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ARMANINO LLP

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30 C Name of organization D Employer identification number Check if applicable: Address change OAKLAND MUSEUM OF CALIFORNIA Name change 45-3138892 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1000 OAK STREET (510) 318-8551 42,578,415. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return OAKLAND, CA 94607 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LORI FOGARTY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MUSEUMCA.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 2011 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO INSPIRE ALL CALIFORNIANS TO Activities & Governance CREATE A MORE VIBRANT FUTURE FOR THEMSELVES AND THEIR COMMUNITIES 2 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 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 130 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 240 6 -222 263. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 13,759,782, 13,757,876. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,410,320 2,167,700. Program service revenue (Part VIII, line 2g) 3,375,279 1,860,610. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,010 158,080. 11 18,565,391 17,944,266. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,352,594. 9,789,399. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 7,305,717. 8,529,227. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,658,311. 18,318,626. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,907,080. -374,360. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 76,097,716, 80,892,948. Total assets (Part X, line 16) 2,389,465, 3,236,018. 21 Total liabilities (Part X, line 26) 三年 73,708,251. 77,656,930. Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign ORI FOGARTY, EXECUTIVE DIRECTOR & CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature KATY BROWN KATY BROWN 04/09/24 P00650274 Paid ARMANINO LLP 94-6214841 Preparer Firm's name Firm's EIN 2700 CAMINO RAMON, STE. 350 Use Only Firm's address Phone no.925-790-2600 SAN RAMON, CA 94583-5004 Yes May the IRS discuss this return with the preparer shown above? See instructions No

45-3138892

Pa	t 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	d on the	
2			Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		1e3140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	1 3CI VICCO :	100140
4	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		•
	revenue, if any, for each program service reported.	·	. ,
4a	(Code:) (Expenses \$ 10 , 291 , 188 . including grants of \$) (Revenue \$	1,417,605.
	CORE GALLERIES AND SPECIAL EXHIBITIONS:	_	
	THE MUSEUM HAS GALLERIES OF CALIFORNIA HISTORY, ART, AND NATURAL		
	SCIENCES TO DISPLAY THE CORE COLLECTION, AS WELL AS TWO SPACES FOR		
	TEMPORARY EXHIBITIONS. THE MUSEUM IS CONTINUALLY ROTATING OBJECTS IN		
	ITS THREE CORE COLLECTIONS GALLERIES AND TYPICALLY HOSTS TWO TO THREE		
	TEMPORARY EXHIBITIONS PER YEAR. INTERDISCIPLINARY INTERPRETATION IS		
	PROVIDED BY OBJECT AND THEMATIC LABELS, AUDIOVISUAL PRESENTATIONS,		
	INTERACTIVE COMPUTER AND VIDEO TERMINALS, SELF-GUIDING BROCHURES, AND		
	FACILITATED EXPERIENCES.		
	THE CALLEDY OF CALIFORNIA MINISTER CONTINUES C		
	THE GALLERY OF CALIFORNIA NATURAL SCIENCES FEATURES SEVEN PLACES		721 621
4b	(Code:) (Expenses \$1,874,561. including grants of \$) (Revenue \$	721,631.
	CODDECTIONS AND PACIFICES 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, CALIFORNIA (COLLECTIVELY, THE		
	MUSEUM). OMCA 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		
4c	(Code:) (Expenses \$1,511,509. including grants of \$) (Revenue \$	95,947.
	EDUCATIONAL AND COMMUNITY PROGRAMS:		
	OMCA AUDIENCES ARE FAMILIES, ADULTS, STUDENTS, AND LIFELONG LEARNERS.		
	APPROXIMATELY 90% OF THE MUSEUM'S VISITORS ARE RESIDENTS OF THE SAN		
	FRANCISCO BAY AREA, WITH 38% IDENTIFYING AS PEOPLE OF COLOR. OMCA IS		
	PART OF A GROWING ECOSYSTEM SUPPORTING THE ARTS IN OAKLAND, OMCA		
	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.		
	Other program services (Describe on Schedule O.)		
ти)
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 13,677,258.		,
	· · · · · · · · · · · · · · · · · · ·		Form 990 (2022)

Form 990 (2022) OAKLAND MUSEUM OF CALIFORNIA 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	,	12a		x
L	Schedule D, Parts XI and XII	IZa		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			٠,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21		х

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Form 990 (2022) OAKLAND MUSEUM OF CALIFORN OF Part IV | Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
2F ~	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes " complete Schoolville P. Part V. line 2.	35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	х	

Part V	St	atements R	Regarding	Other IRS	Filings and	Tax Cor	npliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	130			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	Х	
b			d	7b	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		х
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c		21
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		:t?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a	Bid the constitution of the fact that the state of the st		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1-10		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		<u> </u>
	If "Yes," complete Form 6069.					
				_	$\Omega\Omega\Omega$	

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 37			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 37			
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?	2		х
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 4		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
С		12c	х	
12	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
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?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Δ	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х
	taxable entity during the year?	16a		
D	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	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed CA			.1.
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) a	availat	oie
	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	tinano	ıal	
	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not c	Pos heck		than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	cer ar enstitutional trustee		irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LORI GRANT FOGARTY	37.50		_	_			_			
EXECUTIVE DIRECTOR & CEO				х				269,535.	0.	17,009.
(2) KIM ONDRECK CARIM	37.50									
DEPUTY DIRECTOR & CFO				Х				190,790.	0.	13,614.
(3) KATHRYN L. WAFLE	37.50									
SENIOR DIRECTOR, PHILANTHROPY					Х			155,015.	0.	5,884.
(4) MARY BONET	37.50									
SENIOR DIR., LEARNING, EXP, & PROG						Х		135,273.	0.	11,776.
(5) L. AUTUMN KING	37.50									
SENIOR DIR., MKTING, COMM., & VISITO						Х		131,684.	0.	11,663.
(6) VIOLETTA R. WOLF	37.50									
CO-ACT. DEPUTY DIR., CURATORIAL AFF.						Х		128,131.	0.	12,533.
(7) TALANCE D. ORME	37.50	-								
SENIOR DIRECTOR, PEOPLE						Х		128,029.	0.	11,150.
(8) MARGARET M. MONAHAN	37.50	-								
CO-ACT. DEPUTY DIR., CURATORIAL AFF.						Х		121,361.	0.	12,305.
(9) RAHSAAN THOMPSON	5.00	-								
BOARD CHAIR		Х		Х				0.	0.	0.
(10) SEAN CHANG	3.00	-								
VICE CHAIR		Х		Х				0.	0.	0.
(11) LANCE GYORFI	2.00	-								
VICE CHAIR		Х		Х				0.	0.	0.
(12) DORINE HOLSEY STREETER	3.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(13) WARREN BRESLAU	2.00	ł		l						•
SECRETARY	2 00	Х		Х				0.	0.	0.
(14) MIKE ARMSTRONG	3.00	ł		l						•
TREASURER	1 00	Х		Х				0.	0.	0.
(15) EILEEN ASH	1.00									^
TRUSTEE	2 00	Х						0.	0.	0.
(16) ABBEY BANKS	3.00									^
TRUSTEE (17) SHANTI BRIEN	1.00	Х	-			-		0.	0.	0.
TRUSTEE	1.00	x						0.	0.	^
INOSIEE	<u> </u>	Λ		l	<u> </u>			<u> </u>	J 0.	0.

232007 12-13-22

D 1 MI	MUSEUM OF CALIF								45-313889	² Page o
Part VII Section A. Officers, Directors,		loy	ees,	anc	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per week		, unles					compensation	compensation	amount of
	(list any					174140		from the	from related	other
	hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	/idual	tutior	er	Key employee	est co	ner			organizations
	line)	Indiv	Insti	Officer	Key 6	High emp	Former			
(18) JOSE CORONA	1.00									
TRUSTEE		Х						0.	0.	0.
(19) VINCENT DAVIS	1.00									
TRUSTEE		Х						0.	0.	0.
(20) QUINN DELANEY	2.00									
TRUSTEE		Х						0.	0.	0.
(21) RENATA DOWDAKIN	1.00									
TRUSTEE		Х						0.	0.	0.
(22) KELLY FINLEY	1.00									
TRUSTEE		Х						0.	0.	0.
(23) KAREN FRANK	3.00									
TRUSTEE		Х						0.	0.	0.
(24) DOUG HESKE	1.00									
TRUSTEE		Х						0.	0.	0.
(25) JOSEPH HURWICH	1.00									
TRUSTEE		Х						0.	0.	0.
(26) SHANNON JACKSON	1.00									
TRUSTEE		х						0.	0.	0.
1b Subtotal								1,259,818.	0.	95,934.
c Total from continuation sheets to Pa	art VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,259,818.	0.	95,934.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
ALLIED UNIVERSAL SECURITY SERVICES	·	·
PO BOX 31001-2374, PASADENA, CA 91110-2374	CAMPUS AND VISITOR SECURITY	1,289,024.
GEORGE S. HALL INC. (GSH)		
4 GATEHALL DR, 2ND FL, PARSIPPANY, NJ 07054	BUILDING ENGINEERING	498,765.
GUPTA MEDIA HOLDINGS, LLC		
200 BERKELEY ST 7TH FL, BOSTON, MA 02116	ADVERTISING	441,688.
MAVEN RECRUITING GROUP, LLC, 548 MARKET ST		
PMB 93690, SAN FRANCISCO, CA 94104	TEMPORARY PERSONNEL	420,632.
CAHILL CONTRACTORS, INC., 425 CALIFORNIA		
ST, SUITE 2200, SAN FRANCISCO, CA 94104	CONSTRUCTION	300,025.
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	11	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

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Part VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c			sition that		lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) CHRIS JOHNSON	2.00									
TRUSTEE		Х			_	_		0.	0.	0.
(28) ANITA MARTINEZ TRUSTEE	2.00	x						0.	0.	0.
(29) ERIK MOORE	1.00									
TRUSTEE		х						0.	0.	0.
(30) KARINA MORENO	1.00					\vdash				
TRUSTEE		х						0.	0.	0.
(31) JACK MORRIS	1.00									
TRUSTEE		х						0.	0.	0
(32) TREVOR PARHAM	1.00					\vdash				
TRUSTEE		х						0.	0.	0.
(33) ESTRELLA PARKER	1.00					\vdash				
TRUSTEE		х						0.	0.	0.
(34) PETER PERVERE	1.00					\vdash				
TRUSTEE		х						0.	0.	0.
(35) MIKE ROSENBAUM	1.00									
TRUSTEE		х						0.	0.	0.
(36) BETH SAWI	3.00									
TRUSTEE		х						0.	0.	0.
(37) LEYLA SEKA	1.00									
TRUSTEE		х						0.	0.	0.
(38) ERIC SULLIVAN	1.00									
TRUSTEE		х						0.	0.	0.
(39) ANN THOMPSON	1.00									
TRUSTEE		х						0.	0.	0.
(40) JULAYNE VIRGIL	1.00									
TRUSTEE		х						0.	0.	0
(41) DENA WATSON-LAMPREY	1.00									
TRUSTEE		х						0.	0.	0.
(42) LINDA WENDEL	1.00									
TRUSTEE		х						0.	0.	0.
(43) CHRISTINE WENTE VON METZSCH	1.00									
TRUSTEE		х	L	L	1	L	L	0.	0.	0.
(44) PENELOPE WONG	2.00									
TRUSTEE		х	L	L	L	L		0.	0.	0.
(45) DAVID YIN	1.00									
TRUSTEE		х						0.	0.	0.
Total to Part VII, Section A, line 1c	•			•	•					

Form 990 (2022) OAKLAND MUS

Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1		Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b	1,034,630.				
S S			Fundraising events	1c	299,967.				
fts,			Related organizations	1d	250,000.				
ij gi					3,092,486.				
ons,			Government grants (contributions)	1e	3,032,400.				
utio er (All other contributions, gifts, grants, and	1 1	0 000 702				
ĕŧ			similar amounts not included above	1f	9,080,793.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	1,213,071.	12 757 076			
O g		n	Total. Add lines 1a-1f			13,757,876.			
			ADVITAGIONA (GONTO) GT. TO		Business Code	1 115 050	1 11 7 0 7 0		
ce	2		ADMISSIONS/CONTRACT FE		900099	1,117,872.	1,117,872.		
ervi		b	OTHER PROGRAM INCOME		900099	1,049,828.	1,049,828.		
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			2,167,700.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			1,880,586.		-222,758.	2,103,344.
	4		Income from investment of tax-exen						
	5		Royalties			716.			716.
				i) Real	(ii) Personal				
	6	а	Gross rents 6a	195,163.					
			Less: rental expenses 6b	0.					
				195,163.					
			Net rental income or (loss)			195,163.			195,163.
			` '	Securities	(ii) Other	·			·
	-			985,550.					
			Less: cost or other basis	,					
Φ			and sales expenses	005.526.					
her Revenue				-19,976 .					
ě			Net gain or (loss)			-19,976.		495.	-20,471.
푸			Gross income from fundraising events (r						
O th	o		including \$ 299,967.	I					
١			contributions reported on line 1c). S	-					
			-		42,700.				
			Part IV, line 18 Less: direct expenses		147,982.				
					117,302.	-105,282.			-105,282.
			Net income or (loss) from fundraising Gross income from gaming activities			103,202.			100,202.
	9								
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10		Gross sales of inventory, less return	I .	F40 104				
			and allowances						
			Less: cost of goods sold		480,641.	CT 400	67. 400		
\rightarrow		С	Net income or (loss) from sales of in	ventory		67,483.	67,483.		
က္					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			17,944,266.	2,235,183.	-222,263.	2,173,470.

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Form 990 (2022) Part IX Statement of Functional Expenses

	heck if Schedule O contains a responsements reported on lines 6b,	(A)	his Part IX (B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 1		Total expenses	expenses	Management and general expenses	expenses
1 Grants and of	ther 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				
organizatior	ns, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
	d to or for members				
	ion of current officers, directors,				
	d key employees	711,950.		542,605.	169,34
6 Compensation	n not included above to disqualified				
persons (as d	lefined under section 4958(f)(1)) and				
	ribed in section 4958(c)(3)(B)				
	es and wages	7,300,103.	5,072,512.	1,535,737.	691,85
•	accruals and contributions (include				
	() and 403(b) employer contributions)	225,294.	143,443.	58,262.	23,58
	byee benefits	899,390.	527,861.	271,958.	99,57
O Payroll taxe	s	652,662.	422,427.	157,502.	72,73
1 Fees for ser	vices (nonemployees):				
a Managemer	nt	1,380,733.	821,163.	471,566.	88,00
b Legal		4,018.		4,018.	
		117,598.		117,598.	
d Lobbying		30,000.		30,000.	
	fundraising services. See Part IV, line 17				
f Investment	management fees	146,332.		146,332.	
g Other. (If line	e 11g amount exceeds 10% of line 25,				
	ımount, list line 11g expenses on Sch O.)	2,514,827.		2,514,827.	
	and promotion	559,611.	487,999.	11,395.	60,21
	nses	204,127.	55,171.	103,712.	45,24
4 Information	technology	689,742.	95,437.	576,126.	18,17
5 Royalties					
6 Occupancy		1,671,013.	794,063.	876,950.	
7 Travel		64,551.	30,945.	31,461.	2,14
,	f travel or entertainment expenses				
	ral, state, or local public officials				
	s, conventions, and meetings	124,794.	64,623.	20,508.	39,66
	o affiliates	006 700		205 722	
	n, depletion, and amortization	226,720.		226,720.	
3 Insurance		134,412.		134,412.	
above. (List n line 24e amou	es. Itemize expenses not covered niscellaneous expenses on line 24e. If unt exceeds 10% of line 25, column (A),				
	ine 24e expenses on Schedule O.) RENTAL AND MA	275,808.	30,749.	245,059.	
u <u>~</u>	ON EXPENSES	202,862.	201,594.	12.	1,25
-	JCATION, AND TR	130,908.	27,169.	99,037.	4,70
d OTHER EXP		51,171.	29.	,	51,14
e All other exp		,	4,902,073.	-5,077,562.	175,48
•	nal expenses. Add lines 1 through 24e	18,318,626.	13,677,258.	3,098,235.	1,543,13
	Complete this line only if the organization			, , , , , , , , , , , , , , , , , , , ,	_,,20
	olumn (B) joint costs from a combined				
•	ampaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,640,742.	1	1,278,138
	2	Savings and temporary cash investments			739,978.	2	582,44
	3	Pledges and grants receivable, net			2,432,426.	3	4,001,27
	4	Accounts receivable, net			933,713.	4	638,54
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ပ္ခ	7	Notes and loans receivable, net			9,577,400.	7	9,577,40
Assets	8	Inventories for sale or use			85,307.	8	110,86
¥	9	Donat del como con con el el efermo el els como el			216,812.	9	337,40
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	5,321,501.			
	b	Less: accumulated depreciation	. 10b	2,803,546.	2,728,609.	10c	2,517,95
	11	Investments - publicly traded securities			51,300,010.	11	56,252,26
	12	Investments - other securities. See Part IV, line			3,370,761.	12	4,161,11
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,071,958.	15	1,435,55
	16	Total assets. Add lines 1 through 15 (must eq		1	76,097,716.	16	80,892,94
	17	Accounts payable and accrued expenses			2,326,699.	17	3,202,46
	18	Grants payable				18	
	19	Deferred revenue			50,335.	19	23,45
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		1		21	
ا ي	22	Loans and other payables to any current or for	mer offic	er, director,			
₽		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	oayables [.]	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			12,431.	25	10,100
	26	Total liabilities. Add lines 17 through 25			2,389,465.	26	3,236,01
		Organizations that follow FASB ASC 958, ch	neck here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
ă	27	Net assets without donor restrictions			38,063,528.	27	39,596,93
Da	28	Net assets with donor restrictions		<u></u>	35,644,723.	28	38,059,99
밀		Organizations that do not follow FASB ASC	958, che	ck here			
된		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income, d	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			73,708,251.	32	77,656,930
_	33				76,097,716.	33	80,892,948

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,	944,	266.
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,	318,	626.
3	3 Revenue less expenses. Subtract line 2 from line 1 3				374,	360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		73,	708,	251.
5	Net unrealized gains (losses) on investments	5		4,	323,	039.
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		77,	656,	930.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?		L	2b	Х	
	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 X Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .		3b		
			F	orm	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** OAKLAND MUSEUM OF CALIFORNIA 45-3138892 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4)	()	(-/	(,	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	23,330,218.	19,050,336.	17,942,391.	13,759,782.	13,757,876.	87,840,603.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23,330,218.	19,050,336.	17,942,391.	13,759,782.	13,757,876.	87,840,603.
	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)						18,007,155.
6	Public support. Subtract line 5 from line 4.						69,833,448.
	etion B. Total Support						,,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	23,330,218.	19,050,336.	17,942,391.	13,759,782.	13,757,876.	87,840,603.
	Gross income from interest,			, , , , ,			
٠	dividends, payments received on						
	securities loans, rents, royalties,						
		2,025,081.	1,881,668.	1,396,381.	1,657,259.	2,298,993.	9,259,382.
•	and income from similar sources	2,023,001.	1,001,000.	1,330,301.	1,037,233.	2,230,333.	<u> </u>
9	Net income from unrelated business						
	activities, whether or not the				48,567.		48,567.
40	business is regularly carried on				40,307.		40,307.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						97,148,552.
	Total support. Add lines 7 through 10		`			40	
	Gross receipts from related activities,					12	13,199,022.
13	First 5 years. If the Form 990 is for the						
800	organization, check this box and storetion C. Computation of Publi		contage				
	•			aluma (f)		14	71.88 %
	Public support percentage for 2022 (I		•	***		15	
	Public support percentage from 2021						70
IOa	33 1/3% support test - 2022. If the contains the same life and the						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the c	•		•		•	
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	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 te						
b							0% or
	·		-		•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar		
	b 10% -facts-and-circumstances test - 2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022						

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						<u> </u>
		(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	pox on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
	•	· ,		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		rively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Sec	tion	5. Type ii Supporting Organizations		1	
_				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
Sec	the su	upported organization(s). D. All Type III Supporting Organizations	1		
		517 m Typo m oupporting organizations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	oggus	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	į		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
2		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
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	st complete	Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
f_	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i</u>	Carryover from 2017 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2022 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
<u>a</u>	Excess from 2021 Excess from 2022						

Schedule A (Form 990) 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

	OAKLAND MUSEUM OF CALIFORNIA 45-3138892				
Organization type (check	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.			
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	- · · · · · · · · · · · · · · · · · · ·			
Special Rules					
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one			
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\$					
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	• •			
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

OAKLAND MUSEUM OF CALIFORNIA

45-3138892

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Total contributions
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Trumo, addi 000, and En TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Tame, addi 000, and £11 TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

OAKLAND MUSEUM OF CALIFORNIA 45-3138892

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
	PUBLICLY TRADED SECURITIES	_	
1		_	
		\$1,026,824.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
	-	—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
		\$	

Schedule B (Form 990) (2022)

varne or or	rganization			Employer identification number
AKLAND Part III	MUSEUM OF CALIFORNIA Exclusively religious, charitable, etc., contribution:			45-3138892 hat total more than \$1,000 for the year
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info.	once.) \$
(a) No.	Use duplicate copies of Part III if additional spa	ace is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	7ID ± 1	Relationship of tra	ansferor to transferee
ŀ	mansieree's name, address, and	ZIFTT	Helationship of the	disteror to transferee
	F		1	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	.,	., .		
			<u> </u>	
			_	
	•	(e) Transfer of gift	•	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
				
(a) No. from	(h) Pours and diffe	(-) 11 (-:10)	(d) D	and a Marine of December 1991 to the Lat
Part I	(b) Purpose of gift	(c) Use of gift	(a) Des	cription of how gift is held
			<u> </u>	
F	L	(e) Transfer of gift		
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.	Γ	l		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
}		(a) Transfer of with		
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
ļ				
		I		

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

2022

OMB No. 1545-0047

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 orga	anization	iono. complete i ait iii.		Empl	loyer identification number
		SEUM OF CALIFORNIA			45-3138892
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2 Political		ation's direct and indirect polition ures gn activities			
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
2 Enter th 3 If the or 4a Was a c	e amount of any excise tax ganization incurred a section correction made?	incurred by the organization un incurred by organization manaç n 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	\$	Yes No
Part I-C	describe in Part IV. Complete if the ord	anization is exempt und	ler section 501(c)	except section 501(c)(3)
 Enter the exempt Total exempt Did the Enter the made pocontribution 	te amount of the filing organ function activities tempt function expenditures filing organization file Form the names, addresses and en ayments. For each organizations received that were professional functions actions actions.	by the filing organization for set ization's funds contributed to o Add lines 1 and 2. Enter here 1120-POL for this year? Inployer identification number (E tion listed, enter the amount payonptly and directly delivered to additional space is needed, pro	ther organizations for sea and on Form 1120-POL IN) of all section 527 po id from the filing organiz a separate political orga	s, , , , , , , , , , , , , , , , , , ,	Yes No n the filing organization e amount of political
	(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) 2022

LHA

232041 11-08-22

Pa	t II-A Complete if the organized section 501(h)).	anizatio	n is exer	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ection under	
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		•	•			, , ,	
B (Check if the filing organizat	ion check	ed box A ar	nd "limited control" pro	visions apply.			
			oying Expe eans amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influ	ence publ	ic opinion (grassroots lobbying)				
b	Total lobbying expenditures to influ	ence a leg	islative boo	dy (direct lobbying)				
С	Total lobbying expenditures (add lir	nes 1a and	l 1b)					
d	Other exempt purpose expenditure							
е	Total exempt purpose expenditures	s (add lines	s 1c and 1d)				
f	Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in both	n columns.			
	If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:			
	Not over \$500,000		20% of	the amount on line 1e.				
	Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.			
	Over \$1,000,000 but not over \$1,50			00 plus 10% of the exce				
	Over \$1,500,000 but not over \$17,0			00 plus 5% of the exces				
	Over \$17,000,000	,	\$1,000,		. , ,			
	. , ,		, , , , , , , , ,					
q	Grassroots nontaxable amount (ent	er 25% of	line 1f)					
_	Subtract line 1g from line 1a. If zero		,					
	Subtract line 1f from line 1c. If zero	•						
i	If there is an amount other than zer							
•	reporting section 4911 tax for this y						Yes No	
	(Some organizations th	at made a	4-Year Ave a section 5	eraging Period Under	Section 501(h) have to complete all c		elow.	
		Lobk	ying Expe	nditures During 4-Yea	r Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
	Lobbying nontaxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
	Grassroots nontaxable amount							
	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2022

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	(6	a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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?		х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?	Х			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)?		Х		
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?		<u> </u>	1	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	on 501(c)(5), or sec	tion	
501(c)(6).			Vaa	N-
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c) (d)	tne prior year	? 3 5) or sec	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
answered "Yes."		(,	,	-,
Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
0 4 1 1 1 1 1 0000(\(\sqrt{4\sqrt{0}}\) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		١ .		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditures 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 ground street and street are street as a second street are street as a s	ıp list); Part II-	A, lines 1 a	nd 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				
ODDODUMINITATIO AGGICATIVO MITHU DDIDADATION OF CASE AND DEPOSIT COMPA				
OPPORTUNITIES, ASSISTING WITH PREPARATION OF STATE AND FEDERAL GRANTS,				
AND CHEDODETHIC THE MICEIM'C COMMACH AND INDODMANTON CHARTNO MINE TOCAT				
AND SUPPORTING THE MUSEUM'S CONTACT AND INFORMATION-SHARING WITH LOCAL,				
STATE, AND FEDERAL ELECTED OFFICIALS. THE FIRM ALSO RESEARCHES AND				
, I LULIUL LLEGILS GIIICINGO, ING IIM IIM ABOO REDEARCHED AND		Schedu	le C (Form	990) 2022

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 Inspection

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		Is or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	vriting that the assets held in donor adv	vised funds	_
	are the organization's property, subject to the organization's e	_		lo
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or		•	
	• •			lo
Pai	<u> </u>	ganization answered "Yes" on Form 990		_
1	Purpose(s) of conservation easements held by the organization			_
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	of a historically important land area	
	Protection of natural habitat	· —	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Yea	ar
а			2a	_
b			<u>.</u>	_
c	Number of conservation easements on a certified historic stru			_
ď	Number of conservation easements included in (c) acquired a			_
ŭ			2d	
3	Number of conservation easements modified, transferred, rele			_
Ū	year	sassa, extinguishea, or terrimatea by t	no organization daming the tax	
4	Number of states where property subject to conservation easi	ement is located		
5	Does the organization have a written policy regarding the peri		 of	
_	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·		lo
6	Staff and volunteer hours devoted to monitoring, inspecting, h			_
	G/ 1 G/	, ,	5 ,	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conser	vation easements during the year	
			Ç ,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes N	lo
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial state	ments that describes the	
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or 0	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	8, not to report in its revenue statemen	t and balance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement an	d balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
				_
2	If the organization received or held works of art, historical trea			_
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$	
	Assets included in Form 990, Part X			_

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar		asures, or O	ther S	imilar Asset	S (conti	rued)	age Z
3	Using the organization's acquisition, accession						- (COITUI	<u>lueu)</u>	
Ū	collection items (check all that apply):	on, and other records	s, check any of the i	ollowing that ma	nc sigili	meant asc of its			
а	X Public exhibition	d	I can or exc	hange program					
b	X Scholarly research	е		nange program					
c	X Preservation for future generations	Ü							
4	Provide a description of the organization's co	allections and explain	how they further th	ne organization's	exemnt	nurnose in Part	XIII		
5	During the year, did the organization solicit or						7.III.		
	to be sold to raise funds rather than to be ma						Yes	Х	No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		.			·····,	,		
	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets	not incl	luded			
	on Form 990, Part X?		•			_	Yes	Г	No
b	If "Yes," explain the arrangement in Part XIII						_		
	3	ļ	3				Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, I	ine 10.				
		(a) Current year	(b) Prior year	(c) Two years ba		Three years back	(e) Fou	r years	back
1a	Beginning of year balance	47,482,340.	55,096,698.	40,830,97	74.	38,700,551.	30	,681,	951.
	Contributions	712,103.	1,102,933.	4,199,08	39.	8,062,282.	8	,891,	829.
С	Net investment earnings, gains, and losses	5,927,609.	-6,104,812.	12,387,79	97.	-1,489,297.	1	778,	227.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,662,799.	2,612,479.	2,321,16	52.	4,442,562.	2	651,	456.
f	Administrative expenses								
g	End of year balance	51,459,253.	47,482,340.	55,096,69	98.	40,830,974.	38	700,	551.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	53.9300	_%						
b	Permanent endowment 27.8400	%							
С	Term endowment18.2300	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered f	or the		,		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	rt X, line	e 10.			
	Description of property	(a) Cost or o basis (investn		or other (other)		umulated ciation	(d) Boo	k valu	ie
1a	Land								
	Buildings		3	,833,805.	1	,750,590.	2	,083,	215.
	Leasehold improvements								
d	Equipment		1	,333,331.		979,706.			625.
<u>e</u>	Other			154,365.		73,250.			115.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)			2	,517,	955.
						Schedule	D (Forn	n 990)	2022

D : \///		O:1 O :::
Part VII	Investments -	 Other Securities

Tart vii investments - Other Securities.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. 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) LIMITED PARTNERSHIPS	1,969,068.	END-OF-YEAR MARKET VALUE
(B) CHARITABLE REMAINDER TRUST	718,429.	COST
(C) POOLED INCOME FUND	33,252.	COST
(D) LIFE ESTATE REMAINDER AGREEMENT	1,440,361.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,161,110.	

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)		
otal. (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	8,000.
(3)	SECURITY DEPOSITS	2,100.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,100.

^{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 ... X

Schedule D (Form 990) 2022

45-3138892

Par			ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	Т.Т	
			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.) Add lines 2a through 2d		20	
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	8.)	5	
		4. Doublik Barra Albarra (Obs.	Dest V. Francis Dest V. Francis Dest VI.	
	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Part XI,	
111165 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
PART	III, LINE 4:			
THE (COLLECTIONS THAT ARE HOUSED AT OMCA BELONG TO THE CITY O	F OAKLAND,		
		,		
WHIC	H PROVIDES FUNDING TO SUPPORT THE CONTINUED CARE, CONSER	VATION, AND		
	·			
DISP	LAY OF THE ART AND ARTIFACTS. OMCA'S RESPONSIBILITY IS T	O CARE FOR,		
CONS	ERVE, DISPLAY, STEWARD, RESEARCH AND PROVIDE SCHOLARLY A	ND		
INTE	RPRETATIVE EXPERTISE IN SUPPORT OF THE MUSEUM'S COLLECTION	ONS AS WELL AS		
CARR	Y OUT PROGRAM ACTIVITIES.			
PART	V, LINE 4:			
	grammala mynormym mynga governe on mynormym mynga governe on mynormym mynga governe on mynormym mynormym mynor	V15.T. V		
THE I	MUSEUM'S ENDOWMENT FUNDS CONSIST OF INDIVIDUAL FUNDS PRI	MAKILY		
Fem.	SITCHED FOR THE CHIRDOR OF EVETETHIOMS PROCESMS AND AC	OTT STATOMS		
EO.I.V	BLISHED FOR THE SUPPORT OF EXHIBITIONS, PROGRAMS, AND AC	δοτστιτομο.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

OAKLAND MUSEUM OF CALIFORNIA					45-3138892	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	I (II) ACTIVITY		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						
or noonoing.						

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

Schedule G (Form 990) 2022

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or rundialing event contributions and gr	(a) Event #1 GATHERING IN THE GARDEN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	342,667.			342,667.
	2	Less: Contributions	299,967.			299,967.
	3	Gross income (line 1 minus line 2)	42,700.			42,700.
	4	Cash prizes				
S	5	Noncash prizes	466.			466.
bense	6	Rent/facility costs	2,546.			2,546.
Direct Expenses	7	Food and beverages	82,101.			82,101.
Ö	8	Entertainment				35,500.
	9	Other direct expenses		l .		27,369.
	10					147,982.
D	ı 11 art	Net income summary. Subtract line 10 from I		000 Det IV lies 10 en		-105,282.
ГС	11 L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_	Г	\$15,000 off Form 990-E2, line 6a.		(b) Pull tabs/instant	I	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				_
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a	ls t	ter the state(s) in which the organization conducted in the organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
2320	82 10	D-27-22			Sche	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 OAKLAND MUSEUM OF CALIFORNIA	45-3138892	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
b	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	old "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	nt	
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandalan, diskiih, disaa.		
	Mandatory distributions:		
ě	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		140
	organization's own exempt activities during the tax year \$	ic	
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a : a. :, : ;	,,
	ios, ros, ro, and ros, do approacher not provide any dealing and mondation occurrence.		

Schedule G (Form 990)	OAKLAND MUSEUM OF CALIFORNIA	45-3138892	Page 4
Schedule G (Form 990) Part IV Supplemental	Information (continued)		

SCHEDULE J (Form 990)

Compensation Information

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.

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

Internal Revenue Service Name of the organization

Department of the Treasury

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number 45-3138892

OMB No. 1545-0047

Inspection

Pa	art 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.				
	First-class or charter travel				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l	
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.				
	Compensation committee Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X 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:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х	
	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:				
	The organization?	<u>5a</u>		X	
b	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6					
	contingent on the net earnings of:				
	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		Х	
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		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9		i	

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LORI GRANT FOGARTY	(i)	269,535.	0.	0.	8,366.	8,643.	286,544.	0,	
EXECUTIVE DIRECTOR & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KIM ONDRECK CARIM	(i)	190,790.	0.	0.	5,732.	7,882.	204,404.	0.	
DEPUTY DIRECTOR & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KATHRYN L. WAFLE	(i)	155,015.	0.	0.	4,660.	1,224.	160,899.	0.	
SENIOR DIRECTOR, PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	OAKLAND MUSEUM OF	CALIFORNI	A			45-3	313889	2	
Pai	rt 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	r	(d Method of d noncash contrib	determin	•	s
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	Х	12	1,204,370.	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 (DONATED BEVERAG)	Х	4	8,701.	FMV				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28,	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?	?					30a		Х
b									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	,	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2022

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.

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

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:	
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	
CONSERVATION PROJECTS.	
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.	

ON JANUARY 29, 2022, THE EXHIBITION EDITH HEATH: A LIFE IN CLAY OPENED

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
TELLING THE STORY OF THE ACCLAIMED BAY AREA CERAMICIST AND FOUNDER OF	
HEATH CERAMICS. A KEY FIGURE IN 20TH CENTURY AMERICAN DESIGN, HEATH IS	
ONE OF THE MOST INFLUENTIAL MID-CENTURY MODERNISTS WHO CREATED WORK	
INSPIRED BY AND MADE IN CALIFORNIA. THE EXHIBITION CLOSED ON OCTOBER	
30, 2022. OMCA PRESENTED HELLA FEMINIST: AN EXHIBITION FROM JULY 29,	
2022 TO JANUARY 8, 2023. ROOTED IN THE IDEA THAT DISCRIMINATION AGAINST	
ALL ELEMENTS OF IDENTITY IS INTERLINKED AND THAT NO ELEMENT CAN BE	
ADDRESSED IN ISOLATION, HELLA FEMINIST CELEBRATED THE LESSER-KNOWN	
STORIES OF FEMINISM IN OAKLAND AND THE BAY AREA. ANGELA DAVIS SEIZE	
THE TIME WAS ON VIEW FROM OCTOBER 7, 2022 TO JUNE 18, 2023. THE	
EXHIBITION FOCUSED ON DAVIS AND HER IMAGE. ORGANIZED IN PARTNERSHIP	
WITH THE ZIMMERLI ART MUSEUM AT RUTGERS UNIVERSITY, THE ANGELA DAVIS	
ARCHIVE IN OAKLAND WAS BOTH THE HEART OF THE EXHIBITION AND A SOURCE	
FOR DOCUMENTATION. VISITORS WERE GIVEN THE OPPORTUNITY TO INVESTIGATE	
THEIR OWN MEMORIES OF DAVIS AS WELL AS THE IDEA OF PRESERVING HISTORY,	
ACTIVATING RADICAL BLACK HISTORY, AND RE-IMAGINING THE CONSTRUCTION OF	
DAVIS' IMAGE AS AN ICON OF AMERICAN BLACK RADICAL RESISTANCE.	
OVER THE COURSE OF THE YEAR, OMCA DEVELOPED THE EXHIBITION INTO THE	
BRIGHTNESS: ARTISTS FROM CREATIVITY EXPLORED, CREATIVE GROWTH, & NIAD.	
THIS MAJOR EXHIBITION OPENED ON MAY 13, 2023 AND WILL BE ON VIEW UNTIL	
JANUARY 26, 2024. OMCA WORKED WITH SELECT PROFESSIONAL ARTISTS	
AFFILIATED WITH THESE THREE SAN FRANCISCO BAY AREA ART STUDIOS THAT	
SERVE AND SUPPORT ARTISTS WITH DEVELOPMENTAL DISABILITIES. THE	
EXHIBITION FEATURES MYRIAD WORKS OF THESE WORLD-RENOWNED CONTEMPORARY	
ARTISTS PRODUCING WORK OF INCREDIBLE POWER, EXUBERANCE, HUMOR,	
COMPLEXITY, AND JOY ACROSS MULTIPLE MEDIUMS AND STYLES.	

Employer identification number Name of the organization OAKLAND MUSEUM OF CALIFORNIA 45-3138892 IN TOTAL, THE MUSEUM SERVED 142,010 VISITORS THIS YEAR, AND A MEMBERSHIP OF NEARLY 9,000 HOUSEHOLDS. THE MUSEUM RECEIVED THE 2022 NATIONAL MEDAL FROM THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES, THE NATION'S HIGHEST HONOR FOR MUSEUMS AND LIBRARIES MAKING SIGNIFICANT AND EXCEPTIONAL CONTRIBUTIONS TO THEIR COMMUNITIES. OMCA MEASURES ITS SUCCESS IN TERMS OF NUMBER OF VISITORS AND MEMBERS; CONTRIBUTIONS TO THE MUSEUM FIELD; CRITICAL AND MEDIA RESPONSE TO EXHIBITIONS; AND VISITOR COMMENTS AND FEEDBACK. OMCA UNDERTAKES EXTENSIVE VISITOR EVALUATION TO MEASURE THE IMPACT OF ITS PROGRAMMING ON BOTH INDIVIDUAL AUDIENCE MEMBERS AND ON THE COMMUNITY AT LARGE. OF THOSE WHO'VE VISITED IN THE PAST YEAR, THE MUSEUM HAS SEEN AN INCREASE IN LOCAL VISITORS. WHEN SURVEYED, VISITORS RESPOND POSITIVELY BOTH TO THE MUSEUM'S IMPACT ON THEIR PERSONAL EXPERIENCE AS WELL AS THEIR SENSE OF SOCIAL COHESION WHILE VISITING. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DAN KILEY, SERVE AS A VILLAGE GREEN FOR OAKLAND RESIDENTS AND VISITORS FROM THE BAY AREA AND BEYOND. 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 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

Name of the organization **Employer identification number** OAKLAND MUSEUM OF CALIFORNIA 45-3138892 - MAKE THE CITY OF OAKLAND'S MUSEUM COLLECTIONS AVAILABLE THROUGH EXHIBITION, LOANS TO OTHER INSTITUTIONS, AND ONLINE PRESENTATION - UNDERTAKE PRESERVATION, SECURITY, AND CONSERVATION EFFECTS FOR THE CITY OF OAKLAND'S MUSEUM COLLECTIONS THE SCOPE OF THE MUSEUM'S COLLECTION PLACES PARTICULAR EMPHASIS ON THE DIVERSITY OF ENVIRONMENTS, PEOPLES, AND CULTURES OF CALIFORNIA. THE MUSEUM'S COLLECTIONS OF NEARLY 2 MILLION OBJECTS ARE DEVOTED TO THE ART, HISTORY, AND NATURAL ENVIRONMENT 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. THE MUSEUM 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 MUSEUM'S COLLECTION IN TOTAL ENCOMPASSES NEARLY 2 MILLION OBJECTS PERTAINING TO CALIFORNIA, INCLUDING 70,000 WORKS BY CALIFORNIA ARTISTS FROM THE LATE 18TH CENTURY TO THE PRESENT.

Name of the organization **Employer identification number** OAKLAND MUSEUM OF CALIFORNIA 45-3138892 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. OMCA'S COLLECTING PLAN HIGHLIGHTS CALIFORNIA'S DIVERSITY OF PEOPLES AND CULTURES. OMCA'S COLLECTIONS ACQUISITION PRACTICES FOR ARTIFACTS USE A LENS OF EQUITY AND REPARATION. IN FY23, THE MUSEUM RECEIVED EIGHT DISTINCT GIFTS CONSISTING OF 156 OBJECTS. HIGHLIGHTS OF OMCA'S ART ACQUISITIONS THIS YEAR INCLUDE WAYNE THIEBAUD'S DARK CAKE (1983). KATY GRANNAN'S ANONYMOUS, BAKERSFIELD, CA (2011), AND INS IXIERDA AND LACY JOHNSON'S HEX THE PATRIARCHY (2022). THE MUSEUM ALSO ACQUIRED TWO NEW LARGE COLLECTIONS: THE CALLI AMERICAS POSTER COLLECTION AND THE DUGAN AGUILAR COLLECTION AND ARCHIVE. THESE DONATED COLLECTIONS CAME TO OMCA FROM FAMILY MEMBERS OR PRIVATE COLLECTORS WHO ENTRUSTED THESE OBJECTS TO THE MUSEUM'S CARE. OMCA ALSO HOSTS AN ONLINE DOROTHEA LANGE DIGITAL ARCHIVE (HTTPS://DOROTHEALANGE.MUSEUMCA.ORG/). NEARLY 50,000 PHOTOGRAPHS FROM ACTIVIST PHOTOGRAPHER DOROTHEA LANGE ARE AVAILABLE AT NO CHARGE ON OUR WEBSITE. THESE PHOTOS PORTRAY ESSENTIAL WORKERSMANY OF WHOM WERE IMMIGRANTSAND THE BROKEN PROMISES OF AMERICAN ENTREPRENEURSHIP THAT ECHO TODAY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OMCA'S EDUCATIONAL PROGRAMS FOR THE 2022-23 SCHOOL YEAR WERE DEVELOPED IN RESPONSE TO SEVERAL YEARS OF LEARNING DISRUPTION AND OTHER LOSSES RELATED TO THE PANDEMIC. IN THE FALL OF 2022, OMCA BROUGHT BACK ONSITE SCHOOL PROGRAMS AND CULTURAL PERFORMANCES. THOUSANDS OF STUDENTS,

Name of the organization **Employer identification number** OAKLAND MUSEUM OF CALIFORNIA 45-3138892 TEACHERS, AND FAMILIES RETURNED TO THE MUSEUM, AND THE LEARNING INITIATIVES TEAM PURSUED AN INQUIRY-BASED APPROACH TO ENCOURAGE ACTIVE PARTICIPATION IN LEARNING. ADDITIONALLY, OMCA CONTINUED TO OFFER FREE VIRTUAL EDUCATION PROGRAMS AS STUDENTS MAKE UP FOR LOST EMOTIONAL AND ACADEMIC LEARNING AS A RESULT OF THE PANDEMIC YEARS. SCHOOL PROGRAMS THIS YEAR CENTERED ON ANTI-RACISM, CULTURAL COMPETENCY, AND SOCIAL-EMOTIONAL LEARNING. OFFERINGS INCLUDED EIGHT ONSITE PROGRAMS INCLUDING SELF-GUIDED OPPORTUNITIES PERFORMANCES (BOTH ONSITE AND VIRTUAL), AND VIRTUAL FIELD TRIPS. FREE VIRTUAL PROGRAMS SERVED 7,877 STUDENTS, TEACHERS, AND ADDITIONAL FAMILY MEMBERS. IN NEW INQUIRY-BASED GALLERY PROGRAMS, FACILITATORS USED QUESTIONS AND GUIDED GROUNDING EXERCISES, AS WELL AS PROVIDING TIME FOR STUDENT-LED EXPLORATION AND DISCUSSIONS TO HELP STUDENTS SYNTHESIZE WHAT THEY LEARNED IN THE GALLERY. THE MUSEUM WELCOMED 14,623 ON-SITE VISITORS FOR A TOTAL OF 22,500 SCHOOL PROGRAM ATTENDEES. OF THESE, 28% CAME FROM OAKLAND SCHOOLS AND 45% CAME FROM SCHOOLS WITH PROGRAMS SPECIFICALLY DESIGNED FOR LOW-INCOME FAMILIES. OMCA'S COMMUNITY ENGAGEMENT APPROACHES ARE DESIGNED TO BE ACCESSIBLE TO 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 PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS. "FRIDAY NIGHTS AT OMCA WITH OFF THE GRID," ONE OF THE MUSEUM'S FLAGSHIP COMMUNITY ENGAGEMENT OFFERINGS, RETURNED TO CAMPUS IN JUNE 2022. IT COMPRISES A FREE WEEKLY EVENT SERIES FEATURING A ROTATING MIX OF DANCE LESSONS, GALLERY TALKS, HANDS-ON DEMONSTRATIONS BY LOCAL ARTISTS, FAMILY-FRIENDLY WORKSHOPS, AND PERFORMANCES. "FRIDAY NIGHTS AT

Employer identification number Name of the organization OAKLAND MUSEUM OF CALIFORNIA 45-3138892 OMCA WITH OFF THE GRID" EVENTS PROVIDE A UNIQUELY AUTHENTIC OAKLAND EXPERIENCE THROUGH A MULTI-LAYERED PROGRAM PLATFORM. OVER THE COURSE OF THE YEAR, 62,790 VISITORS ATTENDED THIS WEEKLY PROGRAM. IN OCTOBER 2022, OMCA'S ANNUAL DIA DE LOS MUERTOS CELEBRATION RETURNED TO OMCA'S CAMPUS, WELCOMING 2,132 VISITORS. IN FEBRUARY 2023, OMCA'S 21ST ANNUAL LUNAR NEW YEAR CELEBRATION WELCOMED IN THE YEAR OF THE TIGER AND INCLUDED BOTH VIRTUAL AND IN-PERSON OFFERINGS CELEBRATING TRADITIONS THROUGH STORYTELLING, PERFORMANCES, ACTIVITIES, COOKING DEMONSTRATIONS, AND MORE, OMCA ALSO HELD SPACE FOR ITS ASIAN AMERICAN AND PACIFIC ISLANDER COMMUNITIES TO COME TOGETHER AND UPLIFT EACH OTHER WITH BOTH IN-PERSON AND VIRTUAL HEALING CIRCLES, FACILITATED BY A PARTNER ORGANIZATION, LOTUS AWAKENS. 3,173 PEOPLE ATTENDED THE LUNAR NEW YEAR CELEBRATION. IN THE 2022-23 FISCAL YEAR, THE MUSEUM RECEIVED ITS HIGHEST ESTIMATED MARKETING ATTENTION TO DATE. THE MARKETING AND COMMUNICATIONS TEAM IMPLEMENTED ROBUST CURATED SOCIAL MEDIA EMAIL AND SMS (TEXT CAMPAIGN) STRATEGIES THIS YEAR IN ORDER TO BUILD A SENSE OF BELONGING AND ENGAGE WITH THE OMCA COMMUNITY IN THEIR OWN HOMES. WITH 291 PIECES OF COVERAGE, OMCA ESTIMATES THIS COVERAGE REACHED A TOTAL OF 9.2 MILLION PEOPLE DURING THIS PERIOD ACROSS ALL SOCIAL MEDIA PLATFORMS. THE MUSEUM RECEIVED LOCAL, NATIONAL, AND INTERNATIONAL COVERAGE, WITH HIGHLIGHTS COVERING SPECIAL EXHIBITIONS, PUBLIC PROGRAMS, CULTURAL EVENTS, OMCA'S GARDEN, AND COVERAGE OF THE IMLS NATIONAL AWARD AND THE WHITE ELEPHANT SALE. AS A RESULT OF THIS PRESS COVERAGE, OMCA SAW A 73% INCREASE IN EMAIL SUBSCRIBERS FROM THE PREVIOUS YEAR.

Name of the organization **Employer identification number** OAKLAND MUSEUM OF CALIFORNIA 45-3138892 OMCA REDESIGNED ITS "MUSEUMCA.ORG" WEBSITE THIS YEAR. THE MUSEUM HAS RECEIVED POSITIVE FEEDBACK FROM VISITORS WHO HAVE NOTED THAT THEY FIND THE WEBSITE, AND THEREFORE THE MUSEUM, ATTRACTIVE AND WELCOMING. A VISITOR STATED THEY FOUND THE WEBSITE "SUPER VIBRANT AND ENERGETIC, WHICH IS SOMETHING THAT I LOVE. THE MUSEUM DOES NOT SEEM DREARY OR BORING. I ALSO LIKE HOW IT SAYS "WE'RE GLAD YOU'RE HERE". ANOTHER VISITOR NOTED "THE MUSEUM SEEMS VERY MODERN...CULTURALLY IMMERSED... KIND OF HIP... BECAUSE THE WEBSITE IS VERY MODERN AND DESIGNED VERY ARTISTICALLY." THE NEW WEBSITE ALLOWS STAFF MEMBERS TO SHOWCASE MORE EXHIBITION CONTENT ONLINE THAN EVER BEFORE, INCLUDING VIDEOS WHICH WERE PREVIOUSLY LIMITED TO JUST BEING VIEWABLE INSIDE THE GALLERIES. OVERALL, THE SITE ALLOWS OMCA TO BETTER FULFILL OUR MISSION BY FURTHER INSPIRING UNDERSTANDING AND EMPATHY WITH STORIES AND EXPERIENCES OF CALIFORNIA'S ART, HISTORY, AND NATURAL ENVIRONMENT DIGITALLY. SUCCESSES OF THIS APPROACH INCLUDE ATTRACTING OVER 1 MILLION UNIQUE WEBSITE SESSIONS AND 27% OVERALL GROWTH IN WEBSITE VISITORS. 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

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
RESPONSIBLE FOR ENSURING THAT TRUSTEES AND ALL EMPLOYEES AND VOLUNTE	ERS
COMPLY WITH THE CONFLICT OF INTEREST POLICY. THE BOARD WILL MONITOR	
COMPLIANCE AND IS THE BODY THAT WILL BE ACCOUNTABLE FOR SUCH COMPLIA	NCE.
REQUESTS FOR GUIDANCE, INTERPRETATION, AND OPINIONS SHOULD BE DIRECT	ED 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 I	NVOLVE
THE EXECUTIVE DIRECTOR OR ANY TRUSTEE SHALL BE SUBMITTED TO THE AUDI	т
COMMITTEE. THE DECISION OF THE AUDIT COMMITTEE SHALL BE SUBJECT TO A	PPEAL
TO THE FULL MUSEUM BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF TRUSTEES DOES A COMPENSATION REVIEW OF THE EXECUTIVE DI	RECTOR
AND OTHER KEY EMPLOYEES USING COMPARABLE DATA. THIS PROCESS TOOK PLA	CE IN
MARCH 2023.	
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 A	RE
REQUESTED.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
BUILDING MAINTENANCE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES 2,5	14,827.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 2,5	14,827.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,5	14,827.
232212 10-28-22	Schedule O (Form 990) 2022

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SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

OAKLAND MUSEUM OF CALIFORNIA

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

45-3138892

Part I Identification of Disregarded Entities. Com	plete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.				
(a)	(b)	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign country) Compared to the control of the cont		(e))	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity				Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organizati	on answered "Yes" on Form 990	O, Part IV, line 34,	because it had one	or more related tax-exer	npt	
(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	contr ent	g) 512(b)(13) rolled ity?
OMCA TOWN SQUARE, INC 84-4279623				33.(5)(5))		Yes	No
1000 OAK STREET					OAKLAND MUSEUM OF		
OAKLAND, CA 94607	QALICB	CALIFORNIA	501(C)(3)	LINE 7	CALIFORNIA	х	

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	i)	(k)											
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign Legal Direct controlling entity	(state or	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		onate Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		portionate ations? Code V-UBI amount in box 20 of Schedule		te Code V-UBI amount in box 20 of Schedule		onate code V-UBI amount in box 20 of Schedule		ral or F aging ner?	Percentage ownership					
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No												
OMCA ENTERPRISE LLC - 85-2108607, 1000 OAK STREET,	-		OAKLAND MUSEUM																				
OAKLAND, CA 94607	HOLDING COMPANY			RELATED	0.	0.		X	N/A	х		95.00%											

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
	-								
CHARITABLE REMAINDER TRUST	INVESTMENTS	CA	N/A	TRUST	N/A	N/A	N/A		Х
POOLED INCOME FUND	INVESTMENTS	CA	N/A	TRUST	N/A	N/A	N/A		х
	_								
	-								
	-								
							1		

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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.	К	775,222.	CASH VALUE
(2) OMCA TOWN SQUARE INC.	С	250,000.	CASH VALUE
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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Schedule R (Form 990) 2022 OAKLAND MUSEUM OF CALIFORNIA 45-3138892 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

232165 09-14-22 Schedule R (Form 990) 2022