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

OMB No. 1545-0047

**Open to Public** 

Inspection

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.

Department of the Treasury Internal Revenue Service

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, 20 For the 2021 calendar year, or tax year beginning , 2021, and ending Α D Employer identification number C Name of organization The Oakland Institute Check if applicable: R  $\square$ Address change Doing business as 42-1626352 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change PO Box 18978 (510)474 - 5251Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Oakland, CA 94619 G Gross receipts \$ 692,885.  $\square$ Amended return H(a) Is this a group return for subordinates? See X No Application pending F Name and address of principal officer: Anuradha Mittal, 1506 40th Avenue, Oakland, CA 94601 H(b) Are all subordinates included? Yes No Tax-exempt status: **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions. ) < (insert no.) J Website: ► www.oaklandinstitute.org H(c) Group exemption number > Form of organization: X Corporation Trust Association 2010 M State of legal domicile: CA Other < κ L Year of formation: Part I Summarv Briefly describe the organization's mission or most significant activities: The Oakland Institute (OI) is an independent 1 policy think tank working to increase public participation and fair Activities & Governance debate on critical social, economic, and environmental issues. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 6 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4 3 6 6 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a . Ο. Net unrelated business taxable income from Form 990-T, Part I, line 11 h 7b Ο. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . . . 611,869 689,642. Revenue 9 Program service revenue (Part VIII, line 2g) 3,243. 248. . . . . . . . . . . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 10 5,841 2,995. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 620,953 692,885. 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 4,790 2,630. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 292,131 323,278. Expenses Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ► 20, 246. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 209,431. 169,246. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 506,352. 18 495,154. 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . 114,601. 197,731. Assets or Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,537,021. 2,665,095. . . 9,699. 21 Total liabilities (Part X, line 26) . 79,356. Net 22 Net assets or fund balances. Subtract line 21 from line 20 2,457,665. 2,655,396.

Part II Signature Block

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

| Sign<br>Here  | Signature of officer<br><u>Anuradha Mittal, Execut</u><br>Type or print name and title                  | tive Director                  |            | Date              |           |  |  |
|---|---|--------------------------------|------------|-------------------|-----------|--|--|
| Paid  | Print/Type preparer's name  | Preparer's signature           | Date       | Check 🗌 if        | PTIN      |  |  |
| Preparer  | Rubian Moss   | Rubian Moss                    | 09/10/20   | 22 self-employed  | P00576237 |  |  |
| Use Only  | Firm's name Moss CPA  |                                | F          | Firm's EIN ► 94-3 | 359608    |  |  |
|   | Firm's address ► 1901 Olympic Boule   | evard Suite 200, Walnut Creek, | CA 94596 H | Phone no. (925)4  | 182-2626  |  |  |
| May the IRS discuss this return with the preparer shown above? See instructions |   |                                |            |                   |           |  |  |
| For Paperwo   | For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 07/25/22 PRO Form 990 (2021) |                                |            |                   |           |  |  |

| Form 99 | 90 (2021)   | Page <b>2</b>      |
|---------|---|--------------------|
| Part    | Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III   |                    |
| 1       | Briefly describe the organization's mission:  |                    |
|         |   |                    |
|         | policy think tank working to increase public participation and fa   | ir                 |
|         | debate on critical social, economic, and environmental issues.  |                    |
| 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 🗵 No |
|         | If "Yes," describe these new services on Schedule O.  |                    |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, a  |                    |
|         |   | · · · · 🗌 Yes 🛛 No |
|         | If "Yes," describe these changes on Schedule O.   |                    |
| 4       | Describe the organization's program service accomplishments for each of its three largest prog expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra the total expenses, and revenue, if any, for each program service reported. |                    |
| 4a      | (Code: ) (Expenses \$ 442,231. including grants of \$ 2,630. ) (Revenue)  | ue\$ 248.)         |
|         | See attached note for 2021 program activities.  |                    |
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| 4b      | (Code: ) (Expanses ¢ including grants of ¢ ) (Poyon   |                    |
| 40      |   |                    |
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| 4-      | (Coder ) (European C including grants of C ) (Deven   | ۰ <u>م</u> ۴       |
| 4c      | (Code:) (Expenses \$including grants of \$) (Revenue)   | ле ⊅)              |
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| 4d      |   | )                  |
| 4e      | (Expenses \$ including grants of \$ ) (Revenue \$Total program service expenses ▶ 442,231.  | 1                  |
|         |   |                    |

| Form 99 | D (2021)  |          | F   | Page 3 |
|---------|---|----------|-----|--------|
| Part    | V Checklist of Required Schedules   |          |     |        |
|         |   |          | Yes | No     |
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1        | ×   |        |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2        | ×   |        |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3        |     | ×      |
| 4       | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | 4        |     | ×      |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .   | 5        |     | ×      |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>  | 6        |     | ×      |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | 7        |     | ×      |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  | 8        |     | ×      |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .           | 9        |     | ×      |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .   | 10       |     | ×      |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.   |          |     |        |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a      | ×   |        |
| b       | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | 11b      |     | ×      |
| С       | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   | 11c      |     | ×      |
| d       | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | 11d      |     | ×      |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e      |     | ×      |
| f       | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f      |     | ×      |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a      |     | ×      |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b      |     | ×      |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13       |     | ×      |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a      |     | ×      |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 4.41     |     |        |
| 15      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | 14b      |     | ×      |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 15<br>16 |     | ×      |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   | 17       |     | ×      |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | 17       |     | ×      |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?<br>If "Yes," complete Schedule G, Part III   | 10       |     | ×      |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a      |     | ×      |
| b       | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b      |     |        |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21       |     | ×      |

| Form 990 (2021) Page 4  |   |            |     |    |  |
|---|---|------------|-----|----|--|
| Part  | V Checklist of Required Schedules (continued)   |            |     |    |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         | Yes | No |  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .  | 22         |     | ×  |  |
| 24a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 23<br>24a  |     | ×  |  |
| b<br>c  | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24b<br>24c |     |    |  |
| d<br>25a  | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  | 24d<br>25a |     | ×  |  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  | 25b        |     | ×  |  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   | 26         |     | ×  |  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27         |     | ×  |  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |            |     |    |  |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>  | 28a        | ×   |    |  |
| b<br>c  | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  | 28b<br>28c |     | ×  |  |
| 29<br>30  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i><br>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified<br>conservation contributions? <i>If "Yes," complete Schedule M</i>   | 29<br>30   |     | ×  |  |
| 31<br>32  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 31         |     | ×  |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .   | 32<br>33   |     | ×  |  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34         |     | ×  |  |
| 35a<br>b  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a<br>35b |     | ×  |  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |     | ×  |  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37         |     | ×  |  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O   | 38         | ×   |    |  |
| 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 |   |            |     |    |  |
|   |   |            | Yes | No |  |
| 1a<br>b   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       8         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0  |            |     |    |  |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c         | ×   |    |  |

| Form 99    | 0 (2021)   |            | I   | Page <b>5</b> |
|------------|--|------------|-----|---------------|
| Part       | V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            | Yes | No            |
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax<br>Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 4   |            |     |               |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | ×   |               |
| -          | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.   |            |     |               |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | ×             |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b         |     |               |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |            |     |               |
| Ь          | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country ►  | 4a         |     | ×             |
| b          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |               |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | ×             |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | ×             |
| С          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |     |               |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |            |     |               |
| h          | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | 6a         |     | ×             |
| b          | gifts were not tax deductible?   | 6b         |     |               |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |            |     |               |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |            |     |               |
|            | and services provided to the payor?  | 7a         |     | ×             |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |               |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | ×             |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |               |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | ×             |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | ×             |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     |               |
| h<br>8     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the | 7h         |     |               |
| 0          | sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the   | 8          |     |               |
| 9          | Sponsoring organizations maintaining donor advised funds.  | 0          |     |               |
| a          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |               |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |               |
| 10         | Section 501(c)(7) organizations. Enter:  |            |     |               |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   |            |     |               |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  |            |     |               |
| 11         | Section 501(c)(12) organizations. Enter:   |            |     |               |
| a<br>L     | Gross income from members or shareholders  |            |     |               |
| b          | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  |            |     |               |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |               |
| b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   <b>12b</b>   | -24        |     |               |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |               |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |               |
|            | Note: See the instructions for additional information the organization must report on Schedule O.  |            |     |               |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which   |            |     |               |
|            | the organization is licensed to issue qualified health plans   |            |     |               |
| C<br>1/2   | Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | ×             |
| 14a<br>b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14a<br>14b |     | ^             |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |            |     |               |
|            | excess parachute payment(s) during the year?   | 15         |     |               |
|            | If "Yes," see the instructions and file Form 4720, Schedule N.   | -          |     |               |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16         |     |               |
|            | If "Yes," complete Form 4720, Schedule O.  |            |     |               |
| 17         | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any   |            |     |               |
|            | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17         |     |               |
|            | If "Yes," complete Form 6069.  |            |     |               |

| Form 9            | 90 (2021)  |                        |                           |
|-------------------|--|------------------------|---------------------------|
| Part              | Governance, Management, and Disclosure. For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI   | es on So               | chedule O.                |
| Sect              | ion A. Governing Body and Management   |                        |                           |
| 1a                | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or<br>if the governing body delegated broad authority to an executive committee or similar<br>committee, explain on Schedule O. | 1a                     | 7                         |
| b<br>2            | Enter the number of voting members included on line 1a, above, who are independent .<br>Did any officer, director, trustee, or key employee have a family relationship or a business<br>any other officer, director, trustee, or key employee?   |                        | •                         |
| 3                 | Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or c   |                        |                           |
| 4<br>5<br>6<br>7a | Did the organization make any significant changes to its governing documents since the prior For<br>Did the organization become aware during the year of a significant diversion of the organization<br>Did the organization have members or stockholders?   | on's as<br><br>elect c | sets? .<br><br>or appoint |
| b                 | Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?  | • ·                    |                           |

| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken durin<br>the year by the following: | ıg |
|---|---|----|
| а | The governing body?   |    |

| b | Each committee with authority to act on behalf of the governing body?  |
|---|--|
|   | 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                      |

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

|       |  |     | Yes | No |
|-------|--|-----|-----|----|
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 10a |     | ×  |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b |     |    |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | ×   |    |
| b     | 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  | 12a | ×   |    |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | ×   |    |
| с     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |     |     |    |
|       | describe on Schedule O how this was done   | 12c | ×   |    |
| 13    | Did the organization have a written whistleblower policy?  | 13  | ×   |    |
| 14    | Did the organization have a written document retention and destruction policy?   | 14  | ×   |    |
| 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?       |     |     |    |
| а     | The organization's CEO, Executive Director, or top management official   | 15a | ×   |    |
| b     | Other officers or key employees of the organization  | 15b | ×   |    |
|       | 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?   | 16a |     | ×  |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |     |     |    |
|       | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |     |     |    |
|       | organization's exempt status with respect to such arrangements?  | 16b |     |    |
| Secti | on C. Disclosure   |     |     |    |

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Other (explain on Schedule O) Own website Another's website X Upon request
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records > The Oakland Institute, 1506 40th Avenue, Oakland, CA 94601 (510)474-5251

| Page | 6 |
|------|---|
|------|---|

X

×

X

х

×

×

х

х

Yes No

2

3

4

5

6

7a

7b

8a

8b

9

х

×

w, and for a "No" ). See instructions. . . . . 🗙

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

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, 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.

|   |   |                                   |   | (                        | C)                           |                              |                  |   |  |   |
|---|---|-----------------------------------|---|--------------------------|------------------------------|------------------------------|------------------|---|--|---|
| (A)                                       | (B)   |                                   |   |                          | ition                        |                              |                  | (D)   | (E)  | (F)   |
| Name and title                            | Average   |                                   | (do not check more than one box, unless person is both an |                          | Reportable                   | Reportable                   | Estimated amount |   |  |   |
|   | hours<br>per week   | officer and a director/trustee)   |   | compensation<br>from the | compensation<br>from related | of other compensation        |                  |   |  |   |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee                                     | Officer                  | Key employee                 | Highest compensated employee | Former           | organization (W-2/<br>1099-MISC/<br>1099-NEC) | organizations (W-2/<br>1099-MISC/<br>1099-NEC) | from the<br>organization and<br>related organizations |
| (1)Atul Sharan                            | 1.00  | -                                 |   |                          |                              |                              |                  |   |  |   |
| Director                                  |   | ×                                 |   |                          |                              |                              |                  | 0.  | 0.   | 0.  |
| (2) Jeff Furman<br>Director               | 1.00  | ×                                 |   |                          |                              |                              |                  | 0.  | 0.   | 0.  |
| (3) Elsadig Elsheikh<br>Director          | 1.00  | ×                                 |   |                          |                              |                              |                  | 0.  | 0.   | 0.  |
| (4) Sonja Swift                           | 1.00  |                                   |   |                          |                              |                              |                  |   |  |   |
| Director                                  |   | ×                                 |   |                          |                              |                              |                  | 0.  | 0.   | 0.  |
| (5) Carol Johnson<br>Director             | 1.00  | ×                                 |   |                          |                              |                              |                  | 0.  | 0.   | 0.  |
| (6) Lewis Gordon<br>Director              | 1.00  | ×                                 |   |                          |                              |                              |                  | 0.  | 0.   | 0.  |
| (7) Anuradha Mittal<br>Executive Director | 40.00   | ×                                 |   | ×                        |                              |                              |                  | 96,250.                                       | 0.   | 0.  |
| (8)                                       |   |                                   |   |                          |                              |                              |                  |   |  |   |
| (9)                                       |   |                                   |   |                          |                              |                              |                  |   |  |   |
| (10)                                      |   |                                   |   |                          |                              |                              |                  |   |  |   |
| (11)                                      |   |                                   |   |                          |                              |                              |                  |   |  |   |
| (12)                                      |   |                                   | $\vdash$  |                          |                              |                              | $\vdash$         |   |  |   |
| (13)                                      |   |                                   |   |                          |                              |                              |                  |   |  |   |
| (14)                                      |   |                                   | $\vdash$  |                          |                              |                              |                  |   |  |   |
|   |   |                                   |   |                          |                              |                              |                  |   |  | F 000 (2024)  |

| Part    | VII Section A. Officers, Directors,  | Frustees,                | Key                               | Emp           | olo     | yee          | s, an                           | d F    | lighest Compe            | nsated            | Employ   | yees (c   | ontin    | ued)   |
|---------|--|--------------------------|-----------------------------------|---------------|---------|--------------|---------------------------------|--------|--------------------------|-------------------|----------|-----------|----------|--------|
|         |  |                          |                                   |               |         | C)           |                                 |        |                          |                   |          |           |          |        |
|         | (A)  | (B)                      | (do n                             | ot ch         |         | ition        | e than c                        | no     | (D)                      | (E)               |          |           | (F)      |        |
|         | Name and title   | Average                  | · ·                               |               |         |              | is both                         |        | Reportable               | Report            |          | Estimat   |          | ount   |
|         |  | hours<br>per week        | office                            | er and        |         | irect        | or/trust                        | ŕ      | compensation<br>from the | compen<br>from re |          |           | other    | าท     |
|         |  | (list any                | lndi<br>or c                      | Inst          | Officer | Key          | Hig                             | Former | organization (W-2/       | organizatio       |          |           | om the   | 511    |
|         |  | hours for                | Individual t<br>or director       | Institutional | cer     | Key employee | bloy                            | mer    | 1099-MISC/               | 1099-N            |          | •         | zation a |        |
|         |  | related<br>organizations | tor t                             | ona           |         | plo          | ee or                           |        | 1099-NEC)                | 1099-N            | NEC)     | related o | rganiza  | allons |
|         |  | below                    | Individual trustee<br>or director | tru           |         | yee          | npe                             |        |                          |                   |          |           |          |        |
|         |  | dotted line)             | ee                                | l trustee     |         |              | Highest compensatec<br>employee |        |                          |                   |          |           |          |        |
| <u></u> |  |                          |                                   |               |         |              | ed                              |        |                          |                   |          |           |          |        |
| (15)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (16)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (       |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (17)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
|         |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (18)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (19)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (13)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (20)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
|         |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (21)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (22)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (44)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (23)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
|         |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (24)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (25)    |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| (20)    |  |                          | -                                 |               |         |              |                                 |        |                          |                   |          |           |          |        |
| 1b      | Subtotal   |                          |                                   |               |         |              |                                 |        | 96,250.                  |                   | 0.       |           |          | 0.     |
| С       | Total from continuation sheets to Part   | VII, Sectio              | n A                               |               |         |              |                                 |        |                          |                   |          |           |          |        |
| d       |  |                          |                                   |               |         |              |                                 |        | 96,250.                  |                   | 0.       |           |          | 0.     |
| 2       | Total number of individuals (including bu  |                          | d to th                           | nose          | e list  | ed           | above                           | e) w   | ho received mor          | e than \$1        | 00,000   | of        |          |        |
|         | reportable compensation from the organ   | zation ►                 |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| -       |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           | Yes      | No     |
| 3       | Did the organization list any <b>former</b> employee on line 1a? <i>If "Yes," complete</i> |                          |                                   |               |         |              |                                 |        |                          | -                 |          |           |          |        |
| 4       | For any individual listed on line 1a, is the   |                          |                                   |               |         |              |                                 |        |                          |                   |          | 3         |          | ×      |
| 4       | organization and related organizations   |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
|         | individual   |                          |                                   | · 00,         |         |              |                                 |        |                          |                   |          | 4         |          | ×      |
| 5       | Did any person listed on line 1a receive of  | or accrue co             | ompe                              | nsat          | tion    | fro          | m anv                           | ' un   | related organizat        | tion or ind       | dividual |           |          | ~      |
|         | for services rendered to the organization  |                          |                                   |               |         |              |                                 |        |                          |                   |          | 5         |          | ×      |
| Secti   | on B. Independent Contractors  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
| 1       | Complete this table for your five high   |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |
|         | compensation from the organization. Rep  | ort compen               | satio                             | n for         | r the   | e ca         | lenda                           | r ye   | ear ending with or       | within th         | e organ  | ization'  | s tax    | year.  |
|         | (A)  |                          |                                   |               |         |              |                                 |        | (B)                      | /ia.a.a           |          | (C)       | atia     |        |
|         | Name and business add  | 11655                    |                                   |               |         |              |                                 |        | Description of serv      | lices             | (        | Compensa  | αιιοΠ    |        |
|         |  |                          |                                   |               |         |              |                                 |        |                          |                   |          |           |          |        |

| 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 ►                          |  |

| Form 9  |            | 1  |          |               |         |                   |                             |  |   | Page <b>9</b>   |
|---|------------|--|----------|---------------|---------|-------------------|-----------------------------|--|---|---|
| Part  | : VIII     | Statement of Rev                                 |          |               |         |                   |                             |  |   |   |
|   |            | Check if Schedule                                | Осо      | ntains a re   | espor   | nse or note to ar | y line in this Pa           | art VIII                                     |   | <u> </u>  |
|   |            |  |          |               |         |                   | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
| is,<br>S  | 1a         | Federated campaig                                | ns .     |               | 1a      |                   |                             |  |   |   |
| Contributions, Gifts, Grants, and Other Similar Amounts | b          | Membership dues                                  |          |               | 1b      |                   |                             |  |   |   |
| β   | с          | Fundraising events                               |          |               | 1c      |                   |                             |  |   |   |
| fts,<br>Ir A  | d          | Related organization                             | ns .     |               | 1d      |                   |                             |  |   |   |
| nila<br>Dila  | е          | Government grants                                |          |               | 1e      | 72,417.           |                             |  |   |   |
| Sin   | f          | All other contribution                           |          |               |         |                   |                             |  |   |   |
| ler J   |            | and similar amounts no                           |          |               | 1f      | 617,225.          |                             |  |   |   |
| dt bi   | g          | Noncash contributio                              |          |               |         |                   |                             |  |   |   |
| ont<br>nd   |            | lines 1a-1f                                      |          |               | 1g      |                   |                             |  |   |   |
| δø  | h          | Total. Add lines 1a-                             | -1f .    |               |         |                   | 689,642.                    |  |   |   |
| ~   |            |  |          |               |         | Business Code     |                             |  |   |   |
| Program Service<br>Revenue                              | 2a         | Program incom                                    | e        |               |         | 900099            | 248.                        | 248.   | 0.  | 0.  |
| ue D  | b          |  |          |               |         |                   |                             |  |   |   |
| jram Ser<br>Revenue                                     | С          |  |          |               |         |                   |                             |  |   |   |
| rar<br>Tev  | d          |  |          |               |         |                   |                             |  |   |   |
| <u>бо</u>   | е          |  |          |               |         |                   |                             |  |   |   |
| ۲<br>۲  | f          | All other program se                             |          |               |         | L                 |                             |  |   |   |
|   | g          | Total. Add lines 2a-                             |          |               |         |                   | 248.                        |  |   |   |
|   | 3          | Investment income other similar amoun            |          |               |         |                   | 0 005                       | 0  | 0   | 0.005   |
|   |            |  |          |               |         |                   | 2,995.                      | 0.   | 0.  | 2,995.  |
|   | 4          | Income from investr                              |          |               |         | •                 |                             |  |   |   |
|   | 5          | Royalties  | • •      | <br>(i) Rea   |         | (ii) Personal     |                             |  |   |   |
|   | 6-         | Cross rents                                      | 6.       |               |         | (ii) Personai     |                             |  |   |   |
|   | 6a         | Gross rents                                      | 6a<br>6b |               |         |                   |                             |  |   |   |
|   | b          | Less: rental expenses<br>Rental income or (loss) |          |               |         |                   |                             |  |   |   |
|   | c<br>d     | Net rental income o                              |          | c)            |         |                   |                             |  |   |   |
|   | 7a         | Gross amount from                                |          | (i) Securi    |         | (ii) Other        |                             |  |   |   |
|   | <i>1</i> a | sales of assets                                  |          | (1) 000011    |         |                   |                             |  |   |   |
|   |            | other than inventory                             | 7a       |               |         |                   |                             |  |   |   |
| e   | b          | Less: cost or other basis                        | 14       |               |         |                   |                             |  |   |   |
| n   |            | and sales expenses .                             | 7b       |               |         |                   |                             |  |   |   |
| Other Reve  | с          | Gain or (loss)                                   | 7c       |               |         |                   |                             |  |   |   |
| ď   | d          | Net gain or (loss)                               |          |               |         |                   |                             |  |   |   |
| hei   | 8a         | Gross income from                                |          |               |         |                   |                             |  |   |   |
| ð   |            | events (not including                            |          |               |         |                   |                             |  |   |   |
|   |            | of contributions rep                             |          | d on line     |         |                   |                             |  |   |   |
|   |            | 1c). See Part IV, line                           | e 18     |               | 8a      |                   |                             |  |   |   |
|   | b          | Less: direct expense                             | es.      |               | 8b      |                   |                             |  |   |   |
|   | с          | Net income or (loss)                             | ) from   | n fundraisin  | g eve   | ents 🕨            |                             |  |   |   |
|   | 9a         | Gross income f                                   |          |               |         |                   |                             |  |   |   |
|   |            | activities. See Part I                           | V, lin   | e19 .         | 9a      |                   |                             |  |   |   |
|   |            | Less: direct expense                             |          |               | 9b      |                   |                             |  |   |   |
|   |            | Net income or (loss)                             |          |               | ctiviti | es 🕨              |                             |  |   |   |
|   | 10a        | Gross sales of in                                |          | -             |         |                   |                             |  |   |   |
|   | _          | returns and allowan                              |          | · · ·         | 10a     |                   |                             |  |   |   |
|   |            | Less: cost of goods                              |          |               | 10b     |                   |                             |  |   |   |
|   | С          | Net income or (loss)                             | ) from   | n sales of ir | vent    | 1                 |                             |  |   |   |
| sn  |            |  |          |               |         | Business Code     |                             |  |   |   |
| ne e  | 11a        |  |          |               |         |                   |                             |  |   |   |
| llar<br>'en   | b          |  |          |               |         |                   |                             |  |   |   |
| Miscellaneous<br>Revenue                                | C          |  |          |               |         |                   |                             |  |   |   |
| Mis   | d          |  | • •      | <br>J         | • •     | L                 |                             |  |   |   |
| _   | е<br>12    | Total. Add lines 11a                             |          |               |         | •                 | 692,885.                    | 248.   | 0.  | 2 005   |
|   | 12         | Total revenue. See                               | IIIStř   | UCTIONS       |         |                   |                             | <u></u> 248.                                 | υ.  | 2,995.  |

|          | t IX Statement of Functional Expenses   |                       |   |   | Page 10                        |
|----------|---|-----------------------|---|---|--------------------------------|
|          | on 501(c)(3) and 501(c)(4) organizations must compl   | ete all columns. All  | other organizations                       | must complete colun                       | nn (A).                        |
| 00000    | Check if Schedule O contains a response   | or note to any line   | in this Part IX .                         |   | · · · · · □                    |
|          | ot include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,630.                | 2,630.                                    | 5   |                                |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       | ,   |   |                                |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |   |   |                                |
| 4<br>5   | Benefits paid to or for members<br>Compensation of current officers, directors,<br>trustees, and key employees  | 96,250.               | 77,000.                                   | 9,625.                                    | 9,625.                         |
| 6        | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .  |                       |   |   |                                |
| 7<br>8   | Other salaries and wages<br>Pension plan accruals and contributions (include<br>section 401(k) and 403(b) employer contributions)   | 168,000.              | 166,263.                                  | 0.  | 1,737.                         |
| 9        | Other employee benefits   | 38,225.               | 30,548.                                   | 5,880.                                    | 1,797.                         |
| 9<br>10  | Payroll taxes   | 20,803.               | 17,683.                                   | 2,080.                                    | 1,040.                         |
| 11<br>a  | Fees for services (nonemployees):<br>Management   | 20,003.               | 17,003.                                   | 2,000.                                    | 1,010.                         |
| b        |   | 450.                  | 450.                                      | 0.  | 0.                             |
| с        | Accounting  | 6,636.                | 0.  | 6,636.                                    | 0.                             |
| d        | Lobbying  |                       |   |   |                                |
| е        | Professional fundraising services. See Part IV, line 17   |                       |   |   |                                |
| f<br>g   | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column  |                       |   |   |                                |
| 9        | (A), amount, list line 11g expenses on Schedule O.)   | 32,752.               | 31,922.                                   | 180.                                      | 650.                           |
| 12       | Advertising and promotion   | 3,578.                | 3,034.                                    | 9.  | 535.                           |
| 13       | Office expenses   | 20,020.               | 16,211.                                   | 2,458.                                    | 1,351.                         |
| 14       | Information technology  |                       |   |   |                                |
| 15       | Royalties   |                       |   |   |                                |
| 16       |   | 64,148.               | 56,485.                                   | 5,109.                                    | 2,554.                         |
| 17<br>18 | Travel  | 8,711.                | 8,413.                                    | 190.                                      | 108.                           |
| 19       | Conferences, conventions, and meetings .  | 1,184.                | 426.                                      | 109.                                      | 649.                           |
| 20       |   |                       |   |   |                                |
| 21       | Payments to affiliates  |                       | 05 000                                    |   | ~~~                            |
| 22<br>22 | Depreciation, depletion, and amortization .   | 25,465.<br>6,302.     | 25,390.<br>5,776.                         | 50.                                       | 25.<br>175.                    |
| 23<br>24 | Insurance   | 6,302.                | 5,//6.                                    | 351.                                      | 1/5.                           |
| а        |   |                       |   |   |                                |
| b        |   |                       |   |   |                                |
| C<br>d   |   |                       |   |   |                                |
| d        | All other expenses  |                       |   |   |                                |
| е<br>25  | All other expenses<br>Total functional expenses. Add lines 1 through 24e  | 495,154.              | 442,231.                                  | 32,677.                                   | 20,246.                        |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720) |                       | 772,231.                                  | 52,077.                                   | 20,240.                        |
|          | 10110 Willing 001 00-2 (700 000-120)  |                       |   |   |                                |

Form 990 (2021)

|                             | n 990 (2 | •   |             |     | Page <b>11</b> |
|-----------------------------|----------|---|-------------|-----|----------------|
| Ρ                           | art X    |   |             |     |                |
|                             |          | Check if Schedule O contains a response or note to any line in this Pa  | Art X       |     |                |
|                             | 1        | Cash-non-interest-bearing   | 430,501.    | 1   | 200,926.       |
|                             | 2        | Savings and temporary cash investments  | 1,274,967.  | 2   | 1,657,963.     |
|                             | 3        | Pledges and grants receivable, net  | 1,2,1,,007. | 3   | 1,001,000.     |
|                             | 4        | Accounts receivable, net  |             | 4   |                |
|                             | 5        | Loans and other receivables from any current or former officer, director,   |             | -   |                |
|                             |          | trustee, key employee, creator or founder, substantial contributor, or 35%  |             |     |                |
|                             |          | controlled entity or family member of any of these persons  |             | 5   |                |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined   |             |     |                |
|                             |          | under section 4958(f)(1)), and persons described in section $4958(c)(3)(B)$ .   |             | 6   |                |
| s                           | 7        | Notes and loans receivable, net   |             | 7   |                |
| Assets                      | 8        | Inventories for sale or use   |             | 8   |                |
| As                          | 9        | Prepaid expenses and deferred charges   | 5,307.      | 9   | 5,425.         |
|                             | 10a      | Land, buildings, and equipment: cost or other   |             |     |                |
|                             |          | basis. Complete Part VI of Schedule D <b>10a</b> 879, 172.  |             |     |                |
|                             | b        | Less: accumulated depreciation <b>10b</b> 78,391.   | 826,246.    | 10c | 800,781.       |
|                             | 11       | Investments-publicly traded securities  |             | 11  |                |
|                             | 12       | Investments-other securities. See Part IV, line 11  |             | 12  |                |
|                             | 13       | Investments-program-related. See Part IV, line 11   |             | 13  |                |
|                             | 14       | Intangible assets   |             | 14  |                |
|                             | 15       | Other assets. See Part IV, line 11  |             | 15  |                |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 33)   | 2,537,021.  | 16  | 2,665,095.     |
|                             | 17       | Accounts payable and accrued expenses   | 6,939.      | 17  | 9,699.         |
|                             | 18       | Grants payable  |             | 18  |                |
|                             | 19       | Deferred revenue  |             | 19  |                |
|                             | 20       | Tax-exempt bond liabilities   |             | 20  |                |
|                             | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D   |             | 21  |                |
| Liabilities                 | 22       | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% |             |     |                |
| lab                         |          | controlled entity or family member of any of these persons  |             | 22  |                |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties  | 72,417.     | 23  |                |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties  |             | 24  |                |
|                             | 25       | Other liabilities (including federal income tax, payables to related third  |             |     |                |
|                             |          | parties, and other liabilities not included on lines 17–24). Complete Part X  |             |     |                |
|                             |          | of Schedule D   |             | 25  |                |
|                             | 26       | Total liabilities. Add lines 17 through 25  | 79,356.     | 26  | 9,699.         |
| Net Assets or Fund Balances |          | Organizations that follow FASB ASC 958, check here ► 🔀 and complete lines 27, 28, 32, and 33.   |             |     |                |
| ala                         | 27       | Net assets without donor restrictions   | 2,457,665.  | 27  | 2,655,396.     |
| а<br>р                      | 28       | Net assets with donor restrictions  |             | 28  |                |
| 'n                          |          | Organizations that do not follow FASB ASC 958, check here ►   |             |     |                |
| Ϋ́                          |          | and complete lines 29 through 33.   |             |     |                |
| ŝ                           | 29       | Capital stock or trust principal, or current funds  |             | 29  |                |
| set                         | 30       | Paid-in or capital surplus, or land, building, or equipment fund  |             | 30  |                |
| As                          | 31       | Retained earnings, endowment, accumulated income, or other funds  | 0.455.555   | 31  | 0.655.005      |
| let                         | 32       | Total net assets or fund balances   | 2,457,665.  | 32  | 2,655,396.     |
|                             | 33       | Total liabilities and net assets/fund balances  | 2,537,021.  | 33  | 2,665,095.     |

REV 07/25/22 PRO

Form **990** (2021)

| Form 9 | 90 (2021)  |             |         | Pa           | ige <b>12</b> |
|--------|--|-------------|---------|--------------|---------------|
| Par    | XI Reconciliation of Net Assets  |             |         | -            |               |
|        | Check if Schedule O contains a response or note to any line in this Part XI                            |             | <u></u> |              |               |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1           | 6       | 92,8         | 885.          |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2           | 4       | 95,1         | 54.           |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3           | 1       | 97,7         | 31.           |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              | 4           | 2,4     | 57,6         | 65.           |
| 5      | Net unrealized gains (losses) on investments   | 5           |         |              |               |
| 6      | Donated services and use of facilities   | 6           |         |              |               |
| 7      | Investment expenses  | 7           |         |              |               |
| 8      | Prior period adjustments   | 8           |         |              |               |
| 9      | Other changes in net assets or fund balances (explain on Schedule O)                                   | 9           |         |              |               |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         |             |         |              |               |
|        | 32, column (B)) ...............................  | 10          | 2,6     | 55,3         | 96.           |
| Part   | XII Financial Statements and Reporting   |             |         |              |               |
|        | Check if Schedule O contains a response or note to any line in this Part XII                           |             |         |              |               |
|        |  |             |         | Yes          | No            |
| 1      | Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other                               |             |         |              |               |
|        | If the organization changed its method of accounting from a prior year or checked "Other," e           | xplain on   |         |              |               |
|        | Schedule O.  |             |         |              |               |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?        |             | 2a      |              | ×             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were co          |             |         |              |               |
|        | reviewed on a separate basis, consolidated basis, or both:   | -           |         |              |               |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                 |             |         |              |               |
| b      | Were the organization's financial statements audited by an independent accountant?                     |             | 2b      |              | ×             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were auc         | ited on a   |         |              |               |
|        | separate basis, consolidated basis, or both:   |             |         |              |               |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                 |             |         |              |               |
| с      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov   | ersiaht of  |         |              |               |
|        | the audit, review, or compilation of its financial statements and selection of an independent account  |             | 2c      | 1            |               |
|        | If the organization changed either its oversight process or selection process during the tax year, e   |             |         |              |               |
|        | Schedule O.  |             |         |              |               |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set for | orth in the |         |              |               |
|        | Single Audit Act and OMB Circular A-133?   |             | 3a      |              | ×             |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not un    |             |         |              |               |
| ~      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such       |             | 3b      |              |               |
|        |  |             |         | m <b>990</b> |               |
|        | REV 07/25/22 PRO   |             | For     | 11 220       | (202          |

SCHEDULE A

### **Public Charity Status and Public Support**

OMB No. 1545-0047

| • |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |

(Form 990)

т  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 for instructions and the latest information.

| Name | of | the | organization |
|------|----|-----|--------------|
|------|----|-----|--------------|

Department of the Treasury Internal Revenue Service

| 2021                         |
|------------------------------|
| Open to Public<br>Inspection |

| Name of the organization  |  | Employer identification number |  |  |
|---|--|--------------------------------|--|--|
| The Oakland Ins   | stitute  | 42-1626352                     |  |  |
| 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.) |  |                                |  |  |

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 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:
- An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than  $33^{1}_{a}\%$  of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
  - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
  - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
  - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .

Provide the following information about the supported organization(s) α

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

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Secti | on A. Public Support   |                                   |                                 | /1                                |                                   | ,                                       |                                 |
|-------|--|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|---|---------------------------------|
| Calen | dar year (or fiscal year beginning in) 🕨   | (a) 2017                          | <b>(b)</b> 2018                 | (c) 2019                          | (d) 2020                          | (e) 2021                                | (f) Total                       |
| 1     | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   | 508,045.                          |                                 | 1,605,154.                        | 611,869.                          | 689 890                                 | 4,210,123.                      |
| 2     | Tax revenues levied for the<br>organization's benefit and either paid to<br>or expended on its behalf  | 508,045.                          | 795,105.                        | 1,005,154.                        | 011,009.                          | 009,090.                                | 4,210,123.                      |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                   |                                 |                                   |                                   |   |                                 |
| 4     | Total. Add lines 1 through 3   | 508,045.                          | 795,165.                        | 1,605,154.                        | 611,869.                          | 689,890.                                | 4,210,123.                      |
| 5     | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f) |                                   |                                 |                                   |                                   |   | 2,624,345.                      |
| 6     | Public support. Subtract line 5 from line 4  |                                   |                                 |                                   |                                   |   | 1,585,778.                      |
|       | on B. Total Support  |                                   |                                 |                                   |                                   |   |                                 |
|       | dar year (or fiscal year beginning in) 🕨   | (a) 2017                          | <b>(b)</b> 2018                 | (c) 2019                          | (d) 2020                          | (e) 2021                                | (f) Total                       |
| 7     | Amounts from line 4  | 508,045.                          | 795,165.                        | 1,605,154.                        | 611,869.                          | 689,890.                                | 4,210,123.                      |
| 8     | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources   | 1,468.                            | 1,291.                          | 4,721.                            | 5,841.                            | 2,995.                                  | 16,316.                         |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carried on   |                                   |                                 |                                   |                                   |   |                                 |
| 10    | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  | 579.                              | 108.                            | 199.                              |                                   |   | 886.                            |
| 11    | Total support. Add lines 7 through 10  |                                   |                                 |                                   |                                   |   | 4,227,325.                      |
| 12    | Gross receipts from related activities, etc  |                                   |                                 |                                   |                                   | 12                                      |                                 |
| 13    | First 5 years. If the Form 990 is for the  | -                                 |                                 |                                   | -                                 |   |                                 |
|       | organization, check this box and stop he   |                                   |                                 |                                   |                                   |   | 🕨 🗌                             |
|       | on C. Computation of Public Support  | •                                 |                                 |                                   |                                   | I I                                     |                                 |
| 14    | Public support percentage for 2021 (line   |                                   |                                 |                                   |                                   | 14                                      | 37.51%                          |
| 15    | Public support percentage from 2020 Sch<br>33 <sup>1</sup> / <sub>3</sub> % support test-2021. If the organ  |                                   |                                 |                                   |                                   | <b>15</b>                               | 39.06%                          |
| 16a   | box and <b>stop here.</b> The organization qua   |                                   |                                 |                                   |                                   |   |                                 |
| b     | 33 <sup>1</sup> / <sub>3</sub> % support test—2020. If the organization this box and stop here. The organization   | zation did not                    | check a box c                   | on line 13 or 16                  | a, and line 15                    | is 331/3% or m                          | nore, check                     |
| 17a   |  |                                   |                                 |                                   |                                   |   |                                 |
| b     | <b>10%-facts-and-circumstances test</b> — <b>2</b><br>15 is 10% or more, and if the organization<br>in Part VI how the organization meets the<br>organization  | n meets the fa<br>e facts-and-cir | acts-and-circu<br>cumstances te | mstances test,<br>est. The organi | check this bo<br>zation qualifies | x and <b>stop he</b><br>s as a publicly | re. Explain<br>supported<br>▶ □ |
| 18    | Private foundation. If the organization instructions   |                                   |                                 |                                   |                                   |   |                                 |
|       |  |                                   |                                 |                                   |                                   |   |                                 |

#### 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.)

| Secti     | on A. Public Support  |                 |                  |                  |                  |             |                                 |
|-----------|---|-----------------|------------------|------------------|------------------|-------------|---------------------------------|
| Calen     | dar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017 | (b) 2018         | (c) 2019         | (d) 2020         | (e) 2021    | (f) Total                       |
| 1         | Gifts, grants, contributions, and membership fees                                     |                 |                  |                  |                  |             |                                 |
|           | received. (Do not include any "unusual grants.")                                      |                 |                  |                  |                  |             |                                 |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities |                 |                  |                  |                  |             |                                 |
|           | furnished in any activity that is related to the                                      |                 |                  |                  |                  |             |                                 |
|           | organization's tax-exempt purpose   |                 |                  |                  |                  |             |                                 |
| 3         | Gross receipts from activities that are not an  |                 |                  |                  |                  |             |                                 |
|           | unrelated trade or business under section 513   |                 |                  |                  |                  |             |                                 |
| 4         | Tax revenues levied for the   |                 |                  |                  |                  |             |                                 |
|           | organization's benefit and either paid to   |                 |                  |                  |                  |             |                                 |
|           | or expended on its behalf   |                 |                  |                  |                  |             |                                 |
| 5         | The value of services or facilities   |                 |                  |                  |                  |             |                                 |
|           | furnished by a governmental unit to the   |                 |                  |                  |                  |             |                                 |
| •         | organization without charge   |                 |                  |                  |                  |             |                                 |
| 6<br>70   | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3             |                 |                  |                  |                  |             |                                 |
| 7a        | received from disqualified persons .  |                 |                  |                  |                  |             |                                 |
|           | · · ·   |                 |                  |                  |                  |             |                                 |
| b         | Amounts included on lines 2 and 3 received from other than disgualified               |                 |                  |                  |                  |             |                                 |
|           | persons that exceed the greater of \$5,000  |                 |                  |                  |                  |             |                                 |
|           | or 1% of the amount on line 13 for the year   |                 |                  |                  |                  |             |                                 |
| с         | Add lines 7a and 7b   |                 |                  |                  |                  |             |                                 |
| 8         | Public support. (Subtract line 7c from  |                 |                  |                  |                  |             |                                 |
|           | line 6.)  |                 |                  |                  |                  |             |                                 |
|           | on B. Total Support   |                 |                  |                  |                  |             |                                 |
| Calen     | dar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017 | (b) 2018         | (c) 2019         | (d) 2020         | (e) 2021    | (f) Total                       |
| 9         | Amounts from line 6   |                 |                  |                  |                  |             |                                 |
| 10a       | Gross income from interest, dividends,  |                 |                  |                  |                  |             |                                 |
|           | payments received on securities loans, rents,   |                 |                  |                  |                  |             |                                 |
|           | royalties, and income from similar sources .  |                 |                  |                  |                  |             |                                 |
| b         | Unrelated business taxable income (less   |                 |                  |                  |                  |             |                                 |
|           | section 511 taxes) from businesses acquired after June 30, 1975                       |                 |                  |                  |                  |             |                                 |
| -         | Add lines 10a and 10b   |                 |                  |                  |                  |             |                                 |
| C<br>11   | Net income from unrelated business  |                 |                  |                  |                  |             |                                 |
| 11        | activities not included on line 10b, whether  |                 |                  |                  |                  |             |                                 |
|           | or not the business is regularly carried on   |                 |                  |                  |                  |             |                                 |
| 12        | Other income. Do not include gain or  |                 |                  |                  |                  |             |                                 |
|           | loss from the sale of capital assets  |                 |                  |                  |                  |             |                                 |
|           | (Explain in Part VI.)   |                 |                  |                  |                  |             |                                 |
| 13        | Total support. (Add lines 9, 10c, 11,   |                 |                  |                  |                  |             |                                 |
|           | and 12.)  |                 |                  |                  |                  |             |                                 |
| 14        | First 5 years. If the Form 990 is for the   | •               | 's first, second | , third, fourth, | or fifth tax yea | ar as a seo | ction 501(c)(3)                 |
|           | organization, check this box and stop her   |                 |                  |                  |                  |             | 🕨 🗌                             |
|           | on C. Computation of Public Suppor  |                 |                  |                  |                  |             |                                 |
| 15        | Public support percentage for 2021 (line 8  |                 |                  |                  |                  | 15          | %                               |
| <u>16</u> | Public support percentage from 2020 Sch   |                 |                  |                  |                  | 16          | %                               |
|           | on D. Computation of Investment Inc   |                 |                  | Nulling 10 activ | (f))             | 17          | 0/                              |
| 17<br>10  | Investment income percentage for <b>2021</b> (I                                       |                 |                  | •                | ( ))             | 17          | %                               |
| 18<br>19a | Investment income percentage from 2020 331/3% support tests - 2021. If the organi     |                 |                  |                  |                  | -           | %<br><sup>31</sup> /3% and line |
| 199       | 17 is not more than $33^{1}/_{3}$ %, check this box a                                 |                 |                  |                  |                  |             |                                 |
| b         | 33 <sup>1</sup> / <sub>3</sub> % support tests – 2020. If the organize                | -               | -                | -                |                  | -           |                                 |
| ~         | line 18 is not more than $33^{1/3}$ %, check this b                                   |                 |                  |                  |                  |             |                                 |
| 20        | Private foundation. If the organization did   | -               | -                | -                |                  |             |                                 |
|           |   |                 |                  | ,, <b></b> , .   |                  |             |                                 |

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

| Part                           | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | jani     | zations        |                                |
|--------------------------------|--|----------|----------------|--------------------------------|
| 1                              | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ  |          |                |                                |
| Sect                           | ion A—Adjusted Net Income  |          | (A) Prior Year | (B) Current Year<br>(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<br>of gross income or for management, conservation, or maintenance of<br>property held for production of income (see instructions) | 6        |                |                                |
| 7                              | Other expenses (see instructions)  | 7        |                |                                |
| 8                              | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8        |                |                                |
| Section B-Minimum Asset Amount |  |          | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |          |                |                                |
| а                              | Average monthly value of securities  | 1a       |                |                                |
| b                              | Average monthly cash balances  | 1b       |                |                                |
| С                              | Fair market value of other non-exempt-use assets   | 1c       |                |                                |
| d                              | Total (add lines 1a, 1b, and 1c)   | 1d       |                |                                |
| е                              | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |          |                |                                |
| 2                              | Acquisition indebtedness applicable to non-exempt-use assets   | 2        |                |                                |
| 3                              | Subtract line 2 from line 1d.  | 3        |                |                                |
| 4                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4        |                |                                |
| 5                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5        |                |                                |
| 6                              | Multiply line 5 by 0.035.  | 6        |                |                                |
| 7                              | Recoveries of prior-year distributions   | 7        |                |                                |
| 8                              | Minimum Asset Amount (add line 7 to line 6)  | 8        |                |                                |
| Sect                           | ion C-Distributable Amount   | •        |                | Current Year                   |
| 1                              | Adjusted net income for prior year (from Section A, line 8, column A)  | 1        |                |                                |
| 2                              | Enter 0.85 of line 1.  | 2        |                |                                |
| 3                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3        |                |                                |
| 4                              | Enter greater of line 2 or line 3.   | 4        |                |                                |
| 5                              | Income tax imposed in prior year   | 5        |                |                                |
| 6                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6        |                |                                |
|                                |  | <u> </u> |                |                                |

Schedule A (Form 990) 2021

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2021

| Schedu  | le A (Form 990) 2021  |                                 |  | Page <b>7</b>                             |
|---|---|---------------------------------|--|---|
| Part  | V Type III Non-Functionally Integrated 509(a)(3   | B) Supporting Organi            | zations (continued)                    | 1   |
| Sect  | ion D-Distributions   |                                 | Current Year                           |   |
| 1   | Amounts paid to supported organizations to accomplish of  |                                 | 1                                      |   |
| 2   | Amounts paid to perform activity that directly furthers exe<br>organizations, in excess of income from activity   | orted 2                         |  |   |
| 3   | Administrative expenses paid to accomplish exempt purp  | oses of supported orga          | nizations 3                            |   |
| 4   | Amounts paid to acquire exempt-use assets   |                                 | 4                                      |   |
| 5   | Qualified set-aside amounts (prior IRS approval required-   | –provide details in <b>Part</b> | VI) 5                                  |   |
| 6   | Other distributions (describe in Part VI). See instructions.  |                                 | 6                                      |   |
| 7   | Total annual distributions. Add lines 1 through 6.  |                                 | 7                                      |   |
| 8   | Distributions to attentive supported organizations to whic<br>(provide details in <b>Part VI</b> ). See instructions.   | h the organization is res       | ponsive 8                              |   |
| 9   | Distributable amount for 2021 from Section C, line 6  |                                 | 9                                      |   |
| 10  | Line 8 amount divided by line 9 amount  |                                 | 1(                                     | )   |
| Section E—Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions     | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
| 1   | Distributable amount for 2021 from Section C, line 6  |                                 |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.   |                                 |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |                                 |  |   |
| а   | From 2016   |                                 |  |   |
| b   | From 2017   |                                 |  |   |
| С   | From 2018   |                                 |  |   |
| d   | From 2019   |                                 |  |   |
| е   | From 2020   |                                 |  |   |
| f   | Total of lines 3a through 3e  |                                 |  |   |
| g   | Applied to underdistributions of prior years  |                                 |  |   |
| h   | Applied to 2021 distributable amount  |                                 |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |                                 |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                 |  |   |
| 4   | Distributions for 2021 from<br>Section D, line 7: \$  |                                 |  |   |
| а   | Applied to underdistributions of prior years  |                                 |  |   |
| b   | Applied to 2021 distributable amount  |                                 |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |                                 |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, <i>explain in <b>Part VI.</b></i> See instructions. |                                 |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.                              |                                 |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                                 |  |   |
| 8   | Breakdown of line 7:  |                                 |  |   |
| а   | Excess from 2017  |                                 |  |   |
| b   | Excess from 2018  |                                 |  |   |
| С   | Excess from 2019  |                                 |  |   |
| d   | Excess from 2020  |                                 |  |   |
| е   | Excess from 2021  |                                 |  |   |

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Schedule A (Form 990) 2021

| 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.)                         |

| Pt II Ln 10: Other Income Part II, Line 10 Description: Miscellaneous 2017: |
|---|
| 579. 2018: 108. 2019: 199.  |
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| SCHEDULE D |   | Supplementa  | OMB No. 1545-0047  |                              |                                 |
|------------|---|--|--|------------------------------|---------------------------------|
| (Form      | ו 990)  | ► Complete if the org  | 2021   |                              |                                 |
|            |   |  | ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b   | ).                           |                                 |
|            | ent of the Treasury<br>Revenue Service  |  | Attach to Form 990.<br>90 for instructions and the latest informa                        | Open to Public<br>Inspection |                                 |
|            | of the organization   |  |  |                              | er identification number        |
|            | Oakland Ir  | nstitute   |  |                              | 26352                           |
| Par        |   |  | sed Funds or Other Similar Fund  |                              |                                 |
|            |   | ete if the organization answered "                                     |  |                              |                                 |
|            |   |  | (a) Donor advised funds  |                              | (b) Funds and other accounts    |
| 1          | Total number a  | at end of year   |  |                              | <u> </u>                        |
| 2          |   | ue of contributions to (during year) .                                 |  |                              |                                 |
| 3          | Aggregate valu  | ue of grants from (during year)  |  |                              |                                 |
| 4          |   | ue at end of year  |  |                              |                                 |
| 5          |   |  | advisors in writing that the assets he   |                              |                                 |
| •          |   |  | organization's exclusive legal control   |                              |                                 |
| 6          |   |  | nd donor advisors in writing that grant<br>t of the donor or donor advisor, or for       |                              |                                 |
|            |   |  |  |                              |                                 |
| Par        |   | rvation Easements.   |  | · ·                          |                                 |
| Par        |   | ete if the organization answered "                                     | Ves" on Form 990 Part IV line 7  |                              |                                 |
| 1          |   | conservation easements held by the c                                   |  |                              |                                 |
| •          |   | of land for public use (for example, recreation                        |  | f a histo                    | prically important land area    |
|            |   | of natural habitat   |  |                              | fied historic structure         |
|            | _   | on of open space   |  |                              |                                 |
| 2          |   |  | d a qualified conservation contributior  | n in the f                   | form of a conservation          |
|            |   | he last day of the tax year.   |  |                              | Held at the End of the Tax Year |
| а          | Total number  | of conservation easements  |  | . 2                          | 2a                              |
| b          | Total acreage   | restricted by conservation easements                                   |  | . 2                          | 2b                              |
| С          | Number of cor   | nservation easements on a certified hi                                 | storic structure included in (a)   | . 2                          | 2c                              |
| d          |   |  | c) acquired after 7/25/06, and not o   |                              | 2d                              |
| 3          | Number of contax year ►   | nservation easements modified, trans                                   | ferred, released, extinguished, or term  | ninated                      | by the organization during the  |
| 4<br>5     | Does the org  |  | vation easement is located ►<br>arding the periodic monitoring, insp<br>ements it holds? |                              |                                 |
| 6          |   |  | ting, handling of violations, and enforcing  |                              |                                 |
| 7          | Amount of exp   | enses incurred in monitoring, inspecting                               | g, handling of violations, and enforcing c   | conserva                     | ation easements during the year |
| 8          | Does each cor   |  | 2(d) above satisfy the requirements of s   |                              |                                 |
| 9          | In Part XIII, de<br>balance sheet   | scribe how the organization reports c                                  | onservation easements in its revenue a the footnote to the organization's fina           | and exp                      | ense statement and              |
| Part       |   | izations Maintaining Collections<br>ete if the organization answered " | of Art, Historical Treasures, or (<br>Yes" on Form 990, Part IV, line 8                  | Other S                      | Similar Assets.                 |
| 1a         | •   |  | B ASC 958, not to report in its revenu   | e staten                     | nent and balance sheet works    |
|            | of art, historic  | al treasures, or other similar assets                                  | held for public exhibition, education,<br>o its financial statements that describe       | or rese                      | earch in furtherance of public  |
| b          | art, historical t   |  | B ASC 958, to report in its revenue s<br>for public exhibition, education, or res<br>s:  |                              |                                 |
| 2          | (i) Revenue in<br>(ii) Assets including the organization of the organ | cluded on Form 990, Part VIII, line 1<br>uded in Form 990, Part X      | historical treasures, or other similar   |                              | . ► \$                          |
| -          | Devery in all   | dad an Farm 000 Dart VIII line 1                                       |  |                              | ► ¢                             |

| а  | Revenue included on Form 990, Part VIII, line 1 |   | \$       |
|----|---|---|----------|
| l. | Assets included in Forms 000, Dout V            | • | <u>ሉ</u> |

| Schedu | e D (Form 990) 2021  |                           |              |            |                         |          |                            |              | Page <b>2</b> |
|--------|--|---------------------------|--------------|------------|-------------------------|----------|----------------------------|--------------|---------------|
| Part   | III Organizations Maintaining  | Collections of            | Art, Hist    | orical T   | reasures                | , or O   | ther Similar As            | sets (con    | tinued)       |
| 3      | Using the organization's acquisition, collection items (check all that apply): |                           | other record | ds, chec   | k any of th             | e follov | ving that make s           | ignificant u | use of its    |
| а      | Public exhibition  |                           | d            | Loan       | or exchang              | e progi  | ram                        |              |               |
| b      | Scholarly research   |                           | _            |            | -                       |          |                            |              |               |
| с      | Preservation for future generations  | ;                         |              |            |                         |          |                            |              |               |
| 4      | Provide a description of the organization XIII.                                | tion's collections        | and expla    | in how tl  | hey further             | the org  | ganization's exer          | npt purpos   | e in Part     |
| 5      | During the year, did the organization assets to be sold to raise funds rather  |                           |              |            |                         |          |                            | ar           | 🗌 No          |
| Part   |  |                           |              |            |                         |          |                            |              |               |
|        | Complete if the organization 990, Part X, line 21.                             | answered "Yes             | s" on Forr   | n 990, F   | Part IV, line           | e 9, or  | reported an an             | nount on l   | -orm          |
| 1a     | Is the organization an agent, trustee included on Form 990, Part X?            |                           |              |            |                         |          |                            | ot           | 🗌 No          |
| b      | If "Yes," explain the arrangement in P   | art XIII and comp         | lete the fol | lowing ta  | able:                   |          |                            |              |               |
|        |  |                           |              |            |                         |          | A                          | mount        |               |
| С      | Beginning balance  |                           |              |            |                         | 10       | ;                          |              |               |
| d      | Additions during the year  |                           |              |            |                         | 10       | 1                          |              |               |
| е      | Distributions during the year  |                           |              |            |                         | 16       | •                          |              |               |
| f      | Ending balance   |                           |              |            |                         | 11       |                            |              |               |
| 2a     | Did the organization include an amound   | nt on Form 990, F         | Part X, line | 21, for e  | scrow or cu             | ustodia  | I account liability        | ? 🗌 Yes      | 🗌 No          |
|        | If "Yes," explain the arrangement in P   | art XIII. Check he        | re if the ex | planatio   | n has been              | provid   | ed on Part XIII .          |              |               |
| Par    |  |                           |              |            |                         |          |                            |              |               |
|        | Complete if the organization   |                           | s" on Forr   | n 990, F   |                         |          |                            |              |               |
|        |  | (a) Current year          | (b) Prio     | r year     | (c) Two year            | s back   | (d) Three years bac        | (e) Four y   | ears back     |
| 1a     | Beginning of year balance  |                           |              |            |                         |          |                            |              |               |
| b      | Contributions  |                           |              |            |                         |          |                            |              |               |
| С      | Net investment earnings, gains, and losses                                     |                           |              |            |                         |          |                            |              |               |
| d      | Grants or scholarships   |                           |              |            |                         |          |                            |              |               |
| е      | Other expenditures for facilities and programs                                 |                           |              |            |                         |          |                            |              |               |
| f      | Administrative expenses  |                           |              |            |                         |          |                            |              |               |
|        | End of year balance  |                           |              |            |                         |          |                            |              |               |
| g<br>2 | Provide the estimated percentage of t  | be current vear e         | nd balance   | , (line 1a | column (a               | )) bold  | 26.                        |              |               |
| a      | Board designated or quasi-endowment  | •                         | %            | s (inte Tg | , column (a             | )) neiù  | us.                        |              |               |
| b      |  | 0/                        |              |            |                         |          |                            |              |               |
| c      | Term endowment > %   |                           |              |            |                         |          |                            |              |               |
| Ŭ      | The percentages on lines 2a, 2b, and   |                           | 100%         |            |                         |          |                            |              |               |
| 3a     | Are there endowment funds not in the   |                           |              | ation that | at are held             | and ad   | ministered for th          | e            |               |
|        | organization by:   | -                         |              |            |                         |          |                            | _            | es No         |
|        | (i) Unrelated organizations  |                           |              |            |                         |          |                            | 3a(i)        |               |
|        |  |                           |              |            |                         |          |                            | 3a(ii)       |               |
| b      | If "Yes" on line 3a(ii), are the related o                                     | rganizations liste        | d as requir  | ed on So   | chedule R?              |          |                            | 3b           |               |
| 4      | Describe in Part XIII the intended uses  |                           |              |            |                         |          |                            |              |               |
| Part   |  |                           |              |            |                         |          |                            |              |               |
|        | Complete if the organization   | answered "Yes             | s" on Forr   | n 990, F   | Part IV, line           | e 11a.   | See Form 990,              | Part X, lir  | ne 10.        |
|        | Description of property  | (a) Cost or o<br>(investr |              |            | or other basis<br>ther) | • •      | Accumulated<br>epreciation | (d) Book     | value         |
| 1a     | Land   |                           | 0.           | 2          | 55,000.                 |          |                            | 25           | 5,000.        |
| b      | Buildings  |                           |              |            | 00,240.                 |          | 66,199.                    |              | 4,041.        |
| c      | Leasehold improvements   |                           |              |            |                         |          |                            |              | · ·           |
| d      | Equipment  |                           |              |            | 23,932.                 |          | 12,192.                    | 11           | 1,740.        |
| е      | Other  |                           |              |            |                         |          |                            |              |               |
| Total. | Add lines 1a through 1e. (Column (d) n   | nust equal Form §         | 990, Part X  | , column   | n (B), line 10          | )c.) .   | ►                          | 800          | ),781.        |

#### Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► . . . . . . . Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

| Schedu | e D (Form 990) 2021   |        |                  |          | Page 4 |
|--------|---|--------|------------------|----------|--------|
| Part   | XI Reconciliation of Revenue per Audited Financial Stateme  | ents   | With Revenue per | Return.  |        |
|        | Complete if the organization answered "Yes" on Form 990,  | Part I | V, line 12a.     |          |        |
| 1      | Total revenue, gains, and other support per audited financial statements  |        |                  | 1        |        |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |        |                  |          |        |
| а      | Net unrealized gains (losses) on investments  | 2a     |                  |          |        |
| b      | Donated services and use of facilities  | 2b     |                  |          |        |
| С      | Recoveries of prior year grants   | 2c     |                  |          |        |
| d      | Other (Describe in Part XIII.)  | 2d     |                  |          |        |
| е      | Add lines <b>2a</b> through <b>2d</b>   |        |                  | 2e       |        |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  |        |                  | 3        |        |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |        |                  |          |        |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a     |                  |          |        |
| b      | Other (Describe in Part XIII.)  | 4b     |                  |          |        |
| С      | Add lines <b>4a</b> and <b>4b</b>   |        |                  | 4c       |        |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  |        |                  | 5        |        |
| Part   | XII Reconciliation of Expenses per Audited Financial Statem   | nents  | With Expenses pe | er Retur | n.     |
|        | Complete if the organization answered "Yes" on Form 990,  | Part I | V, line 12a.     |          |        |
| 1      | Total expenses and losses per audited financial statements  |        |                  | 1        |        |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |        |                  |          |        |
| а      | Donated services and use of facilities  | 2a     |                  |          |        |
| b      | Prior year adjustments  | 2b     |                  |          |        |
| с      | Other losses  | 2c     |                  |          |        |
| d      | Other (Describe in Part XIII.)  | 2d     |                  |          |        |
| е      | Add lines <b>2a</b> through <b>2d</b>   |        |                  | 2e       |        |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  |        |                  | 3        |        |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |        |                  |          |        |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a     |                  |          |        |
| b      | Other (Describe in Part XIII.)  | 4b     |                  |          |        |
| с      | Add lines <b>4a</b> and <b>4b</b>   |        |                  | 4c       |        |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  |        |                  | 5        |        |
| Part   | XIII Supplemental Information.  |        |                  | II       |        |
|        | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and<br>XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part |        |                  |          |        |
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| Schedule D (Form 990) 2021 P |                                      |  |  |  |
|------------------------------|--------------------------------------|--|--|--|
| Part XIII                    | Supplemental Information (continued) |  |  |  |
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#### SCHEDULE L (Form 990)

Part III

Department of the Treasury

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |  |
|------------------------------|--|
| 2021                         |  |
| Open To Public<br>Inspection |  |

Internal Revenue Service Name of the organization

| The Oakland 1 | Institute |
|---------------|-----------|
|---------------|-----------|

Employer identification number 42–1626352

# Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disgualified person  | (b) Relationship between disqualified person and | (c) Description of transaction    | (d) Corrected? |    |  |
|-----|----------------------------------|--|-----------------------------------|----------------|----|--|
|     |                                  | organization                                     |                                   | Yes            | No |  |
| (1) |                                  |  |                                   |                |    |  |
| (2) |                                  |  |                                   |                |    |  |
| (3) |                                  |  |                                   |                |    |  |
| (4) |                                  |  |                                   |                |    |  |
| (5) |                                  |  |                                   |                |    |  |
| (6) |                                  |  |                                   |                |    |  |
| 2   | Enter the amount of tax incurre  | ed by the organization managers or dise          | qualified persons during the year |                |    |  |
|     | under section 4958               |  |                                   |                |    |  |
| 3   | Enter the amount of tax if any o | on line 2 above reimbursed by the organi         | zation                            |                |    |  |

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . .

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | <b>(b)</b> Relationship with organization | <b>(c)</b> Purpose of loan |    | n to or<br>the<br>zation? | <b>(e)</b> Original principal amount | (f) Balance due | <b>(g)</b> In c | lefault? |     | ard or | (i) Wi<br>agreei |    |
|-------------------------------|---|----------------------------|----|---------------------------|--------------------------------------|-----------------|-----------------|----------|-----|--------|------------------|----|
|                               |   |                            | То | From                      |                                      |                 | Yes             | No       | Yes | No     | Yes              | No |
| (1)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (2)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (3)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (4)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (5)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (6)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (7)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (8)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (9)                           |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| (10)                          |   |                            |    |                           |                                      |                 |                 |          |     |        |                  |    |
| Total                         |   |                            |    |                           |                                      | \$              |                 | •        |     |        |                  |    |

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BAA REV 07/25/22 PRO Schedule L (Form 990) 2021

| (a) Name of interested person    | (b) Relationship between<br>interested person and the<br>organization | (c) Amount of transaction | (d) Description of transaction  |     | aring<br>ation<br>ues? |
|----------------------------------|---|---------------------------|---------------------------------|-----|------------------------|
|                                  |   |                           |                                 | Yes | No                     |
| <b>1)</b> Anuradha Mittal        | Executive Director  | 42,000.                   | rent for organization's offices |     | X                      |
| 2)                               |   |                           |                                 |     |                        |
| 3)                               |   |                           |                                 |     |                        |
| (4)                              |   |                           |                                 |     |                        |
| 5)<br>6)                         |   |                           |                                 |     |                        |
| 7)                               |   |                           |                                 |     |                        |
| 8)                               |   |                           |                                 |     |                        |
| 9)                               |   |                           |                                 |     |                        |
| 0)                               |   |                           |                                 |     |                        |
| Part V Supplemental Information. | · · · · · · · · · · · · · · · · · · ·                                 |                           | •                               |     |                        |
| Provide additional information   | on for responses to questions   | on Schedule L (see        | instructions).                  |     |                        |
|                                  |   |                           |                                 |     |                        |
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Schedule L (Form 990) 2021

**Business Transactions Involving Interested Persons.** 

Part IV

| SCHEDULE O<br>(Form 990)                               | OMB No. 1545-0047   |                           |                              |
|--|---|---------------------------|------------------------------|
| Department of the Treasury<br>Internal Revenue Service | <ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul> |                           | Open to Public<br>Inspection |
| Name of the organization<br>The Oakland Instit         | ute   | Employer iden<br>42-16263 | ntification number           |
| Pt VI, Line 11b: O                                     | rganization's Process to Review Form 990: Form 9  | 90 is rev                 | iewed                        |
| and approved by Bo                                     | ard before filing.  |                           |                              |
| Pt VI, Line 12c: E                                     | nforcement of Conflicts Policy: Discussed at eve  | ry Board I                | meeting.                     |
| Pt VI, Line 15a: C                                     | ompensation Process for Top Official: Compensati  | on for ke                 | Y                            |
| employees is compa                                     | red to compensation by other nonprofits in the a  | rea.                      |                              |
| Pt VI, Line 15b: C                                     | ompensation Process for Officers: Compensation f  | or key emj                | oloyees                      |
| is compared to com                                     | pensation by other nonprofits in the area.  |                           |                              |
| Pt VI, Line 19: Go                                     | verning Documents Disclosure Explanation: Public  | document                  | 5                            |
| are available upon                                     | request.  |                           |                              |
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| The Oakland Institute |  | 4 |
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Form 990 p 2: Line 4a Description-1

2021 Oakland Institute Program Report

As a leading independent think tank, the Oakland Institute brings fresh ideas and bold action to the most pressing social, economic, and environmental issues of our time.

In 2021, our rigorous research, communications and advocacy strategy - initiated at the request of communities from around the world seeking support for land rights, protection of the environment, and human rights - held governments, international financial institutions, and corporations accountable.

A sampling of 2021 accomplishments includes the following:

### Our Land Our Business Campaign

The World Bank is a key player shaping the "development" agenda around the world. Since 2014, the Oakland Institute has led the 280-organization strong Our Land Our Business campaign, producing research that exposes the devastation caused by the Bank's investments and its two ranking programs: Doing Business and Enabling the Business of Agriculture (EBA). Campaign members celebrated a major victory for people and the planet, on September 16, 2021 when the World Bank announced it has discontinued publication of the Doing Business Report (DBR). The cancellation follows publication of internal audits and reviews into the irregularities that revealed serious ethical concerns of data manipulation, shattering trust in the DBR. In the meantime, the EBA, which applies the DBR model to agriculture, still exists but has been inactive since our 2019 victory when the Bank dropped its new land indicator following our report and campaign.

Challenging Policies Driving Land Privatization and Industrial Agriculture

Driving Dispossession, a report released in 2020 generated widespread media coverage including articles in Reuters, Mongabay, among other prominent media outlets. At the request of partners, in 2021, the report's central themes were condensed into This is Our Land, an educational resource which debunks myths around benefits of privatizing land and provides facts on how customary tenure systems are critical to protecting livelihoods, biodiversity, and ensuring sustainable development for people and the planet. The resource is available in several languages to be used for educational purpose at community level.

In January 2020, the Oakland Institute sounded the alarm around the appointment of the President of the Alliance for a Green Revolution in Africa (AGRA) as the United Nations Special Envoy to the 2021 Food Systems Summit. With over 820 million people hungry and an escalating climate crisis, an initiative serving the interests of agro-chemical corporations to lead the summit was outrageous. We coordinated the mobilization of 176 organizations from 83 countries, to challenge the corporate take-over of the summit and continued our advocacy in partnership with civil society groups from around the world. Hundreds of organizations stepped forward to challenge the Food Systems Summit leading to a widespread boycott of the summit and counter mobilizations. Published prior to the Summit, our report People Vs. Agribusiness Corporations: The Battle Over Global Food and Agriculture Governance called out a number of powerful actors - the Bill & Melinda Gates Foundation, Rockefeller Foundation, some Western governments, the World Bank, and others - who actively prevent the much needed transition of our food and agriculture systems as they continue to peddle corporate industrial agriculture. By leveraging financial support to countries to expand the use of agrochemicals and pesticides, their efforts undermine the principles of cooperation and multilateralism upheld by the United Nations institutions responsible Form 990 p 2: Line 4a Description-1 (Continued)

for global food and agriculture such as the United Nations Food and Agriculture Organization (FAO) and Committee on World Food Security (CFS). While there were no expectations of the Food Systems Summit, it did catalyze and coalesce global opposition to Western corporate industrial agriculture.

Holding the Powerful Accountable

In Democratic Republic of Congo (DRC), community efforts to reclaim 100,000 hectares of ancestral land face violent repression. Livelihoods are severely impacted; hunger/poverty is widespread; untreated industrial waste has polluted a major source of drinking water. Community members, working as laborers on the plantations, face unpaid wages and unsafe working conditions.

In the last two years, violence perpetrated by PHC oil palm plantation security against local villagers has escalated. In February 2021, as communities peacefully protested a delegation from PHC owners, security forces cracked down, arresting over a dozen protestors. Our exposé, In King Leopold's Steps, unmasked the current high profile investors bankrolling the plantations - the Bill & Melinda Gates Foundation, US universities (including the University of Michigan, Northwestern University, and Washington University in St. Louis), among others. Media coverage and advocacy following the report fueled the global outrage garnering 125,000 signatures to a petition calling for the release of villagers.

### Challenging Neo-Colonial Approaches to Conservation

Our June 2021 report, The Looming Threat of Eviction: The Continued Displacement of the Maasai Under the Guise of Conservation in Ngorongoro Conservation Area, revealed the Tanzanian government's plans to evict over 80,000 residents - mostly Indigenous Maasai from their land, further restrict the livelihoods of those remaining, and destroy buildings, including hospitals and schools, in Ngorongoro Conservation Area (NCA). Announced in April 2021, evictions of local residents were scheduled to unfold on an unprecedented scale under the Tanzanian government's multiple land use management (MLUM) and resettlement plan. Our report exposed the details and unveiled the implications of the plan - developed to address the concerns of international conservation agencies and generate tourism revenue for the country. A March 2019 joint monitoring mission from the UNESCO World Heritage Centre (WHC), the International Union for the Conservation of Nature (IUCN), and the International Council on Monuments and Sites (ICOMOS) had called for action to urgently control population growth in the NCA. We shared findings and recommendations of our report with the international institutions involved and launched a petition that gathered over 100,000 signatures.

In November 2021, we released a report on Kenya that was initiated at the request of pastoralist communities made aware of our work in Tanzania and faced with the devastating impact of militarized and neo-colonial wildlife conservation and safari tourism. Stealth Game: "Community" Conservancies Devastate Land & Lives in Northern Kenya was released as protests of local communities were swelling against the operations of Northern Rangelands Trust (NRT), one of Kenya's largest conservation agencies. Since its founding in 2004, NRT has set up 39 conservancies on over 42,000 square kilometers of land in Northern and Coastal Kenya - nearly eight percent of the country's total land area. While NRT claims that its goal is to "transform people's lives, secure peace and conserve natural resources," the Oakland Institute's report elevated voices of communities - predominantly pastoralists - who allege NRT dispossesses them of their land and deploys armed security units involved in serious human rights abuses.

Form 990 p 2: Line 4a Description-1 (Continued)

For more information on the Institute's work, please visit www.oaklandinstitute.org.