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**ARMANINO ADVISORY LLC**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization OAKLAND MUSEUM OF CALIFORNIA  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 OAK STREET  City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607	<b>D</b> Employer identification number  45-3138892  <b>E</b> Telephone number (510) 318-8551
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 31,351,290.
<b>J</b> Website: WWW.MUSEUMCA.ORG		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2011 <b>M</b> State of legal domicile: CA

## Part I Summary

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO INSPIRE ALL CALIFORNIANS TO CREATE A MORE VIBRANT FUTURE FOR THEMSELVES AND THEIR COMMUNITIES.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	38
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) .....	<b>5</b>	110
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	240
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	-141,206.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		13,757,876.	10,248,713.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		2,167,700.	1,868,182.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		1,860,610.	3,898,127.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		158,080.	63,173.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		17,944,266.	16,078,195.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	9,789,399.	11,093,905.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	1,739,826.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	8,529,227.	8,509,389.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	18,318,626.	19,603,294.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-374,360.	-3,525,099.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....	80,892,948.	81,832,717.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	3,236,018.	4,400,047.
		77,656,930.	77,432,670.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer LORI FOGARTY, EXECUTIVE DIRECTOR & CEO	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Firm's name ARMANINO ADVISORY LLC	Date 05/07/25
	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004	Check if self-employed <input type="checkbox"/> PTIN P00650274
		Firm's EIN 94-6214841
		Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 12,584,655. including grants of \$ ) (Revenue \$ 957,398. ) CORE GALLERIES AND SPECIAL EXHIBITIONS:

IN TOTAL, THE MUSEUM SERVED 142,010 VISITORS THIS YEAR, AND A MEMBERSHIP OF NEARLY 9,000 HOUSEHOLDS. APPROXIMATELY 90% OF THE MUSEUM'S VISITORS ARE RESIDENTS OF THE SAN FRANCISCO BAY AREA, WITH 38% IDENTIFYING AS PEOPLE OF COLOR.

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 (CONT. ON SCH. O)

4b (Code: ) (Expenses \$ 927,709. including grants of \$ ) (Revenue \$ 738,219. ) COLLECTIONS AND FACILITIES MANAGEMENT:

THE OAKLAND MUSEUM OF CALIFORNIA (OMCA) HAS LEASE AND GRANT AGREEMENTS IN PLACE WITH THE CITY OF OAKLAND TO CONSERVE, STEWARD, RESEARCH, AND PROVIDE SCHOLARLY AND INTERPRETIVE EXPERTISE IN SUPPORT OF THE CITY OF OAKLAND'S MUSEUM COLLECTIONS, WHICH MAKE UP THE TOTALITY OF THE MUSEUM'S COLLECTION, AND TO MANAGE AND MAINTAIN THE CITY'S HISTORIC BRUTALIST BUILDING AND GARDENS OVER SEVEN ACRES AT 1000 OAK STREET AND ITS COLLECTIONS WAREHOUSE IN OAKLAND, 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 (CONT. ON SCH. O)

4c (Code: ) (Expenses \$ 1,356,121. including grants of \$ ) (Revenue \$ 162,996. ) EDUCATIONAL AND COMMUNITY PROGRAMS:

IN FY24, OMCA SERVED 19,323 STUDENTS, TEACHERS, AND CHAPERONES ONSITE, WITH AT LEAST 29% OF STUDENTS COMING FROM OAKLAND SCHOOLS AND 41% COMING FROM TITLE I SCHOOLS THAT SERVE LOW-INCOME FAMILIES. ADDITIONALLY, OMCA SERVED 61,899 VISITORS THROUGH ITS PUBLIC PROGRAMS AND COMMUNITY FESTIVALS. SCHOOL PROGRAMS: OMCA REMAINS A VITAL EDUCATIONAL RESOURCE FOR SCHOOLS IN NORTHERN CALIFORNIA. OMCA'S 2023-24 SCHOOL PROGRAMS SPECIFICALLY ADDRESSED THE FOLLOWING SCHOOL AUDIENCE NEEDS: - EXPERIENCES THAT SUPPORT STUDENTS' SOCIAL-EMOTIONAL LEARNING AND UPLIFT STUDENT VOICE, AFTER SEVERAL YEARS OF (CONT. ON SCH. O)

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

4e Total program service expenses 14,868,485.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included on line 1a, above, who are independent (38); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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.
  - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI GRANT FOGARTY EXECUTIVE DIRECTOR & CEO	37.50			X				310,500.	0.	18,169.
(2) KIM ONDRECK CARIM DEPUTY DIRECTOR & CFO	37.50			X				198,822.	0.	14,454.
(3) KATHRYN L. WAFLE SR. DIRECTOR, PHILANTHROPY	37.50				X			165,880.	0.	6,147.
(4) TALANCE D. ORME SENIOR DIRECTOR, PEOPLE	37.50					X		147,282.	0.	12,993.
(5) MARY BONET SR. DIR., LEARNING, EXP, & PROGS.	37.50					X		143,319.	0.	12,881.
(6) L. AUTUMN KING SR. DIR., MKTG, COMM. & VISITOR EXP.	37.50					X		136,822.	0.	12,826.
(7) DEREK V. LEVOIT DIRECTOR, FACILITIES & SAFETY	37.50					X		136,352.	0.	13,092.
(8) MARGARET M. MONAHAN DIRECTOR, CONTENT DEVELOPMENT	37.50					X		126,657.	0.	12,330.
(9) RAHSAAN THOMPSON BOARD CHAIR	3.00	X		X				0.	0.	0.
(10) SEAN CHANG VICE CHAIR	3.00	X		X				0.	0.	0.
(11) LANCE GYORFI VICE CHAIR	2.00	X		X				0.	0.	0.
(12) DORINE STREETER VICE CHAIR	3.00	X		X				0.	0.	0.
(13) MIKE ARMSTRONG TREASURER	3.00	X		X				0.	0.	0.
(14) WARREN BRESLAU SECRETARY	2.00	X		X				0.	0.	0.
(15) EILEEN ASH TRUSTEE	1.00	X						0.	0.	0.
(16) ABBEY BANKS TRUSTEE	3.00	X						0.	0.	0.
(17) SHANTI BRIEN TRUSTEE	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSE CORONA TRUSTEE	1.00	X						0.	0.	0.
(19) VINCENT DAVIS TRUSTEE	1.00	X						0.	0.	0.
(20) QUINN DELANEY TRUSTEE	2.00	X						0.	0.	0.
(21) KAREN FRANK TRUSTEE	3.00	X						0.	0.	0.
(22) MARGE HARVEY TRUSTEE	1.00	X						0.	0.	0.
(23) DOUG HESKE TRUSTEE	1.00	X						0.	0.	0.
(24) SHANNON JACKSON TRUSTEE	1.00	X						0.	0.	0.
(25) CHRIS JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(26) CHRISTINA KOTHARI TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,365,634.	0.	102,892.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,365,634.	0.	102,892.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 31001-2374, PASADENA, CA 91110-2374	SECURITY	1,459,206.
CAHILL CONTRACTORS, INC., 425 CALIFORNIA ST, SUITE 2200, SAN FRANCISCO, CA 94104	CONSTRUCTION	533,989.
GEORGE S. HALL INC. (GSH) 4 GATEHALL DR, 2ND FL, PARSIPPANY, NJ 07054	ENGINEERING	528,336.
ABM JANITORIAL SERVICES - NORTHERN CALIF P.O. BOX 419860, BOSTON, MA 02241-9860	JANITORIAL	396,570.
GUPTA MEDIA HOLDINGS, LLC 200 BERKELEY ST 7TH FL, BOSTON, MA 02116	ADVERTISING	365,000.

**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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANITA MARTINEZ TRUSTEE	2.00	X					0.	0.	0.	
(28) PERCY MCGEE TRUSTEE	1.00	X					0.	0.	0.	
(29) ERIK MOORE TRUSTEE	1.00	X					0.	0.	0.	
(30) KARINA MORENO TRUSTEE	1.00	X					0.	0.	0.	
(31) JACK MORRIS TRUSTEE	1.00	X					0.	0.	0.	
(32) TREVOR PARHAM TRUSTEE	1.00	X					0.	0.	0.	
(33) ESTRELLA PARKER TRUSTEE	1.00	X					0.	0.	0.	
(34) PETER PERVERE TRUSTEE	1.00	X					0.	0.	0.	
(35) MIKE ROSENBAUM TRUSTEE	1.00	X					0.	0.	0.	
(36) BETH SAWI TRUSTEE	3.00	X					0.	0.	0.	
(37) LEYLA SEKA TRUSTEE	1.00	X					0.	0.	0.	
(38) MORGAN SIMON TRUSTEE	1.00	X					0.	0.	0.	
(39) ERIC SULLIVAN TRUSTEE	1.00	X					0.	0.	0.	
(40) VIVIAN TAN TRUSTEE	1.00	X					0.	0.	0.	
(41) SYDNEY THOMAS TRUSTEE	1.00	X					0.	0.	0.	
(42) JULAYNE VIRGIL TRUSTEE	1.00	X					0.	0.	0.	
(43) DENA WATSON-LAMPREY TRUSTEE	1.00	X					0.	0.	0.	
(44) LINDA WENDEL TRUSTEE	1.00	X					0.	0.	0.	
(45) CHRISTINE WENTE VON METZSCH TRUSTEE	1.00	X					0.	0.	0.	
(46) DAVID YIN TRUSTEE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	817,957.				
	<b>c</b> Fundraising events .....	<b>1c</b>	250,671.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,200,982.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	5,979,103.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,416,638.				
	<b>h Total.</b> Add lines 1a-1f .....		10,248,713.				
<b>Program Service Revenue</b>	<b>2 a</b> OTHER PROGRAM INCOME	<b>Business Code</b>					
		900099	1,219,166.	1,219,166.			
	<b>b</b> ADMISSIONS/CONTRACT FE	900099	649,016.	649,016.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,868,182.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,132,752.		-141,206.	2,273,958.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....		1,324.			1,324.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	145,630.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	145,630.				
	<b>d</b> Net rental income or (loss) .....		145,630.			145,630.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	16,580,201.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	14,814,826.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,765,375.				
<b>d</b> Net gain or (loss) .....		1,765,375.			1,765,375.		
<b>8 a</b> Gross income from fundraising events (not including \$ 250,671. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		68,185.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	142,397.					
<b>c</b> Net income or (loss) from fundraising events .....		-74,212.			-74,212.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		306,303.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	315,872.					
<b>c</b> Net income or (loss) from sales of inventory .....		-9,569.	-9,569.				
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		16,078,195.	1,858,613.	-141,206.	4,112,075.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	736,904.		561,475.	175,429.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,392,145.	5,905,967.	1,655,247.	830,931.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	236,338.	165,363.	47,773.	23,202.
<b>9</b> Other employee benefits .....	998,459.	660,832.	239,693.	97,934.
<b>10</b> Payroll taxes .....	730,059.	480,466.	167,447.	82,146.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	182,507.		182,507.	
<b>c</b> Accounting .....	102,500.		102,500.	
<b>d</b> Lobbying .....	30,000.		30,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	138,323.		138,323.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,691,261.	822,648.	2,784,100.	84,513.
<b>12</b> Advertising and promotion .....	420,069.	361,117.	7,985.	50,967.
<b>13</b> Office expenses .....	252,626.	119,464.	42,319.	90,843.
<b>14</b> Information technology .....	800,401.	83,423.	699,104.	17,874.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,582,093.	782,922.	799,171.	
<b>17</b> Travel .....	127,124.	70,214.	56,340.	570.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	171,953.	74,146.	13,334.	84,473.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	227,072.		227,072.	
<b>23</b> Insurance .....	151,029.		151,029.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> EXHIBITION EXPENSES	320,402.	318,083.		2,319.
<b>b</b> EQUIP. RENTAL & MAINT.	168,540.	16,423.	135,079.	17,038.
<b>c</b> DUES, EDU., & TRAINING	129,240.	2,065.	123,134.	4,041.
<b>d</b> FACILITIES ALLOCATION	0.	4,997,768.	-5,194,505.	196,737.
<b>e</b> All other expenses	14,249.	7,584.	25,856.	-19,191.
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,603,294.	14,868,485.	2,994,983.	1,739,826.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,278,138.	<b>1</b>	1,038,293.
	<b>2</b> Savings and temporary cash investments .....	582,448.	<b>2</b>	827,678.
	<b>3</b> Pledges and grants receivable, net .....	4,001,273.	<b>3</b>	3,553,437.
	<b>4</b> Accounts receivable, net .....	638,541.	<b>4</b>	942,699.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	9,577,400.	<b>7</b>	9,577,400.
	<b>8</b> Inventories for sale or use .....	110,860.	<b>8</b>	118,231.
	<b>9</b> Prepaid expenses and deferred charges .....	337,404.	<b>9</b>	310,363.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,179,138.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,914,288.		
	<b>11</b> Investments - publicly traded securities .....	2,517,955.	<b>10c</b>	4,264,850.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	56,252,264.	<b>11</b>	56,812,907.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	4,161,110.	<b>12</b>	3,643,566.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,435,555.	<b>14</b>	743,293.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	80,892,948.	<b>15</b>	81,832,717.	
<b>17</b> Accounts payable and accrued expenses .....	3,202,462.	<b>16</b>	4,339,271.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	23,456.	<b>18</b>	47,243.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	10,100.	<b>24</b>	13,533.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,236,018.	<b>25</b>	4,400,047.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....		<b>26</b>		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	39,596,933.	<b>27</b>	41,682,167.
	<b>28</b> Net assets with donor restrictions .....	38,059,997.	<b>28</b>	35,750,503.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	77,656,930.	<b>32</b>	77,432,670.
<b>33</b> Total liabilities and net assets/fund balances .....	80,892,948.	<b>33</b>	81,832,717.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,078,195.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,603,294.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,525,099.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	77,656,930.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,300,839.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	77,432,670.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> OAKLAND MUSEUM OF CALIFORNIA	<b>Employer identification number</b> 45-3138892
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19,050,336.	17,942,391.	13,759,782.	13,757,876.	10,248,713.	74,759,098.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19,050,336.	17,942,391.	13,759,782.	13,757,876.	10,248,713.	74,759,098.
<b>5</b> 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) .....						9,151,416.
<b>6 Public support.</b> Subtract line 5 from line 4.						65,607,682.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	19,050,336.	17,942,391.	13,759,782.	13,757,876.	10,248,713.	74,759,098.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,881,668.	1,396,381.	1,657,259.	2,298,993.	2,420,912.	9,655,213.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			48,567.			48,567.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						84,462,878.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,894,673.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.68 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	71.88 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2023



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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

45-3138892

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 435,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 365,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 246,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 246,050.	12/21/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  OAKLAND MUSEUM OF CALIFORNIA	Employer identification number  45-3138892
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">OAKLAND MUSEUM OF CALIFORNIA</p>	Employer identification number <p style="text-align: center;">45-3138892</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TOWNSEND PUBLIC AFFAIRS PROVIDES ONGOING ADVOCACY AND PUBLIC SECTOR

CONSULTING TO OMCA INCLUDING IDENTIFYING STATE AND FEDERAL GRANT

OPPORTUNITIES, ASSISTING WITH PREPARATION OF STATE AND FEDERAL GRANTS,

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

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

**Part IV** Supplemental Information *(continued)*

PROVIDES INFORMATION ON LEGISLATIVE ACTIVITIES THAT MIGHT IMPACT OMCA

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

ASSOCIATED WITH THE CONTRACT.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51459253.	47482340.	55096698.	40830974.	38700551.
b Contributions	806,786.	712,103.	1,102,933.	4,199,089.	8,062,282.
c Net investment earnings, gains, and losses	6,907,661.	5,927,609.	-6104812.	12387797.	-1489297.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,908,163.	2,662,799.	2,612,479.	2,321,162.	4,442,562.
f Administrative expenses					
g End of year balance	56265537.	51459253.	47482340.	55096698.	40830974.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 54.6100 %
  - b Permanent endowment 27.5600 %
  - c Term endowment 17.8300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   | X   |    |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		5,700,940.	1,852,292.	3,848,648.
c Leasehold improvements				
d Equipment		1,274,888.	988,746.	286,142.
e Other		203,310.	73,250.	130,060.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,264,850.

**Part VII Investments - Other Securities**

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

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

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	8,433.
(3) SECURITY DEPOSITS	5,100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	13,533.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information

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

PART III, LINE 4:

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

PART V, LINE 4:

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

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

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

OMCA HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2024, IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY. OMCA FILES U.S. FEDERAL, AND U.S. STATE RETURNS. FOR U.S. STATE RETURNS, OMCA IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2020. FOR U.S. FEDERAL RETURNS, OMCA IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS PRIOR TO 2021.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

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**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
<b>Total</b> .....						

**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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GATHERING IN THE GARDEN (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	298,421.		298,421.
	2	Less: Contributions	250,671.		250,671.
	3	Gross income (line 1 minus line 2)	47,750.		47,750.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	77,228.		77,228.
	8	Entertainment	30,000.		30,000.
	9	Other direct expenses	35,169.		35,169.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			142,397.
11	Net income summary. Subtract line 10 from line 3, column (d)			-94,647.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

<b>13a</b>	%
------------	---
  - b An outside facility ..... 

<b>13b</b>	%
------------	---
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV** Supplemental Information (continued)

[This area contains multiple horizontal lines for supplemental information.]



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

45-3138892

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**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? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LORI GRANT FOGARTY EXECUTIVE DIRECTOR & CEO	(i)	310,500.	0.	0.	9,651.	8,518.	328,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM ONDRECK CARIM DEPUTY DIRECTOR & CFO	(i)	198,822.	0.	0.	5,956.	8,498.	213,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHRYN L. WAFLE SR. DIRECTOR, PHILANTHROPY	(i)	165,880.	0.	0.	4,923.	1,224.	172,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TALANCE D. ORME SENIOR DIRECTOR, PEOPLE	(i)	147,282.	0.	0.	4,475.	8,518.	160,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY BONET SR. DIR., LEARNING, EXP, & PROGS.	(i)	143,319.	0.	0.	4,383.	8,498.	156,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	1,421,278.	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

OAKLAND MUSEUM OF CALIFORNIA

Employer identification number

45-3138892

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

CREATIVELY AND 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:

INTERPRETATION IS PROVIDED BY OBJECT AND THEMATIC LABELS, AUDIOVISUAL

PRESENTATIONS, INTERACTIVE COMPUTER AND VIDEO TERMINALS, SELF-GUIDING

BROCHURES, AND FACILITATED EXPERIENCES.

THE GALLERY OF CALIFORNIA NATURAL SCIENCES FEATURES SEVEN PLACES

THROUGHOUT CALIFORNIA THAT DEPICT THE STATE'S DIVERSITY OF CLIMATE,

GEOLOGY, HABITATS, ECOSYSTEMS, AND WILDLIFE, WHILE EXPLORING CURRENT

RESEARCH, CONTEMPORARY ISSUES OF LAND USE, ENVIRONMENTAL CONFLICT, AND

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

IN FY24, OMCA DEVELOPED THE EXHIBITION INTO THE BRIGHTNESS: ARTISTS  
 FROM CREATIVITY EXPLORED, CREATIVE GROWTH, & NIAD. THIS MAJOR  
 EXHIBITION OPENED ON MAY 13, 2023 AND WAS ON VIEW UNTIL JANUARY 26,  
 2024. INTO THE BRIGHTNESS: ARTISTS FROM CREATIVITY EXPLORED, CREATIVE  
 GROWTH & NIAD CELEBRATED THE MYRIAD WORKS OF WORLD-RENOWNED  
 CONTEMPORARY ARTISTS WITH DEVELOPMENTAL DISABILITIES. ROOTED IN THE  
 IDEA THAT MAKING ART IS A FUNDAMENTAL HUMAN PRACTICE AND FORM OF  
 COMMUNICATION THAT ALL PEOPLE ARE ENTITLED TO, INTO THE BRIGHTNESS  
 INVITED VISITORS TO CONSIDER THESE ARTISTS' PERSPECTIVES ON THE WORLD  
 THROUGH THEIR POWERFUL WORK ACROSS MULTIPLE ARTISTIC DISCIPLINES.

POR EL PUEBLO: THE LEGACY AND INFLUENCE OF MALAQUAS MONTOYA WAS A  
 POWERFUL FY24 EXHIBITION THAT EXPLORED MONTOYA'S LEGACY AS A  
 PUBLIC-SERVING ARTIST, ACTIVIST, AND COMMUNITY LEADER. THE SHOW  
 HIGHLIGHTED MONTOYA'S CONTRIBUTIONS AS A FOUNDER AND LEADER OF THE  
 CHICANO ARTS MOVEMENT IN THE 1960S AND 70S AND SHOWCASED HOW  
 CONTEMPORARY ACTIVIST-ARTISTS CONTINUE TO LIVE OUT THE THEMES OF HIS  
 WORK TODAY. MANY OF THESE ACTIVIST-ARTISTS STILL FACE MARGINALIZATION  
 FROM THE MAINSTREAM DUE TO THEIR COMMITMENT TO SPEAKING TRUTH TO POWER  
 IN THEIR WORKS, MUCH LIKE MONTOYA HAS DONE THROUGHOUT HIS CAREER AND  
 ESPECIALLY IN HIS WELL-KNOWN SILKSCREEN PRINT POSTERS THAT INCORPORATE  
 SOCIAL JUSTICE THEMES.

Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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DURING FY24, OMCA DEVELOPED CALLI: THE ART OF XICANX PEOPLES, WHICH OPENED ON JUNE 14, 2024. THIS MAJOR EXHIBITION COMBINES PHOTOGRAPHY, SCULPTURE, PAINTING, INSTALLATION, POETRY, AND MORE TO COLLECTIVELY CONSTRUCT A CALLI, OR "XICANX HOME" THAT HOLDS THE SACRED STORIES OF XICANX PEOPLES FROM PAST TO PRESENT DAY. OMCA WORKED CLOSELY WITH SEVERAL CONTEMPORARY ARTISTS TO CREATE SITE-SPECIFIC INSTALLATIONS FOR THE EXHIBITION, INCLUDING CONSUELO JIMENEZ UNDERWOOD AND RAFA ESPARZA. THESE WORKS ARE PRESENTED ALONGSIDE POSTERS FROM THE COLLECTIONS OF LATE QUEER CHICANA ACTIVIST AND PROFESSOR MARGARET "MARGIE" TERRAZAS-SANTOS. OMCA ACQUIRED SANTOS' POSTER COLLECTION, TITLED CALLI AMERICAS, IN 2022. CALLI WILL BE ON VIEW THROUGH JANUARY 26, 2025.

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. 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:  
LANDSCAPE ARCHITECT 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



Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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OF THE CITY'S MOST VALUABLE ASSETS. OMCA MAINTAINS THE MUSEUM'S ACCREDITATION WITH THE AMERICAN ALLIANCE OF MUSEUMS (AAM) ON BEHALF OF THE CITY OF OAKLAND. OTHER ACTIVITIES THAT OMCA PERFORMS RELATED TO THE CITY OF OAKLAND'S COLLECTIONS INCLUDE:

OVERSEE ACQUISITION, CATALOGING, STORAGE, RESEARCH, AND CARE FOR THE CITY OF OAKLAND'S MUSEUM COLLECTIONS

MAKE 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

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

NEW ART ACQUISITIONS IN FY24 INCLUDE: PORTRAIT OF DONALD, 1983, JOAN  
BROWN; SAN FRANCISCO BLUES FESTIVAL, 1984, MICHELLE VIGNES; DANCING AT  
SHALIMAR, 1983, MICHELLE VIGNES; IN FRONT OF ALAMEDA COURT HOUSE DURING  
HUEY NEWTON'S TRIAL, FEBRUARY 1968, MICHELLE VIGNES; AND STILL-LIFE  
WITH 3 TRIUMEQ PILLS AND 2 RED CHILIS, 2023, JOEY TERRILL.

OMCA EXHIBITS AND STEWARDS ITS INDIGENOUS CALIFORNIA NATIVE ARTIFACTS  
IN PARTNERSHIP WITH OUR NATIVE ADVISORY COUNCIL, A GROUP OF INDIGENOUS  
CULTURAL LEADERS WHO HAVE BEEN PROVIDING INVALUABLE FEEDBACK AND INPUT  
INTO OMCA PROGRAMMING SINCE 2006. THEY ADVISE OMCA ON OUR NATIVE  
CONTENT AS WELL AS ON CENTERING NATIVE VOICES AND PERSPECTIVES.

ADDITIONALLY, THE NATIVE AMERICAN GRAVES PROTECTION AND REPATRIATION

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ACT OF 1990 (NAGPRA) PROVIDES GUIDANCE FOR THE PROTECTION AND RETURN OF  
 NATIVE AMERICAN CULTURAL ITEMS. OMCA FOLLOWS NAGPRA REGULATIONS AND IS  
 STRONGLY COMMITTED TO THE REPATRIATION OF NATIVE AMERICAN OBJECTS IN  
 OUR COLLECTION AND THE INCORPORATION OF TRADITIONAL KNOWLEDGE INTO THE  
 CARE AND DISPLAY OF THESE ITEMS.

DURING THIS FISCAL YEAR, OMCA REPATRIATED 259 CULTURAL ITEMS TO BERRY  
 CREEK RANCHERIA AND THE KONKOW VALLEY BAND OF MAIDU THROUGH A JOINT  
 CLAIM FOR REPATRIATION, AND HOSTED A REPATRIATION TRANSFER CEREMONY FOR  
 THE RETURN OF ONE CULTURAL ITEM TO THE WRANGELL CLANS THROUGH THE  
 CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA.

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:  
 DISRUPTION AND LOSS RELATED TO THE PANDEMIC, ECONOMY, AND RACIAL  
 INJUSTICE;  
 - EXPERIENCES THAT SUPPORT ALL STUDENTS THROUGH CULTURALLY RESPONSIVE  
 AND ANTI-RACIST EDUCATION PRACTICES;  
 - CURRICULUM THAT ADDRESSES CURRENT CRITICAL COMMUNITY ISSUES (CIVIL  
 RIGHTS, RACIAL INJUSTICE, DISPLACEMENT, GENDER INEQUALITY, CLIMATE  
 JUSTICE), AND SUPPORTS STUDENTS CONNECTING WITH ONE ANOTHER TO BUILD  
 THE CHANGES THEY WANT TO SEE TOGETHER; AND

Name of the organization OAKLAND MUSEUM OF CALIFORNIA	Employer identification number 45-3138892
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- EXPERIENCES THAT HAVE STRONG LOCAL (OAKLAND/BAY AREA) CONNECTIONS.

THESE PROGRAMS INCLUDED OVER 150 GALLERY PROGRAMS, OVER 350 SELF-GUIDED TOURS, AND 20 SPECIAL PERFORMANCES.

TEACHER ENGAGEMENT: OMCA IS IN A MULTI-YEAR DEVELOPMENT PROCESS FOR A NEW TEACHER ADVISORY COHORT WHICH LAUNCHED IN THE SUMMER OF 2024.

CURRICULUM IDEAS STEMMING FROM THE TEACHER COHORT'S WORK COULD SERVE AS THE BASIS FOR FUTURE CORE CURRICULUM OFFERINGS AT OMCA. THE TEACHER ADVISORY COHORT WILL CREATE A DYNAMIC EXCHANGE BETWEEN THE MUSEUM AND LOCAL TEACHERS TO DEVELOP AND PROVIDE INCLUSIVE AND ACCESSIBLE LEARNING OPPORTUNITIES THAT ENCOURAGE STUDENTS TO BECOME LIFELONG LEARNERS AND ACTIVE CITIZEN.

PUBLIC PROGRAMMING: OMCA'S PUBLIC PROGRAMMING HELPS TO INCREASE THE MUSEUM'S SOCIAL IMPACT, PROVIDING VISITORS WITH A SENSE OF SOCIAL COHESION. OMCA'S ONSITE PROGRAMS AND EVENTS CELEBRATE CULTURAL TRADITIONS, LIFT UP PERSONAL STORIES, AND PROVIDE INTERDISCIPLINARY LEARNING. THIS YEAR THE MUSEUM BEGAN "THURSDAY AFTER HOURS AT OMCA" FROM JANUARY TO MARCH, WHICH OFFERED AN ADULT NIGHT OUT AT THE MUSEUM WITH GALLERY ACCESS, PERFORMANCES, AND LIVE DRAWING SESSIONS. OVER 2,000 GUESTS ATTENDED THE PILOT YEAR OF THIS EVENT. "FRIDAY NIGHTS AT OMCA WITH OFF THE GRID" EVENTS NOW RUN FROM APRIL TO OCTOBER AND PROVIDE A MULTI-LAYERED, FAMILY-FRIENDLY PROGRAM PLATFORM. THIS PROGRAM DRIVES LARGE-SCALE ATTENDANCE AND ATTRACTS OMCA'S MOST RACIALLY DIVERSE AND YOUNGEST AUDIENCES, WELCOMING 53,000 ATTENDEES IN THE 2024 FISCAL YEAR. OMCA'S TWO ANNUAL CULTURAL FESTIVALS OCTOBER'S DAYS OF THE DEAD COMMUNITY FESTIVAL AND FEBRUARY'S LUNAR NEW YEAR FESTIVAL WELCOMED 4,843 PARTICIPANTS COLLECTIVELY.

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

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MADE THE FOLLOWING UPDATES TO THE BYLAWS:

THE NUMBER OF AUTHORIZED TRUSTEES WENT FROM NO LESS THAN 7 TO NO LESS THAN

9 AND NO MORE THAN 40.

THE BOARD ELECTS TRUSTEES TO SERVE FOR 3 YEAR TERMS NOW INSTEAD OF

ANNUALLY.

THE CEO AND CFO NOW SERVE AS OFFICERS ON THE BOARD. ADDITIONALLY, THE CEO

IS NOW AUTHORIZED TO CALL SPECIAL MEETINGS.

THE CHAIR SHALL BE ELECTED TO SERVE UP TO 3 CONSECUTIVE TERMS INSTEAD OF 2.

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

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

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

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

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

IS GIVEN ONE.

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

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

RESPONSIBLE FOR ENSURING THAT TRUSTEES AND ALL EMPLOYEES AND VOLUNTEERS

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

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

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

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

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

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

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

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

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

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

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

BUILDING MAINTENANCE SERVICES:

PROGRAM SERVICE EXPENSES	822,648.
MANAGEMENT AND GENERAL EXPENSES	2,784,100.
FUNDRAISING EXPENSES	84,513.
TOTAL EXPENSES	3,691,261.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,691,261.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p align="center">OAKLAND MUSEUM OF CALIFORNIA</p>	Employer identification number <p align="center">45-3138892</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OMCA ENTERPRISE LLC - 85-2108607, 1000 OAK STREET, OAKLAND, CA 94607	HOLDING COMPANY	CA	OAKLAND MUSEUM OF CALIFORNIA	RELATED	0.	0.		X	N/A	X		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST	INVESTMENTS	CA	N/A	TRUST	N/A	N/A	N/A		X
POOLED INCOME FUND	INVESTMENTS	CA	N/A	TRUST	N/A	N/A	N/A		X



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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>	X	
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	OMCA TOWN SQUARE INC.	K	775,222.	CASH VALUE
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information, consisting of multiple horizontal lines.