AUDIENCES THAT REFLECT THE CHANGING DEMOGRAPHICS OF CALIFORNIA AND THE
 EXTRAORDINARILY DIVERSE COMMUNITY OF OAKLAND AND THE BAY AREA.

OMCA'S COMMUNITY ENGAGEMENT APPROACHES ARE DESIGNED TO BE ACCESSIBLE TO

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ALL COMMUNITIES AND TO FOSTER A SENSE OF BELONGING FOR ALL. IN ORDER TO DEVELOP PROGRAMMING PLATFORMS THAT PROVIDE AUTHENTIC CULTURAL EXPERIENCES, OMCA FOSTERS STRONG PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS.

OMCA USUAL RANGE OF IN-PERSON PUBLIC PROGRAMS AND EDUCATIONAL OFFERINGS IN FY21, WERE RESTRICTED DUE TO THE TEMPORARILY CLOSURE OF THE MUSEUM BUILDING TO THE PUBLIC IN MARCH 2020 IN RESPONSE TO ALAMEDA COUNTY HEALTH DEPARTMENT ORDERS RELATED TO THE GLOBAL COVID-19 PANDEMIC.

DURING FY21, OMCA INTRODUCED 13 LEARN AT HOME PARTICIPATORY ART ACTIVITIES ON OUR WEBSITE, REACHING AN AVERAGE 900 PEOPLE MONTHLY. THE MUSEUM DEVELOPED VIRTUAL FIELD TRIPS THAT TEACHERS CAN INTEGRATE INTO THEIR CLASSROOM AND DISTANCE-LEARNING CURRICULUM. THESE EXPERIENCES INCLUDE BOTH PRE-RECORDED AND LIVE VIRTUAL TOURS OF OMCA'S GALLERIES, LIVE PERFORMANCES, AS WELL AS ACTIVITIES THAT HELP STUDENTS BUILD UNDERSTANDING AND CONTRIBUTE THEIR OWN IDEAS.

DESPITE THE CLOSURE, OMCA'S ONLINE SCHOOL PROGRAMS REACHED OVER 22,000 STUDENTS, TEACHERS, AND PARENTS. PROGRAMS INCLUDED TOPICS SUCH AS THE GOLD RUSH, DOROTHEA LANGE, AND DIA DE LOS MUERTOS. OAKLAND STUDENTS AND ADULTS ACCOUNTED FOR 18% OF THOSE SERVED. A TOTAL OF 11,884 STUDENTS SERVED CAME FROM TITLE ONE SCHOOLS (60% OF ALL STUDENTS). WHEN SURVEYED, TEACHERS APPRECIATED OMCA'S SOCIAL JUSTICE FOCUS AND PRAISED OUR VIRTUAL PROGRAMS, CALLING THEM ENGAGING AND PERSONAL.

AFTER GEORGE FLOYD'S MURDER AND THE SUBSEQUENT NATIONAL PROTESTS, THE MUSEUM WORKED IN COLLABORATION WITH LOCAL ORGANIZATIONS TO ENGAGE WITH

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THE OAKLAND COMMUNITY. IN PARTNERSHIP WITH BLACK CULTURAL ZONE AND OAKLAND ART MURMUR, OMCA LAUNCHED A SERIES OF VIRTUAL CONVERSATIONS CALLED "ART FOR THE MOVEMENT." THESE HIGHLIGHTED THE POWER OF COMING TOGETHER TO USE ART AND CULTURE AS A NECESSARY ELEMENT OF HEALING. DOWNTOWN OAKLAND'S 2020 MURALS AND ARTWORKS WERE A FORM OF PROTEST AND ACTIVISM DIRECTED TOWARD SYSTEMIC POLICE BRUTALITY AND RACISM, REPRESENTING THE NATIONWIDE CONVERSATION. AS PART OF THE COLLABORATION, OMCA PROVIDED ART HANDLING EXPERTS, STORAGE SPACE, AND STAFF RESOURCES TO DOCUMENT, INVENTORY, AND PRESERVE NEARLY 300 STREET MURALS THAT WERE CREATED DURING THE 2020 PROTESTS IN DEFENSE OF BLACK LIVES.

OMCA PRESENTED TWO POWERFUL CULTURAL FESTIVALS IN FY21. IN OCTOBER 2020, THE OMCA DA DE LOS MUERTOS VOLUNTEER COMMITTEE MEMBERS VIRTUALLY WELCOMED OMCA'S COMMUNITY INTO THEIR HOMES FOR A ONE HOUR MESOAMERICAN TRADITION. THIS ANNUAL CELEBRATION HAS BEEN ATTRACTING OVER 4,000 OMCA VISITORS AS VOLUNTEERS AND STAFF MEMBERS TRANSFORM OMCA INTO A SACRED SPACE. THIS YEAR, THE PROGRAM WAS ESPECIALLY POIGNANT AS SO MANY HONORED THOSE WHO WE WERE MOURNING DUE TO COVID-19, CALIFORNIA FIRES, IMMIGRATION ENFORCEMENTS, AND POLICE BRUTALITY. ON OMCA'S YOUTUBE CHANNEL, THE CELEBRATION GARNERED OVER 3,000 VIEWS, AND THE ACCOMPANYING SCHOOL PROGRAM WAS VIEWED OVER 4,000 TIMES.

IN FEBRUARY 2021, OMCA HELD ITS ANNUAL LUNAR NEW YEAR FESTIVAL, WITH DIGITAL PROGRAMS RELEASED EACH WEEK. THESE INCLUDED A VIDEO PRODUCED IN TAIWAN BY AN OMCA STAFF MEMBER TEMPORARILY LIVING THERE, A VIRTUAL BOOK READING, AND ACTIVITIES FOR FAMILIES TO DO AT HOME. OVER 2,000 PEOPLE VIEWED THE WEBSITE AND WATCHED THE YOUTUBE VIDEOS. ADDITIONALLY, AMID THE RISE IN ANTI-ASIAN VIOLENCE, THE MUSEUM CONNECTED VIEWERS AND

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MEMBERS WITH THE OAKLAND CHINATOWN COALITION, A VOLUNTEER EFFORT TO PROTECT LOCAL SENIORS AND BUSINESSES.

THIS YEAR, OMCA STAFF WORKED WITH 25 VOLUNTEER DOCENTS TO SERVE PARENTS, TEACHERS, AND STUDENTS THROUGH VIRTUAL PROGRAMMING. THE MUSEUM'S LARGER VOLUNTEER DOCENT PROGRAM ALSO ENTERED A TRANSITIONAL PERIOD. IN ORDER TO BETTER SERVE SCHOOL AUDIENCES, STAFF PARTNERED WITH DOCENTS TO CREATE A NEW VISION FOR THE VOLUNTEER PROGRAM. TO ENGAGE THE 150 ACTIVE DOCENTS, THE STAFF HELD A BIMONTHLY MEETING WHERE DOCENTS COULD INTERACT WITH OTHER MUSEUM STAFF OR OUTSIDE SPEAKERS. THIS YEAR PRESENTATIONS AND UPDATES INCLUDED TOPICS SUCH AS SAFETY, FINANCES, AND PROGRAMMING AT OTHER INSTITUTIONS. THE NEW VOLUNTEER PROGRAM WILL MORE DIRECTLY ADDRESS OMCA'S COMMITMENT TO ANTI-RACISM AND EDUCATION PHILOSOPHY.

OUR MOST POPULAR SOCIAL CHANNEL IS INSTAGRAM WHERE ON AVERAGE OMCA RECEIVES 13 COMMENTS PER POST. THIS IS ALSO THE PLATFORM WHERE THE CONTENT IS MOST ACTIVELY SHARED, THUS EXPANDING THE MUSEUM'S REACH. OVER THE PAST YEAR, OMCA HEARD A CLEAR NEED FROM THE COMMUNITY TO SUPPORT ARTISTS DURING THE PANDEMIC. OMCA LEVERAGED ITS TWITTER AND INSTAGRAM PLATFORMS TO PROMOTE LOCAL OAKLAND ARTISTS AND MUSICIANS, AND EMPHASIZED ARTWORK THAT HIGHLIGHTS SOCIAL JUSTICE ISSUES. COMMUNITY ARTISTS SUBMIT THEIR WORK TO "#MUSEUMOFTHEPEOPLE" TO SHARE WITH ONE ANOTHER ON THE OMCA PAGES. THE RESULT HAS BEEN A SERIES OF CURATED SELECTIONS SUPPORTED WITH PRIDE AND MUTUAL ENCOURAGEMENT FROM OUR COMMUNITY EVERY WEEK. #MUSEUMOFTHEPEOPLE HAS A GALLERY OF OVER 500 SUBMISSIONS. THIS AUDIENCE HAS ALSO RESPONDED WELL TO "REELS" (SHORT CLIPS OF ENTERTAINING OR EDUCATIONAL VIDEOS), INCLUDING A REEL

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FEATURING LOCAL CELEBRITY AND STAND UP COMEDIAN (AND OMCA FAN) W. KAMAU

BELL TO ALERT VISITORS TO THE REOPENING.

OMCA ALSO HOSTS AN ONLINE DOROTHEA LANGE DIGITAL ARCHIVE

([HTTPS://DOROTHEALANGE.MUSEUMCA.ORG/](https://dorothealange.museumca.org/)). OMCA DIGITIZED A HUGE TROVE OF

THE NEARLY 50,000 PHOTOGRAPHS FROM ACTIVIST PHOTOGRAPHER DOROTHEA LANGE

AND MAKES THEM AVAILABLE AT NO CHARGE ON OUR WEBSITE. THESE PHOTOS ARE

EERILY TIMELY, AS THEY PORTRAY ESSENTIAL WORKERS--MANY OF WHOM WERE

IMMIGRANTS--AND THE BROKEN PROMISES OF AMERICAN ENTREPRENEURSHIP THAT

ECHO TODAY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COMPLETE COPY OF THE FORM 990 IS NOT PROVIDED TO THE ORGANIZATION'S

GOVERNING BOARD BEFORE IT IS FILED. BEFORE THE FORM 990 IS FILED, IT IS

REVIEWED BY THE EXECUTIVE DIRECTOR, THE CFO, AND KEY MEMBERS OF THE FINANCE

COMMITTEE. AFTER IT IS FILED, ANY BOARD MEMBER WHO WISHES TO RECEIVE A COPY

IS GIVEN ONE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES OF THE OAKLAND MUSEUM OF CALIFORNIA ("BOARD") IS

RESPONSIBLE FOR ENSURING THAT TRUSTEES AND ALL EMPLOYEES AND VOLUNTEERS

COMPLY WITH THE CONFLICT OF INTEREST POLICY. THE BOARD WILL MONITOR

COMPLIANCE AND IS THE BODY THAT WILL BE ACCOUNTABLE FOR SUCH COMPLIANCE.

REQUESTS FOR GUIDANCE, INTERPRETATION, AND OPINIONS SHOULD BE DIRECTED TO

THE EXECUTIVE COMMITTEE OF THE BOARD. VIOLATIONS SHOULD BE REPORTED TO THE

AUDIT COMMITTEE, WHICH MAY, IN APPROPRIATE CASES, HOLD HEARINGS AND SUBMIT

ITS RECOMMENDATIONS TO THE CHAIR OF THE BOARD. VIOLATIONS THAT MAY INVOLVE

THE EXECUTIVE DIRECTOR OR ANY TRUSTEE SHALL BE SUBMITTED TO THE AUDIT

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COMMITTEE. THE DECISION OF THE AUDIT COMMITTEE SHALL BE SUBJECT TO APPEAL
TO THE FULL MUSEUM BOARD.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF TRUSTEES DOES A COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR
AND OTHER KEY EMPLOYEES USING COMPARABLE DATA. THIS PROCESS TOOK PLACE IN
DECEMBER 2021.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN THEY ARE
REQUESTED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

BUILDING CONSTRUCTION:

PROGRAM SERVICE EXPENSES	47,210.
MANAGEMENT AND GENERAL EXPENSES	1,751,553.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,798,763.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,798,763.

FORM 990, PART XII, LINE 2C:
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
OMCA TOWN SQUARE, INC. - 84-4279623 1000 OAK STREET OAKLAND, CA 94607	QALICB	CALIFORNIA	501(C)(3)	LINE 7	OAKLAND MUSEUM OF CALIFORNIA	X	

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OMCA ENTERPRISE LLC - 85-2108607, 1000 OAK STREET, OAKLAND, CA 94607	HOLDING COMPANY	CA	OAKLAND MUSEUM OF CALIFORNIA	RELATED	0.	0.		X	N/A	X		5.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST	INVESTMENTS	CA	N/A	TRUST	N/A	N/A	N/A		X
POOLED INCOME FUND	INVESTMENTS	CA	N/A	TRUST	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OMCA TOWN SQUARE INC.	K	387,611.	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

