From:
 Jennifer Ott

 To:
 CityCouncil-List

 Cc:
 Marlon Romero

Subject: Alameda Museum Financials

Date:Tuesday, January 16, 2024 2:14:53 PMAttachments:Alameda Museum - Form 990 - 2020.pdf

Alameda Museum - Form 990 - 2021.pdf Alameda Museum - Form 990 - 2022.pdf Form 990 Summary 2018-2022.pdf Alameda Museum - Form 990 - 2018.pdf Alameda Museum - Form 990 - 2019.pdf

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Mayor and City Council:

Per a Councilmember request, I wanted to share the Alameda Museum's Form 990s for the past five years and a summary sheet for the same time period with the full Council.

Thanks, Jen

Jennifer Ott
City Manager
City of Alameda
jott@alamedaca.gov

c: (510) 867-8237



Fiscal Year Ending Dec.

Revenue	\$103,294		
Expenses	Net Income	Net Assets	
\$122,930	-\$19,636	\$730,243	
Notable Sources of Revenue		Percent of Total Rever	ue
Contributions	\$41	1,912 40.6%	
Program Services	\$61	1,382 59.4%	
Investment Income		\$0	
Bond Proceeds		\$0	
Royalties		\$0	
Rental Property Income		\$0	
Net Fundraising		\$0	
Sales of Assets		\$0	
Net Inventory Sales		\$0	
Other Revenue		\$0	
Notable Expenses		Percent of Total Exper	ses
Executive Compensation		\$0	
Professional Fundraising Fees		\$0	
Other Salaries and Wages		\$0	
Assets/Debt			
Total Assets	\$955	5,876	
Total Liabilities	\$225	5,633	
Net Assets	\$730	2.040	

2021

Revenue	\$132,950	
Expenses	Net Income	Net Assets
\$115,781	\$17,169	\$749,879
Notable Sources of Revenue		Percent of Total Revenue
Contributions	\$79,006	59.4%
Program Services	\$53,642	40.3%
Investment Income	\$2	0.0%
Bond Proceeds	\$0	
Royalties	\$0	
Rental Property Income	\$300	0.2%
Net Fundraising	\$0	
Sales of Assets	\$0	
Net Inventory Sales	\$0	
Other Revenue	\$0	
Notable Expenses		Percent of Total Expenses
Executive Compensation	\$0	
Professional Fundraising Fees	\$0	
Other Salaries and Wages	\$1,934	1.7%
Assets/Debt		
Total Assets	\$1,029,354	
Total Liabilities	\$279,475	
Net Assets	\$749,879	

Compensation

Key Employees and Officers	Compensation	Related	Other
Ashok Katdare (Director)	\$0	\$0	\$0
Robert Matz (Director)	\$0	\$0	\$0
Melissa Marchi (Director)	\$0	\$0	\$0

Fiscal Year Ending Dec.

Revenue	\$113,95	2	
Expenses	Net Income		Net Assets
\$120,791	-\$6,839		\$787,246
Notable Sources of Revenue			Percent of Total Revenue
Contributions		\$41,560	36.5%
Program Services		\$48,392	42.5%
Investment Income		\$24,000	21.1%
Bond Proceeds		\$0	
Royalties		\$0	
Rental Property Income		\$0	
Net Fundraising		\$0	
Sales of Assets		\$0	
Net Inventory Sales		\$0	
Other Revenue		\$0	
Notable Expenses			Percent of Total Expenses
Executive Compensation		\$0	
Professional Fundraising Fees		\$0	
Other Salaries and Wages		\$13,800	11.4%
Assets/Debt			
Total Assets		\$788,896	
Total Liabilities		\$1,650	
Net Assets		\$787,246	

Compensation						
Key Employees and Officers	Compensation	Related	Other			
George Gunn (Curator)	\$12,000	\$0	\$0			
Valerie Turpen (President)	\$1,800	\$0	\$0			
Melissa Marchi (Director)	\$0	\$0	\$0			

Revenue	\$199,285	
Expenses \$169,538	Net Income \$29,747	Net Assets \$796,421
Notable Sources of Revenue		Percent of Total Revenue
Contributions	\$38,650	19.4%
Program Services	\$44,130	22.1%
Investment Income	\$91,881	46.1%
Bond Proceeds	\$0	
Royalties	\$0	
Rental Property Income	\$0	
Net Fundraising	\$7,965	■ 4.0%
Sales of Assets	\$0	
Net Inventory Sales	\$7,387	▮ 3.7%
Other Revenue	\$9,272	4.7%
Notable Expenses		Percent of Total Expenses
Executive Compensation	\$26,256	15.5%
Professional Fundraising Fees	\$0	
Other Salaries and Wages	\$0	
Assets/Debt		
Total Assets	\$798,071	
Total Liabilities	\$1,650	
Net Assets	\$796,421	

Compensation				
Key Employees and Officers	Co			
George Gunn (Curator)				

Key Employees and Officers	Compensation	Related	Other
George Gunn (Curator)	\$24,000	\$0	\$0
Valerie Turpen (President)	\$2,250	\$0	\$0
Myrna Van Lunteren (Vice President)	\$0	\$0	\$0

Fiscal Year Ending Dec.

Revenue	\$75,881	
Expenses	Net Income	Net Assets
\$172,390	-\$96,509	\$766,674
Notable Sources of Revenue		Percent of Total Revenue
Contributions	\$37,6	675 49.7%
Program Services	\$44,	58.6%
Investment Income	-\$30,9	928
Bond Proceeds		\$0
Royalties		\$0
Rental Property Income		\$0
Net Fundraising	\$9,5	599 12.7%
Sales of Assets		\$0
Net Inventory Sales	\$7,4	470 9.8%
Other Revenue	\$7,!	565 10.0%
Notable Expenses		Percent of Total Expenses
Executive Compensation	\$25,8	800 15.0%
Professional Fundraising Fees		\$0
Other Salaries and Wages		\$0
Assets/Debt		
Total Assets	\$769,	524
Total Liabilities	\$2,8	850
Net Assets	\$766.6	

Compensation					
Key Employees and Officers	Compensation	Related	Other		
George Gunn (Curator)	\$24,000	\$0	\$0		
Valerie Turpen (Secretary)	\$1,800	\$0	\$0		
Dennis Evanosky (President)	\$0	\$0	\$0		

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Form **990**

Return of Organization Exempt From Income Tax

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

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the	latest informa	ation.		Inspection
A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 $$, and ending 12-3	31-2022			
○ Ad	ck if applicable: dress change	C Name of organization ALAMEDA MUSEUM		D Employe 94-2464		fication number
O Ini	me change tial return	Doing business as				
	al return/terminated nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephone	e number	r
	plication pending	2324 ALAMEDA AVENUE	unce	(510) 52	21-1233	3
		City or town, state or province, country, and ZIP or foreign postal code ALAMEDA, CA 94501		G Gross red	ceipts \$ 1	103,294
 I Tax	c-exempt status:	F Name and address of principal officer: VALERIE TURPEN	H(b) Are all include	dinates? I subordinate ed?	es	☐Yes ✓No ☐Yes ☐No
		✓ 501(c)(3)	H(c) Group			instructions.
K Forr	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1958	M State	of legal domicile: CA
Pa	art I Sum	mary		1		
Activities & Governance	AND ARTII		ARE 200 MEMBE		, рного	JGRAPHS, OBJECTS
×8		of voting members of the governing body (Part VI, line 1a)			4	_
Sec		of independent voting members of the governing body (Part VI, line 1b)		•	5	8
M		nber of individuals employed in calendar year 2021 (Part V, line 2a)		•	6	38
Ac		elated business revenue from Part VIII, column (C), line 12		•	7a	
		ated business taxable income from Form 990-T, Part I, line 11			7b	
	D Net unite	acca basiness taxasic income noni romi soo i, raici, iine ii ii ii		or Year	1,2	Current Year
_	8 Contribut	ions and grants (Part VIII, line 1h)		79,0	006	41,912
Revenue		service revenue (Part VIII, line 2g)		53,6	_	61,382
e ve	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		· · · · · · · · · · · · · · · · · · ·	2	0
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3	800	0
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		132,9		103,294
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits	Benefits paid to or for members (Part IX, column (A), line 4)				0
ç	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			934	0
ıse	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
Expenses	b Total fundr	aising expenses (Part IX, column (D), line 25) ▶0				
Ф		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		113,8	847	122,930
		tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		115,781		122,930
	19 Revenue	less expenses. Subtract line 18 from line 12		17,1	.69	-19,636
Net Assets or Fund Balances			Beginning	of Current Ye	ear	End of Year
sset	20 Total asse	ets (Part X, line 16)		1,029,3	354	955,876
d B		ilities (Part X, line 26)		279,4	_	225,633
žĒ		s or fund balances. Subtract line 21 from line 20		749,8		730,243

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

	\ _					2023-09-18	
Sign Here		gnature of officer				Date	
	VA	LERIE TURPEN PRESIDENT pe or print name and title					_
Paid	''	Print/Type preparer's name	Preparer's	signature	Date 2023-10-06	Check if self-employed	PTIN P00619416
	parer	Firm's name RYAN VAN VALER EA				Firm's EIN > 46	5-4680181
	Only	Firm's address ▶ 2447 SANTA CLARA AVE	STE 300 A			Phone no. (510)	1 521-0252
		ALAMEDA, CA 9450145				Thone no. (510)	, 321 0232
Marria	ha IDC diaa	· · · · · · · · · · · · · · · · · · ·		(assinatorations)			. O Yes O No
		cuss this return with the preparer show Reduction Act Notice, see the sep		,		No. 11282Y	Form 990 (2021)
					Cut. 1	10. 112021	101111 330 (2021)
				— Page 2 ———			
Eorm	990 (2021)						D 3
	` '	atement of Program Service A	ccomplis	shments			Page 2
ı a		eck if Schedule O contains a response	-				
1		scribe the organization's mission:	or note to	any line in this rait in .			
		PRINCIPAL MISSION IS: TO ACCUMUL				MENTS, PHOTO	GRAPHS, OBJECTS AND
ARTI	ACTS RELA	TING TO THE CITY AND IT'S RESIDEN	TS. CURRE	ENTLY THERE ARE 200 MEM	1BERS.		
2	Did the or	ganization undertake any significant p	rogram ser	rvices during the year whic	h were not lis	sted on	
	the prior F	Form 990 or 990-EZ?					🗆 Yes 🔽 No
	If "Yes," de	escribe these new services on Schedul	e O.				
3	Did the or	ganization cease conducting, or make	significant	changes in how it conduct	s, any progra	m	
	services?						. 🗆 Yes 🛂 No
	If "Yes," d	escribe these changes on Schedule O.					
4	Section 50	he organization's program service acco b1(c)(3) and 501(c)(4) organizations a ue, if any, for each program service re	re required				
4a	(Code:) (Expenses \$	92,373	including grants of \$) (Revenue \$)
	EDUCATE TH	M: THE ORGANIZATION OPERATES THE ALA HE PUBLIC. IN 1983 THE ALAMEDA MUSEUM AMEDA. THE MUSEUM PUBLISHES A NEWSLE	WAS DESIG	NATED AS THE OFFICIAL REPO	SITORY OF HIS	TORICAL DOCUM	ENTS AND ARTIFACTS FOR THE
4b	(Code:) (Expenses \$	19.269	including grants of \$) (Revenue \$)
.5	MEYERS HO OF ALAMED STYLE, AND	NUSE MUSEUM: HENRY H. MEYERS WAS A SI A WHICH THEN DEEDED THE PROPERTY OVE IN IT ALSO SHOWCASES FURNISHINGS ORIG AND HOLD SPECIAL EVENTS ON THE ADJOI	GNIFICANT A ER TO THE M INALLY OWN	ARCHITECT IN ALAMEDAS HIST IUSEUM IN 2013. IT IS AN EXC ED BY THE MEYERS FAMILY AN	ELLENT EXAMPL	DENCE, BUILT IN LE OF THE COLON	IAL REVIVAL ARCHITECTURAL
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	(Expenses		.) g grants of	⁻ \$) (Revenue s	\$)
4e	Total pro	gram service expenses 🕨	111,6	542			
							Form 990 (2021)
				—— Page 3 ————			
Form	990 (2021))					Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
			orm 00	n /2021

Part IV	Checklist of Required Schedules	(continued
ICILIV	checking of Required Schedules	Continucu

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>									
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c								
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?									
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No						
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III									
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No						
С	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>	28c		No						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$	29		No						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No						
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes							
Pa	Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V	· ;								
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No						
та b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes							
		F	orm 99	0 (2021)						

raye o

Form 990 (2021) Page **5**

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No				
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	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?	6a	No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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	No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \cdot \cdot \cdot \cdot \cdot	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No				
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	No				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No				
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:						
а	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.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
b	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						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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	No				

4/40/0	4 40 40 704	N. 515 I. D.D.I	p.				
1/16/2	4, 12:46 PM Alameda Museum - Full F	iling- Nonprofit Explorer - ProPub	iica				
16	16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or that would result in the imposition of an excise tax under section 4951, 4952, or If "Yes," complete Form 6069.		tivities 17				
				Form 99	0 (2021)		
	Page 6 ——						
Form	990 (2021)				Page 6		
Par	Governance, Management, and Disclosure. For each "Yes" response lines 8a, 8b, or 10b below, describe the circumstances, processes, or che Check if Schedule O contains a response or note to any line in this Part V	inges in Schedule O. See instruct	tions.		· ~		
Se	ction A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the ta	ax year la	8				
	If there are material differences in voting rights among members of the govern body, or if the governing body delegated broad authority to an executive comm similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent of the second of	endent 1b	8				
2	Did any officer, director, trustee, or key employee have a family relationship or officer, director, trustee, or key employee?		other 2		No		

Did the organization delegate control over management duties customarily performed by or under the direct supervision

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Did the organization become aware during the year of a significant diversion of the organization's assets? .

of officers, directors or trustees, or key employees to a management company or other person? .

Did the organization have members or stockholders?

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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?	16h		

Section C. Disclosure

3

4

5

6

7a

Yes

Yes

No

No

No

¹⁷ List the states with which a copy of this Form 990 is required to be filed

18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶RON MOONEY 2324 ALAMEDA AVE ALAMEDA, CA 94501 (510) 521-1233	
		Form 990 (2021
	Page 7	
Form	990 (2021)	Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employ and Independent Contractors	rees,
	Check if Schedule O contains a response or note to any line in this Part VII	\square
Se	ection 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, or 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 no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	current officer, direc	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t cho unles ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) MELISSA MARCHI DIRECTOR	3.00	х						0	0	(
(2) ROBERT MATZ VICE PRESIDE	3.00	Х		x				0	0	(
(3) RON MOONEY TREASURER	6.00	Х		x				0	0	(
(4) RASHEED SHABAZZ DIRECTOR	6.00	Х						0	0	(
(5) VALERIE TURPEN PRESIDENT	12.00	Х		х				0	0	(
(6) MELISSA WARREN-HAGAMAN SECRETARY	4.00	Х		х				0	0	(

		•	•	•				•	•		•	•	Form 99	0 (2021
				_ ,	Page	8								
000 (°	2021)				5 -									5
VII	Section A. Officers, Direc	ctors, Trustee	s, Key	Emp	loye	es,	and I	High	nest	Compensate	ed Employees (conti	nued)	Page 8
	(A)	(B)			(C)	`				(D)	(E)		(F)	`
	Name and title	Average hours per			o not	t che	eck mo			Reportable ompensation	Reportable compensation		Estima amount o	ated
		week (list	is l	ooth a	ın off	ficer	and a	.011		from the	from related organizations (compen	sation
		any hours for related	0 =	direc				71		ganization (W- 2/1099-	2/1099- `	(organizat	ion and
		organizations below dotted	r div	Insti	Officer	Key employee	픮	Former	MI	SC/1099-NEC)	MISC/1099-NE	C)	relat organiza	
		line)	ect	tutio	#	ď	oye even	Ē,					_	
			ž	nal		loye	m							
			Individual trustee or director	Institutional Trustee		Φ	ens							
			_	99			Highest compensated employee							
		+		-								+		
				-								+		
												_		
												+		
		+												
		+										+		
												+		
		1		-	Н							+		
	otal rom continuation sheets to l		 A .				•					+		
	add lines 1b and 1c)						•							
	number of individuals (includin		l to thos	se list	ed al	oove) who	rece	eived	d more than \$10	00,000			
	•	-											Yes	No
	he organization list any forme r	•		ee, k	ey er	nplo	yee, o	r hig	jhes	t compensated	employee on			
line 1	a? If "Yes," complete Schedule	J for such indivi	dual .	•	•	•		•	•			3		No
	ny individual listed on line 1a, i nization and related organizatio										n the			
_	idual				•	•						4		No
	ny person listed on line 1a rece								_					
servi	ces rendered to the organizatio	n? <i>If "Yes," comp</i>	lete Scl	nedule	J fo	r su	ch per	rson	•			5		No
ction	B. Independent Contrac	ctors												

1/16/24, 12:46 PM

	Name and	(A) pusiness address		Descri	(B) ption of services	(C) Compensation
						<u> </u>
				+		
2 Total number of inde		ncluding but not limite	ed to those listed abov	e) who received mo	re than \$100,000) of
compensation from t	he organization 🕨					Form 990 (2021)
			Page 9 ———			
Form 990 (2021)						Page 9
	ent of Revenue					
Check if S	Schedule O contains a i	esponse or note to an	i			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
derated campaign	s 1a					
mbership dues .	Las					
3,920	. 1b					
ndraising events	1c					
Si.E	<u> </u>					
strong derated campaign strong and strong a	s 1d					
=== vernment grants (cor	atributions)					
31,683	ntributions) 1e					
f All other contributions,						
and similar amounts no above	t included 1f					
6,309						
g Noncash contributions in lines 1a - 1f:\$						
illes 1a - 11.5	1g					
h Total. Add lines 1a-	1f	41,912	2			
- ADGUTVAL GEDVIGE		Business Code	39,050	39,050		_
2a ARCHIVAL SERVICE	:5		39,030	39,030		
TOURS TOURS		_	21,712	21,712		
Be S		_	620	620		_
; TOURS			020	020		
Serv		_				
<u> </u>		_				
B :						
_		_				
f All other progran			<u> </u>			
	2a-2f	interest and other	<u>'</u>			
similar amounts)		▶				
	stment of tax-exempt					
5 Royalties	(i) Pool					
	(i) Real	(ii) Personal				
6a Gross rents	6a]			
b Less: rental expenses	6b					
c Rental income or (loss)	6c		1			

(i) Securities (ii) Other (ii) Securities (iii) Other (iii) Other (iii) Other (iii) Other (iii) Other (iii) Other (iiii) Other (iii) Other	
from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities	
other basis and sales expenses c Gain or (loss) d Net gain or (loss) 3 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events . b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances 10a	
d Net gain or (loss)	
a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	
(not including \$ of contributions reported on line 1c). See Part IV, line 18	
Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances 10a	
Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances 10a	
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances 10a	
c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances 10a	
returns and allowances 10a	
C Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
11a	
b	
c	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions	021\

---- Page 10 -

Form 990 (2021)

Part IX

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2 Grants and other assistance to domestic individuals. See Part IV, line 22								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.								
4 Benefits paid to or for members								
5 Compensation of current officers, directors, trustees, and key employees								
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 Other salaries and wages								

orm 990 (2021)				Page 1 1
P.	age 11 ————			
<u>-</u>	•	•	Fo	rm 990 (2021
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
26 Joint costs. Complete this line only if the organization	,,,,,,	7	,	
25 Total functional expenses. Add lines 1 through 24e	122,930	111,642	11,288	0
e All other expenses	3,365	3,309	56	
d SPEAKER SERIES	1,536	1,536		
c LAND IMPROVEMENTS	4,193	4,193		
b FINANCIAL FEES	7,336		7,336	
a BUILDINGS	8,583	8,583		
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
23 Insurance	226		226	
22 Depreciation, depletion, and amortization	1,701	1,701		
21 Payments to affiliates				
20 Interest				
federal, state, or local public officials . 19 Conferences, conventions, and meetings				
17 Travel				
1.6 Occupancy	86,552	86,552		
L5 Royalties	86 552	86 552		
14 Information technology				
L3 Office expenses	557	557		
12 Advertising and promotion	2,371	2,371		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	1,800	1,800		
f Investment management fees				
e Professional fundraising services. See Part IV, line 17				
d Lobbying				
c Accounting	3,670		3,670	
b Legal	1,040	1,040		
a Management				
11 Fees for services (non-employees):				
10 Payroll taxes				
9 Other employee benefits		+		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
16/24, 12:46 PM Alameda Mu	ıseum - Full Fılıng- No I	I	I I	

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

		(A) Beginning of year		(B) End of year
1 Ca	ash-non-interest-bearing	76,001	1	60,173
2 Sa	avings and temporary cash investments		2	
3 PI	edges and grants receivable, net		3	
4 Ad	ccounts receivable, net	3,850	4	3,850
tr	oans and other receivables from any current or former officer, director, ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons		5	
	cans and other receivables from other disqualified persons (as defined under ection $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
	11 11 11 11 11			I

✓ Cash ☐ Accrual ☐ Other

Accounting method used to prepare the Form 990:

Yes

No

/16/2	4, 12:46 PM	A	Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica		
	If the organization changed Schedule O.	ıts metnoa or accounting r	rom a prior year or cnecked "Other," explain on		
2a	Were the organization's fina	ancial statements compiled	or reviewed by an independent accountant?	2a	No
	If 'Yes,' check a box below separate basis, consolidate		incial statements for the year were compiled or reviewed on a		
	☐ Separate basis	☐ Consolidated basis	☐ Both consolidated and separate basis		
b	Were the organization's fina	ancial statements audited b	y an independent accountant?	2b	No
	If 'Yes,' check a box below consolidated basis, or both		ncial statements for the year were audited on a separate basis,		
	☐ Separate basis	☐ Consolidated basis	$\ \square$ Both consolidated and separate basis		
С			committee that assumes responsibility for oversight ements and selection of an independent accountant?	2c	
	If the organization changed	d either its oversight process	s or selection process during the tax year, explain in Schedule C).	
За	As a result of a federal awa Audit Act and OMB Circular		quired to undergo an audit or audits as set forth in the Single	3a	
b			dit or audits? If the organization did not undergo the required be any steps taken to undergo such audits.	3b	
				Form	9 90 (2021)
	000 (2021)				
	990 (2021) ditional Data			Return to	Form
			Software ID:		
			tware Version:		
Forn	n 990, Special Condition	on Description:			

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TIN: 94-2464751

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ALAMEI		ne organization					Employer identific	ation number
ALAI-ILI	DA 110	SEOM					94-2464751	
Par		Reason for Public					See instructions.	
_	rganız	ation is not a private fou		•			(A)(!)	
1		A church, convention of	,			. , ,	(A)(I).	
2		A school described in se			•			
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	pperated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in secti	ion 170(b)(1)(A	()(v).	
7		An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of	organization de of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	(A)(ix) operate the name, city,	ed in conjunction and state of the o	with a land-grant collections of the college or university:	ege or university or a
10	✓	An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	ections—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or s e	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	rganization oper er to regularly a	ated, supervised, or cappoint or elect a major	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting organiz	ervised or controlled i ation vested in the sar				
С		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
e		Check this box if the or integrated, or Type III r	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supported	d organizations				<u> </u>	
g		de the following informat						
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total								
For P	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Sched	ule A	(Form 990) 2022						Page 2
	t II	Support Schedul		zations Described				L)(A)(vi)

Section A. Public Support

Calendar vear

If the organization failed to qualify under the tests listed below, please complete Part III.)

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") . . Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
_	line 4.						
	Section B. Total Support	1			•		•
	llendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instruction	ns)			12	•
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth ta	x year as a section	n 501(c)(3) organ	ization, check
	this box and stop here					• 🗆	
_	Section C. Computation of Public						
	Public support percentage for 2022 (lin			olumn (f))		14	
	Public support percentage for 2020 Sch					15	
	a 33 1/3% support test—2022. If the						oox
	and stop here. The organization qualit 33 1/3% support test—2021. If the	ies as a publicly su	upported organiza	tion			▶□ cthis
	box and stop here. The organization						- 0
17	a 10%-facts-and-circumstances test and if the organization meets the "facts	-2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10	% or more,
	meets the "facts-and-circumstances" to		•	-	•	_	
	10%-facts-and-circumstances tes	t—2021. If the or	ganization did not	check a box on li	ne 13. 16a. 16b. c		
•	more, and if the organization meets the						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	publicly supported	l organization		▶ 🗆
18							
	instructions						▶□
						Schedule A (F	orm 990) 2022
_			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule fo	r Organization	s Described in	Section 509/	a)(2)		rage S
	(Complete only if you					d to qualify und	er Part II. If
	the organization fails t						
	Section A. Public Support						
	llendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0 1	r fiscal year beginning in) F Gifts, grants, contributions, and						
-	membership fees received. (Do not	37,675	38,650	41,560	39,238	41,912	199,035
_	include any "unusual grants.") .		1				
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in	84,384	87,105	48,392	32,386	61,382	313,649
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that		 				
,	are not an unrelated trade or						
	business under section 513	1		I	I		Ī

Tax revenues levied for the

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Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

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	ır res, expiain in rart vi wnat controis the organization put in piace to ensure such use.	3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a					
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.	4b					
c	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).	4c 5a					
b	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							
6							
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7					
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).	8					
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 .	9a					
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.	9b					
С	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 .	9c					
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.	10a					
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).						
	Schedule A	10b	, 000)	2022			
	dule A (Form 990) 2022			² age 5			
Par	t IV Supporting Organizations (continued)						
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the						
u	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c					
Se	VI. ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 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.	2					
Se	ection C. Type II Supporting Organizations		<u> </u>				
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						

supporting organization was vested in the same persons that controlled or managed the supported organization(s).								
S	ection D. All Type III Supporting Organizations							
					Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the					
	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).							
	organization maintained a close and continuous working relationship with the supported organization(s).							
3	By reason of the relationship described in line 2 above, did the organization's supports voice in the organization's investment policies and in directing the use of the organization's property of the proper	tion's i	ncome or assets at all times	3				
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	u orga	mzations piayeu in this regard.	3				
	ection E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art les	t during the year (see instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.							
	The organization is the parent of each of its supported organizations. Complete	e line	3 below.					
	The organization supported a governmental entity. Describe in Part VI how you	u supp	ported a government entity (see	e instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.				Yes	No		
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			2a				
l	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.							
3	Parent of Supported Organizations. Answer lines 3a and 3b below.							
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .								
ı	b Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organiz.							
			Schedule A	3b	2 000)	2022		
			Schedule A	(1011	1 990)	2022		
	Page 6							
	Tage 0							
Sche	edule A (Form 990) 2022				F	age 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			/I). Se	e			
	instructions. All other Type III non-functionally integrated supporting organization		must complete Sections A throu					
	Section A - Adjusted Net Income	•	(A) Prior Year	() -	rent Yea onal)	r		
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount (A) Prior Year (optional)							
	Section B - Minimum Asset Amount		(V) Filor real			'		
1		1	(V) FIOL TOLA					
	Aggregate fair market value of all non-exempt-use assets (see instructions for short	1 1a	(V) FIOL TOLA					
,	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		(V) FIOL TOLI					

each of the organization's supported organization(s)? If "No," describe in Part VI now control or management of the

d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors

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	(explain in detail in Part VI):		ĺ	
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		
				0 11/
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		Current Year

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Section D - Distributions					
1 Amounts paid to supported organizations to accomplish exempt purposes	1				
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4 Amounts paid to acquire exempt-use assets	4				
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6 Other distributions (describe in Part VI). See instructions	6				
7 Total annual distributions. Add lines 1 through 6.	7				
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8				
9 Distributable amount for 2022 from Section C, line 6	9				
10 Line 8 amount divided by Line 9 amount	10				
		····			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

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c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> See instructions.	r.
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain</i> in Part VI . See instructions.	
7 Excess distributions carryover to 2023. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2018	
b Excess from 2019	
c Excess from 2020	
d Excess from 2021	
e Excess from 2022	
	Schedule A (Form 990) (2022) Page 8
Schedule A (Form 990) 2022	Page 8
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 3 and	xplanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; ction E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V ction E, lines 2, 5, and 6. Also complete this part for any additional information. (See
	Facts And Circumstances Test
Return Reference	Explanation
	Schedule A (Form 990) 2022

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202302899349302435 - Submission: 2023-10-16

TIN: 94-2464751 OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Department of the Treasury

Open to Public

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the late	st informati	on.	Ins	pection
	me of the organ	nization		Em	ployer iden	tification	number
ALA	IMEDA MOSEOM			94-	2464751		
Pa		izations Maintaining Donor Advis		unds or Ac	counts.		
	Comple	ete if the organization answered "Yes	, ,				
	Takal mumah an ak	and af	(a) Donor advised funds		(b) Funds a	and other a	iccounts
1		end of year					
2	55 5	e of contributions to (during year)					
3	55 5	e of grants from (during year)					
4	33 3	e at end of year					
5		ation inform all donors and donor advisor property, subject to the organization's exc			funds are th		Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or for any other pu	urpose confer			
				• •		U	Yes □ No
Pa		rvation Easements. ete if the organization answered "Yes	s" on Form 990, Part IV, line 7.				
1	Purpose(s) of co	onservation easements held by the orgar	nization (check all that apply).				
	Preservati	on of land for public use (e.g., recreation	or education)	on of an histo	rically import	tant land a	rea
	Protection	of natural habitat	☐ Preservation	on of a certific	ed historic st	ructure	
	Preservati	on of open space					
2	Complete lines	2a through 2d if the organization held a	qualified conservation contribution in	n the form of	a conservation	on	
	easement on th	ne last day of the tax year.		_	Held at	the End of	the Year
а	Total number of	conservation easements		2a			
b	Total acreage re	estricted by conservation easements		2b			
С	Number of cons	ervation easements on a certified historic	c structure included in (a)	2c			
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a histo	oric 2d			
3	Number of constax year ▶	servation easements modified, transferred	d, released, extinguished, or termina	ated by the o	rganization d	uring the	
4	Number of state	es where property subject to conservation	n easement is located 🕨				
5	Does the organ	ization have a written policy regarding th	e periodic monitoring, inspection, ha	andling of vio	lations,		
	and enforcemer	nt of the conservation easements it holds	i?		(Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enfo	orcing conser	vation easem	ents during	g the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing	g conservation	n easements	during the	year
8		servation easement reported on line 2(d) $O(h)(4)(B)(ii)$?				Yes	□ No
9	balance sheet,	scribe how the organization reports const and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization's financ		atement, and	d	
Par	_	izations Maintaining Collections ete if the organization answered "Yes		or Other S	imilar Ass	ets.	
1a	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial stateme	ic exhibition, education, or research				
b	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:					
((i) Revenue includ	ded on Form 990, Part VIII, line 1			. > \$		
(i	ii)Assets included	d in Form 990, Part X			. > \$		
2		cion received or held works of art, historic nts required to be reported under FASB A		for financial	gain, provide	the	
а	Revenue include	ed on Form 990, Part VIII, line 1			. > \$		
b	Assets included	l in Form 990, Part X			. ▶\$		
For I		uction Act Notice, see the Instruction				ule D (Fo	rm 990) 2021

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Sche	edule D (Form 990) 2021										Page 2
Par	t III Organizations Maintaining Co	llections of A	rt, Histori	cal Tre	easure	s, or	Other	Similar A	ssets (conti	nued)	
3	Using the organization's acquisition, accessic items (check all that apply):	n, and other reco		any of th	ne follow	ing th	at are a	significant (use of its coll	ection	
а	Public exhibition		d	Uι	oan or	excha	nge prog	ırams			
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII.	llections and exp	lain how the	ey furthe	r the or	ganiza	tion's ex	kempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								☐ Yes		0
Par	rt IV Escrow and Custodial Arrange	ements.							U Tes	<u> </u>	
	Complete if the organization ansiline 21.		Form 990	, Part I\	V, line 9	9, or	reporte	d an amou	nt on Form	990,	Part X,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?								☐ Yes		o
h	If "Yes," explain the arrangement in Part XII	I and complete th	o following	table		Г			mount		_
b c	Beginning balance	·	•			H	1c		inount		_
d	3 3					H	1d				
e	Additions during the year					· +	1e				_
f	Ending balance					H	1f				_
	•										_
2a	Did the organization include an amount on Fo								_	∪N	0
b	If "Yes," explain the arrangement in Part XII	. Check here if the	ne explanati	on has b	een pro	vided	in Part >	(III	U		
Ра	rt V Endowment Funds. Complete if the organization ans	wered "Yes" on	Form 990	Part I\	V line 1	10					
	Complete if the organization and	(a) Current year		rior year			ars back	(d) Three ye	ars back (e)	our yea	rs back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end bala	ance (line 1	g, colum	n (a)) h	eld as	:				
а	Board designated or quasi-endowment										
b	Permanent endowment										
С	Term endowment ▶										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3а	Are there endowment funds not in the posse organization by:	ssion of the orga	nization tha	t are hel	d and ac	dminis	tered fo	r the		Yes	No
	(i) Unrelated organizations								3a(i)	res	NO
	(ii) Related organizations					•			3a(ii)		
b	If "Yes" on 3a(ii), are the related organization			dule R?		•			3b		
4	Describe in Part XIII the intended uses of the	e organization's e	ndowment f	unds.					<u> </u>		
Par	rt VI Land, Buildings, and Equipme	nt.									
	Complete if the organization ans			,							
	Description of property (a) Cost or of (investm		Cost or other	basis (otl	her) (c	c) Accu	mulated o	lepreciation	(d) B	ook valu	e
1a	Land										_
b	Buildings	334,756						175,124			159,632
c	Leasehold improvements	208,453						5,657			202,796
d	Equipment			4	,362			1,810			2,552
	Other										
	al. Add lines 1a through 1e. (Column (d) must	equal Form 990,	Part X, colu	mn (B),	line 10((c).) .		•			364,980
								Sch	edule D (Fo	rm 99	0) 2021

chedule D (Form 990) 202

Schedule D (Form 990) 2021 Page **3**

Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book		(c) Method of valuation: t or end-of-year market value
(including name of security)	value	Cos	t or end-or-year market value
1) Financial derivatives			
3)Other			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
н)			
otal. (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, F	Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, li	ine 11d. See Forr	m 990, Part X, line 15.
(a) Description			(b) Book value
2)			
3) 4)			
(5) (6)			
7)			
8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.	art IV/		
(a) Description of liability	uic IV, II	110 01 111.3	(b) Book value

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2)								
3)								
4)								
5)								
6)								
-\								
(7)								
8)								
9)								
etal (Col	umn (b) must equal Form 990, Part X, col.(B) line 25.)							104.64
	y for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	the or	ganizati	on's financia	al statemen	ts that rend	184,641 orts the
	ion's liability for uncertain tax positions under FIN 4			-			•	
<u> </u>	,	.,						rm 990) 202
		Page 4						
chedule	D (Form 990) 2021							Page (
Part X		ed Financial Statem	ents V	With R	evenue n	er Returr	 1_	rage •
1 611 6 70	Complete if the organization answered '						-	
L Tot	al revenue, gains, and other support per audited fir	nancial statements .				1		
	ounts included on line 1 but not on Form 990, Part	•		-				
a Net	unrealized gains (losses) on investments		2a					
b Doi	nated services and use of facilities		2b					
c Red	coveries of prior year grants		2c					
	ner (Describe in Part XIII.)		2d					
	d lines 2a through 2d					2e		
	otract line 2e from line 1				•	3		
	ounts included on Form 990, Part VIII, line 12, but		1 - 1	ı				
	estment expenses not included on Form 990, Part	•	4a					
	ner (Describe in Part XIII.)		4b					
	d lines 4a and 4b					4c		
Part XI							rn	
ait Vi	Complete if the organization answered '				-	pei ketu		
. Tot	al expenses and losses per audited financial statem	· · · · · · · · · · · · · · · · · · ·				1		
. Am	ounts included on line 1 but not on Form 990, Part	IX, line 25:						
a Doi	nated services and use of facilities		2a					
b Prio	or year adjustments		2b					
c Oth	ner losses		2c					
d Oth	ner (Describe in Part XIII.)		2d					
e Add	d lines 2a through 2d					2e		
Sul	otract line 2e from line 1					3		
4 Am	ounts included on Form 990, Part IX, line 25, but n	ot on line 1:						
a Inv	estment expenses not included on Form 990, Part	VIII, line 7b	4a					
b Oth	ner (Describe in Part XIII.)		4b					
c Add	d lines 4a and 4b					4c		
Tot	al expenses. Add lines $f 3$ and $f 4c.$ (This must equal $f 1$	Form 990, Part I, line 18.) .			5		
Part X	III Supplemental Information					-		
	the descriptions required for Part II, lines 3, 5, and and 4b; and Part XII, lines 2d and 4b. Also comple					; Part V, line	e 4; Part X,	line 2; Part XI
	Return Reference				Explanati	on		
			_		_			rm 990) 202

Additional Data Return to Form

Software ID: **Software Version:**

efile Public Visual Render

ObjectId: 202302899349302435 - Submission: 2023-10-16

TIN: 94-2464751 OMB No. 1545-0047

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** ALAMEDA MUSEUM 94-2464751

	94-2404/51
Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE MUSEUM OFFERS MEMBERSHIP AT DIFFERENT LEVELS (SUCH AS ANNUAL, LIFETIME, BUSINESS ETC.)AT RATES WHICH VARY FROM 20 TO 1000. MEMBERS ENJOY FOUR ISSUES OF THE MUSEUM QUARTERLY, FREE ADMISSION TO LECTURES BY LOCAL LUMINARIES. NEW AND GIFT MEMBERSHIPS HAVE EXTRA INCENTIVES. TAX DEDUCTIBLE DUES ARE BASED ON THE CALENDAR YEAR.
FORM 990, PAGE 6, PART VI, LINE 7A	ALL MEMBERS ARE ELIGIBLE TO VOTE FOR A SLATE OF OFFICERS IN ACCORDANCE WITH THE GOVERNANCE DOCUMENTS OF THE ORGANIZATION.
FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS ELECT THE BOARD OF DIRECTORS AND ALSO VOTE ON ANY PROPOSED CHANGES TO THE ARTICLES AND BYLAWS OF THE ORGANIZATION.
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATIONS MANAGEMENT. AFTER FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATIONS VOTING BODY. IT IS AVAILABLE FOR PUBLIC VIEW ON WEBSITES, BUT NOT INDIVIDUALLY SENT TO THE MEMBERSHIP. ALL MEMBERS CAN VOTE FOR THE BOARD. BOARD MEMBERS REVIEW AND APPROVE THE TAX RETURN.
FORM 990, PAGE 6, PART VI, LINE 12C	MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE MUSEUMS CURATOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS AND POTENTIAL CONFLICTS (IN FACT OR APPEARANCE). THESE ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATIONS POLICIES AND PROCEDURES.
FORM 990, PAGE 6, PART VI, LINE 15A	MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION ANNUALLY IN ACCORDANCE WITH THE IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION ARE FROM THE INDUSTRY SOURCE TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF COMPENSATION. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATIONS POLICIES AND PROCEDURES.
FORM 990, PAGE 6, PART VI, LINE 19	ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND MADE AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO GUIDESTAR.ORG. HERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES. THEY ARE ALSO AVAILABLE FOR PHYSICAL INSPECTION AT THE ORGANIZATIONS OFFICE IN ALAMEDA, CA.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

Return to Form

Software ID: **Software Version:** efile Public Visual Render ObjectId: 202222629349300047 - Submission: 2022-09-19 TIN: 94-2464751 OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

- P	Revenue Service						Inspection
A F	or the 2021	calendar year, or tax year beginning 01-01-2021 $$, and ending 12-3	1-2021				
B Check if applicable: C Name of organization Alameda Museum					mployer	ication number	
O Address change					4-24647	'51	
	me change tial return	Doing business as					
_	al return/terminate			<u> </u>			
☐ Am	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Te	elephone i	number	
O Ap	plication pendin	g 2324 Alameda Ave		_			
		City or town, state or province, country, and ZIP or foreign postal code Alameda, CA 94501			Gross recei	ints ¢ 11	32 950
		F Name and address of principal officer:	H/2)	Is this a gro		•	J2,JJU
		Tham and danied or principal emeer.	li(a)	subordinate	-	111 101	□Yes ✓No
			H(b)	Are all subo		5	Yes No
I Tax	c-exempt status	: ✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		included?	ach a lict	t Spai	nstructions.
1 \//	ehsite: 🕨 😘	ww.alamedamuseum.org		Group exem			
_							
K Forn	n of organization	n: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year o	of formation: 1	1958 N	State	of legal domicile: CA
Pa		nmary					
		escribe the organization's mission or most significant activities: Bums principal mission is: to accumulate, catalog and display appropriate do	cuments	s, photogran	ohs, obie	ects and	d artifacts relating to
ce		and its residents.		.,,			
æ							
еп							
Activities & Governance		nis box 🕨 🗆					•
×ĕ		r of voting members of the governing body (Part VI, line 1a)				3	8
es		of independent voting members of the governing body (Part VI, line 1b) $$.				4	8
¥		mber of individuals employed in calendar year 2021 (Part V, line 2a)				5	0
Act		mber of volunteers (estimate if necessary)				6	38
		related business revenue from Part VIII, column (C), line 12				7a	0
	b Net unre	elated business taxable income from Form 990-T, Part I, line 11	· ·		•	7b	0
				Prior Ye			Current Year
9		Itions and grants (Part VIII, line 1h)			41,56	_	79,006
Revenue		service revenue (Part VIII, line 2g)			48,39		53,642
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)			24,00	0	300
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			112 05		
		/enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			113,95		132,950
		and similar amounts paid (Part IX, column (A), lines 1–3)					0
		paid to or for members (Part IX, column (A), line 4)			10.00	10	0
88		, other compensation, employee benefits (Part IX, column (A), lines 5–10)			13,80	U	1,934
8		onal fundraising fees (Part IX, column (A), line 11e)	<u> </u>			+	0
Expenses		draising expenses (Part IX, column (D), line 25) 0				440.01	
metal		kpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		106,99	_	113,847
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>		120,79	_	115,781
. 07	19 Revenue	e less expenses. Subtract line 18 from line 12			-6,83	_	17,169
Net Assets or Fund Balances			Begi	inning of Cur	rrent Yea	ar	End of Year
set	20 Total ass	sets (Part X, line 16)			788,89	6	1,029,354
t As		bilities (Part X, line 26)			1,65	_	279,475
έğ		ets or fund balances. Subtract line 21 from line 20			787,24	_	749,879

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

	Gir	gnature of officer					2022-09-07 Date		
Sign Here	va	lerie Turpen President					Date		
	Ту	pe or print name and title							
Paid	d	Print/Type preparer's name	Prepa	rer's signature		Date 2022-09-19	Check if self-employed	PTIN P02131504	
	parer	Firm's name Arzt Tax and	Consulting				Firm's EIN		
Use	Only	Firm's address ► 310 Laguna	/ista				Phone no. (301	.) 502-9249	
		Alameda, CA	94501						
May t	he IRS disc	cuss this return with the prep	arer shown abov	e? (see instruction	s)			. 🗸 Y	es 🗆 No
		Reduction Act Notice, see		•	,		lo. 11282Y		Form 990 (202
				Page 2					
Form	990 (2021))							Page
		atement of Program Se	rvice Accom	plishments					rage
		eck if Schedule O contains a		e to any line in this	Part III				\square
1	•	scribe the organization's miss						d:6k-	
	luseums pr ts residents	incipal mission is: to accumu	late, catalog and	d display appropriat	e documents	s, photograp	hs, objects an	d artifacts i	relating to the city
_	5.1.1								
2		ganization undertake any sig Form 990 or 990-EZ?		services during the	e year which	were not lis	ted on	٢	Yes Vo
		escribe these new services or							→ Yes Wo
3		ganization cease conducting,		ant changes in how	it conducts	any progra	m		
	services?								🗆 Yes 🔽 No
	If "Yes," d	escribe these changes on Sch	nedule O.						
4	Section 50	he organization's program se 01(c)(3) and 501(c)(4) organ ue, if any, for each program s	izations are requ	ired to report the a					
4a	(Code:) (Expenses \$	73,	515 including grant	s of \$) (Revenue \$)
	1983 the Al	n: The organization operates the ameda Museum was designated a both Museum news and articles or	s the official reposi						
4b	(Code:) (Expenses \$	26,	750 including grant	s of \$) (Revenue \$)
	Meyers Hou deeded the	ise Museum: Henry H. Meyers was property over to the museum in 2 ne Meyers Family and other period	a significant archi 2013. It is an excel	tect in Alamedas histo lent example of the co	ry. His residen Ionial revival a	rchitectural sty	97, was willed to yle, and it also s	howcases fur	nishings originally
4c	(Code:) (Expenses \$		including grant	s of \$) (Revenue \$)
	-								
	-								
4d	Other prog (Expenses	gram services (Describe in So s \$	chedule O.) including grant	s of \$		(Revenue s	\$)
4e	Total pro	gram service expenses	1	00,265					Form 990 (202
									101111 330 (202
				Page 3					
Form	990 (2021))							Page
		ecklist of Required Sch	nedules						. 490

			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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
6	to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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> 2	11b	Yes	
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
		F	orm 99	0 (2021)

Par	tiv Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No	
С	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>	28c		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O				
Pa	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	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1				
	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	Yes		
	(gambing) winnings to prize williners:			0 (2021)	
			J. 1111 99	- (∠∪∠⊥	

Form 990 (2021) Page **5**

Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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	6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	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.			
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		
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	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		NIA

Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Yes 8b b Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 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 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 Did the organization have a written document retention and destruction policy? Yes 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes Other officers or key employees of the organization 15b No 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 16a No If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Nο

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

CA

		Twistons Voy Employees and Highest Compensated Employees	
	Check if Schedule O contains	ns a response or note to any line in this Part VII	\square
Part	Compensation of Offic and Independent Cont	cers, Directors,Trustees, Key Employees, Highest Compensated Employ tractors	rees,
Form	990 (2021)		Page 7
		Page 7	
			Form 990 (2021)
20		phone number of the person who possesses the organization's books and records: Alameda, CA 94501 (510) 521-1233	
19		nd if so, how) the organization made its governing documents, conflict of interest ailable to the public during the tax year.	
	Own website Another's w	website 🔽 Upon request 🔲 Other (explain in Schedule O)	
18		tion to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section ic inspection. Indicate how you made these available. Check all that apply.	
1/16/2	4, 12:45 PM	Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica	

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	related organizations	
(1) Ashok Katdare	2.00	Х						0	0	0	
Director	0.00										
(2) Robert Matz Director	2.00	Х						0	0	0	
(3) Melissa Marchi Director	2.00	Х						0	0	0	
(4) Zhidong Hao Director	2.00	Х						0	0	0	
(5) Rasheed Shabazz Director	2.00	х						0	0	0	
(6) Melissa Warren-Hagaman Director	2.00	Х						0	0	0	
(7) Myrna van Lunteren 	0.00	Х		х				0	0	0	
(8) Valerie Turpen President	10.00	Х		х				0	0	0	
(9) Lynn Houlihan Treasurer	2.00	Х		Х				0	0	0	
(10) Ron Mooney	2.00										

o) Non Flooricy	I		- 1	.,	1	١.,	1 1			1			
ecretary			0.00	Х		Х					0	0	
						H	H					+	
												+	
							1 1					+	
										ı		Form 9	90 (202:
					Page	8 9	_						
m 990 (2021)													Page
art VII Section A. Officers, Dir	ectors,	Trustees	s, Key	/ Emp	loye	ees,	and	Higi	nesi	t Compensate	d Employees (co	ontinued)	
(A)		(B)			(C)				(D)	(E)	(F)
Name and title		verage		tion (d	o no	t ch				Reportable	Reportable	Estin	nated
		urs per ek (list	than is	than one box, unless person consists both an officer and a				rson a	٥	compensation from the	compensation from related		of other
	an	y hours	director/trustee					-	or	ganization (W-	organizations (W-	- fron	n the
		related nizations	일	=	2	줎	목표	F	МІ	2/1099- (SC/1099-NEC)	2/1099- MISC/1099-NEC)		ation and ated
	belo	w dotted		Institutional	Officer	Key employee	Highest compensated employee	Former	' '	-, = 333 (1123)	, 2000 1120)		zations
		line)	8 5	E.	===	æ	st o	Œ					
			2 =	ma		юy	9 9						
			Lest	Trustee		96	듛						
			0	Ste			20						
				00			fed						
					 		_	+				+	
								+				+	
					-		ļ	-					
								-					
				+	\vdash		\vdash	+				+	
				1	t		t	1				1	
				+	-	_	1	-				4	
Sub-Total							•		_				
Total from continuation sheets to	o Part VII	, Section	Α.				۰						
Total (add lines 1b and 1c)							•			0	0		
Total number of individuals (includ				se list	ed a	bov	e) wh	o rec	eive	d more than \$10	00,000		
of reportable compensation from t	he organ	ization 🕨	0										
												Yes	No
Did the organization list any form	er officer	: director	or true	stee k	ev e	mnl	ovee	or hi	ahes	st compensated	emplovee on	- 	1
line 1a? If "Yes," complete Schedu						p.	•	• •	ىى •			3	No
						atic :	2 224	0+6-		nnoncation for	L the	- -	INU
For any individual listed on line 1a organization and related organization	i, is the si tions grea	um of reparter than s	orcable \$150,0	= comp 100? <i>If</i>	ensa "Yes	acior 5," c	ı and ompl	otnei ete Sa	cor ched	mpensation from Iule J for such	i uie		
individual			, .				•					4	No
Did any person listed on line 1a re	ceive or	accrue coi	mnene	ation f	rom	anv	unre	lated	Ora	anization or indi	vidual for	- -	110
a any person naced on nine 1a le				acroit I	. 0111	wily	will C	.u.cu	v: 40	<u></u>			

Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica

1/16/24, 12:45 PM

(10) NON PROVINCY

1/16/24, 12:45 PM	Alameda l	Museum - Full Filing-	Nonprofit Explorer -	ProPublica	
services rendered to the organization?If "Y	es," complete Sched	ule J for such person			5 No
Section B. Independent Contractors					
1 Complete this table for your five highest confrom the organization. Report compensation					ensation
	A)			(B)	(C)
name and bu	siness address		Descr	ription of services	Compensation
					_
2 Total number of independent contractors (incompensation from the organization •	cluding but not limited	d to those listed abov	ve) who received mo	ore than \$100,000	of
					Form 990 (2021)
		Page 9 ———			
Form 990 (2021)					Page 9
Part VIII Statement of Revenue					- 5 - 5
Check if Schedule O contains a re	sponse or note to any				🗆
		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			exempt	business	excluded from
			function revenue	revenue	tax under sections 512 - 514
Federated campaigns 1a					
Contributions,					
offts. Grants, and Membership dues 1b OtherAmt 7,382					
Similar					
Annothedraising events 1c					
d Related organizations 1d					
e Government grants (contributions) 1e					
39,238					
f All other contributions, gifts, grants, and similar amounts not included					
above 1f					
32,386					
g Noncash contributions included in lines 1a - 1f:\$					
111es 1a - 11:\$					
h Total. Add lines 1a-1f	79,006				
	Business Code				
2a Archival Services	561000	42,600	42,600		
Tours Gift Shop Income		145	145		
a hours	611710				
Gift Shop Income	453220	10,897	10,897		
y ,					
Program	·				
<u> </u>					
f All other program service revenue.					
9 Total. Add lines 2a–2f	53,642	1			<u> </u>
3 Investment income (including dividends, i		T	Т		<u> </u>
similar amounts)	nterest, and other	2	2		
4 Income from investment of tax-exempt be	ond proceeds				
5 Royalties	▶				
(i) Real	(ii) Personal				

300

6a

6a Gross rents

. . . .

and 16.

4 Benefits paid to or for members .

	, 12.70 TW / Walliodo		•		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,934		1,934	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	2,815		2,815	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,257	3,257		
13	Office expenses	156	156		
14	Information technology				
15	Royalties				
16	Occupancy	63,072	63,072		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109		109	
23	Insurance	8,300	8,300		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	a Brokerage fees	7,649		7,649	
i	b Landscape Maintenece	8,000	8,000		
•	c Postage	66	66		
•	d Taxes	2,877		2,877	
•	e All other expenses	17,546	17,414	132	
25	Total functional expenses. Add lines 1 through 24e	115,781	100,265	15,516	0
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).				

---- Page 11 -

Form 990 (2021) Page **11**

Pa	art X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $$.			🗆
		(A) Beginning of year		(B) End of year
	1 Cash-non-interest-bearing	34,893	1	76,001
	2 Savings and temporary cash investments		2	

https://projects.propublica.org/nonprofits/organizations/942464751/202222629349300047/full

Pledges and grants receivable, net

3,850

1/10/	24, 12	2.43 FIVI	Alaille	eda Museum - Full Filling- Nonprolit	Explorer - Propul	Jiica	
		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s				6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	6,669
Ass	9	Prepaid expenses and deferred charges				9	1,704
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	547,571			
	b	Less: accumulated depreciation	10b	166,650	218,592	10c	380,921
	11	Investments—publicly traded securities .			11		
	12	Investments—other securities. See Part IV, line	11 .		523,788	12	558,534
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,623	15	1,675
	16	Total assets. Add lines 1 through 15 (must eq	ual line	2 33)	788,896	16	1,029,354
	17	Accounts payable and accrued expenses			17	5,497	
	18	Grants payable				18	
	19	Deferred revenue				19	118,332
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	or 35% controlled entity		22		
<u>.e</u>	23	Secured mortgages and notes payable to unrela	rd parties		23		
	24	Unsecured notes and loans payable to unrelated	· ·		24	 	
		Other liabilities (including federal income tax, p		·	1,650	25	155,646
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related till a parties,	1,000	23	100,040
	26	Total liabilities. Add lines 17 through 25 .			1,650	26	279,475
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions			719,450	27	682,083
9	28	Net assets with donor restrictions			67,796	28	67,796
r Fund	20	Organizations that do not follow FASB ASC complete lines 29 through 33.	check here ▶ □ and		20		
s or	29	Capital stock or trust principal, or current funds			29	1	
Assets	30	Paid-in or capital surplus, or land, building or ed			30	<u> </u>	
As	31	Retained earnings, endowment, accumulated in	or other funds	707.015	31	740.000	
Net	32	Total net assets or fund balances		787,246	32	749,879	
Z	33	Total liabilities and net assets/fund balances .	•		788,896	33	1,029,354

Form **990** (2021)

Form	990 (2021)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	132,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,781
3	Revenue less expenses. Subtract line 2 from line 1	3	17,169
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	787,246
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	-54,536
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	749,879

	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O). [
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	Form 99	0 (2021
	990 (2021) Iditional Data	Retur	n to Fo	rm
	Software ID:			
	Software Version:			
-orn	n 990, Special Condition Description:			
-				

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ObjectId: 202222629349300047 - Submission: 2022-09-19

TIN: 94-2464751

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

		he organization					Employer identific	ation number
Alame	da Mus	seum					94-2464751	
	rt I	Reason for Public					See instructions.	
_	organiz	zation is not a private four		•			(A) (!)	
1		A church, convention of	,			. , ,	(A)(ı).	
2		A school described in se			•			
3		A hospital or a cooperat	·	-			•	
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a hospital des	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	government o	governmental unit de	scribed in sec	tion 170(b)(1)(A	()(v).	
7		An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	t II.)		
9		An agricultural research non-land grant college o						ege or university or a
10	✓	An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busir	nctions—subject to cert less taxable income (le	tain exceptions	s, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operate	d exclusively to test for	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations	described in section 5	09(a)(1) or s	section 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiz	pervised or controlled in ation vested in the sar				
С		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organization	d. A supporting organing generally must satis	ization operate fy a distributio	d in connection win requirement and	th its supported organ	
е		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determin	nation from the		pe I, Type II, Type III	functionally
f	Ente	r the number of supported	d organizations				<u> </u>	
g		ide the following informat					() ()	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			ı					
Tota	<u> </u>							
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2021
Form	990	or 990-EZ.						
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2021						Page 2
Pa	rt II			zations Described ne box on line 5, 7,				
				ify under the tests I				

Section A. Public Support

Calendar vear

	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
2	include any "unusual grant.") Tax revenues levied for the											
_	organization's benefit and either paid											
_	to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3											
5	The portion of total contributions by											
	each person (other than a governmental unit or publicly											
	supported organization) included on											
	line 1 that exceeds 2% of the amount											
6	shown on line 11, column (f) Public support. Subtract line 5 from											
_	line 4.											
	Section B. Total Support											
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
(0 7	r fiscal year beginning in) Amounts from line 4											
8	Gross income from interest,											
•	dividends, payments received on											
	securities loans, rents, royalties and											
9	income from similar sources Net income from unrelated business											
-	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain or loss from the sale of capital assets											
	(Explain in Part VI.)											
11	Total support. Add lines 7 through											
12	10 Gross receipts from related activities, 6	tc. (see instructio	ns)			12						
	First 5 years. If the Form 990 is for th	•	•				ization chack					
13	•	-		,	•		ization, thetk					
	this box and stop here					🕶 🗆						
	Section C. Computation of Public Support Percentage											
	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))											
	15 Public support percentage for 2020 Schedule A, Part II, line 14											
16	16a 33 1/3% support test—2021. If the organization did not check the box on line 14 is 33 1/3% or more, check this box											
	and stop here. The organization qualifies as a publicly supported organization											
Ŀ	•••	3		•	•	•						
	box and stop here. The organization											
17	10%-facts-and-circumstances test and if the organization meets the "facts											
	meets the "facts-and-circumstances" to		,	•								
	10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	check a box on li	ne 13. 16a. 16b. c		• · · · · · · · · · · · · · · · · ·					
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explai	in in Part VI how t	the organization					
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	lorganization		▶ □					
18	.											
	instructions						▶□					
							orm 990) 2021					
_			Page 3									
			. 5									
· ·	- dul- A (Farma 200) 2004											
	edule A (Form 990) 2021						Page 3					
	Part III Support Schedule for						.					
	(Complete only if you						er Part II. If					
_	the organization fails t	o quality under	the tests listed	below, please co	ompiete Part II.)						
	Section A. Public Support lendar year				(1) 0		40 = · ·					
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
`1	Gifts, grants, contributions, and	10.555	37.5=			20.055	400.0:=					
	membership fees received. (Do not include any "unusual grants.") .	42,222	37,675	38,650	41,560	39,238	199,345					
2				1	1							
_	merchandise sold or services				1							
	performed, or facilities furnished in any activity that is related to the	69,883	84,384	87,105	48,392	32,386	322,150					
	organization's tax-exempt purpose			<u> </u>	<u> </u>							
3	Gross receipts from activities that											
	are not an unrelated trade or business under section 513				1							
				<u> </u>	<u> </u>							
4	Tax revenues levied for the											

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Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

determination.

3b

	11 "Yes," explain in Part V1 what controls the organization put in place to ensure such use.	3с		Ī
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
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?	FL		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	30		
Ū	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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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	9a		
b	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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	9с		
10a	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
	Page 5 ———————————————————————————————————			
Schoo	dule A (Form 990) 2021		-	.
	t IV Supporting Organizations (continued)		<u> </u>	Page 5
Pai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
-	governing body of a supported organization?	11a		
ь	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
- Sc	<u>VI.</u> ection B. Type I Supporting Organizations			
	Ction B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 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 henefit of any cupported organization other than the cupported organization (a) that	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	_		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

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	each of the organization's supported organization(s)? If "No," describe in Part VI now supporting organization was vested in the same persons that controlled or managed to			1			
Se	ction 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?		gazation o governing	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el	lected	by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support			2	_		
3	By reason of the relationship described in line 2 above, did the organization's support	ed ora	anizations have a significant				
	voice in the organization's investment policies and in directing the use of the organizaduring the tax year? If "Yes," describe in Part VI the role the organization's supporte	tion's	income or assets at all times	3			
Se	ction E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.				
С				instru	ctions)		
			, , , , , , , , , , , , , , , , , , ,		,		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further						
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp						
	responsive to those supported organizations, and how the organization determined th				ļ		
	substantially all of its activities.			2a			
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t	" expla	in in Part VI the reasons for				
	organization's involvement.			2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	3a			
b	Did the organization exercise a substantial degree of direction over the policies, progr						
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation i	3	3b			
			Schedule A	(Forn	ո 990)	2021	
	Page 6 ————						
Sche	dule A (Form 990) 2021				F	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				e		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curr (option	rent Yea onal)	ar	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross	6					
	income or for management, conservation, or maintenance of property held for production of income (see instructions)						
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) Curr (optio	rent Yea onal)	ar	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					

1b

1c

1d

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

	· ·	•		
	(explain in detail in Part VI):		1	
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		
	Castian C. Bistoikutahla Amazont		Current Year	
	Section C - Distributable Amount			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
1		1 2		
2	Adjusted net income for prior year (from Section A, line 8, Column A)			
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3		

Schedule A (Form 990) 2021

Page 7 -

Schedule A (Form 990) 2021

Page 7

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
400		(111)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable 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 explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
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 Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			

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c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.	
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.	
7 Excess distributions carryover to 2022. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2017	
b Excess from 2018	
c Excess from 2019	
d Excess from 2020	
e Excess from 2021	
Schedule A (Form 990) 2021	Page 8 Page 8
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Secti	planations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 1, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; tion E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V on E, lines 2, 5, and 6. Also complete this part for any additional information. (See
F	Facts And Circumstances Test
Return Reference	Explanation
	Schedule A (Form 990) 2021

Additional Data Return to Form

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ObjectId: 202222629349300047 - Submission: 2022-09-19

TIN: 94-2464751

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instructions and the latest info	rmation.	Ins	spection			
	me of the organ	nization	Employer id	dentification	number				
Alaı	meda Museum		94-2464751						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
		ete if the organization answered "Ye							
			(a) Donor advised funds	(b) Fun	ds and other	accounts			
1	Total number at	end of year							
2	Aggregate value	of contributions to (during year)							
3	Aggregate value	of grants from (during year)							
4	Aggregate value	at end of year							
5			rs in writing that the assets held in donor acclusive legal control?			Yes \square No			
6	charitable purpo	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o			Yes O No			
Pa		rvation Easements.	s" on Form 990 Part IV line 7						
1		ete if the organization answered "Ye onservation easements held by the organ							
-		, -		historically i	nortant land :	aroa			
		on of land for public use (e.g., recreation		,	•	ai ed			
	☐ Protection	of natural habitat	☐ Preservation of a c	certified histori	c structure				
	Preservati	on of open space							
2		2a through 2d if the organization held a ne last day of the tax year.	qualified conservation contribution in the for		at the End o	of the Year			
а	Total number of	conservation easements		2a					
b	Total acreage re	estricted by conservation easements		2b					
c	Number of cons	ervation easements on a certified histori	c structure included in (a)	2c					
d		ervation easements included in (c) acquiin the National Register	red after 7/25/06, and not on a historic	2d					
3	Number of constax year ▶	servation easements modified, transferre	d, released, extinguished, or terminated by	the organizatio	n during the				
4	Number of state	es where property subject to conservatio	n easement is located 🕨						
5	Does the organiand enforcemen	ization have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling s?	of violations,	☐ Yes	□ No			
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation eas	sements durin	ng the year			
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easeme	nts during the	e year			
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?	above satisfy the requirements of section 1	70(h)(4)(B)(i)	☐ Yes	□ No			
9	balance sheet, a		ervation easements in its revenue and exper footnote to the organization's financial state ts.		and				
Par		izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures, or Oth s" on Form 990, Part IV, line 8.	er Similar <i>A</i>	ssets.				
1a	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for pub ext of the footnote to its financial statem	C 958, not to report in its revenue statemer lic exhibition, education, or research in furth ents that describes these items.	nt and balance erance of publi	sheet works of service, pro	of art, ovide, in			
b	historical treasu		C 958, to report in its revenue statement ar lic exhibition, education, or research in furth						
(-	•		> \$					
(ii)Assets included	d in Form 990, Part X		 ▶ \$					
2	If the organizat		cal treasures, or other similar assets for fina	_	vide the				
а	-	·	· · · · · · · · · · · · · · · · · · ·	▶\$					
b	Assets included	in Form 990, Part X		> \$					

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

Schedule D (Form 990) 2021

Cat. No. 52283D

— Page 2 ——

Sche	dule D (Form 99	•										Page 2
Par	t III Orgai	nizations Maintaining	Collections of	of Art, His	torical T	reasu	ires, o	r Other	Similar A	Assets (d	continued	1)
3	Using the organitems (check a	anization's acquisition, acce all that apply):	ssion, and other	records, ch		the fol	llowing t	hat are a	significant	use of its	collectio	n
а	Public e	xhibition			d	Loan	or exch	ange prog	ırams			
b	Scholar	y research			e	Other	r <u></u>					
С	Preserva	ation for future generations										
4	Provide a desc Part XIII.	cription of the organization's	s collections and	explain how	v they furt	her the	e organiz	zation's ex	kempt purp	ose in		
5		ar, did the organization solio								☐ Ye	. n	No
Pa	Comp	w and Custodial Arradete if the organization a		" on Form 9	990, Part	IV, lir	ne 9, or	reporte	d an amoi			
1a		1. ation an agent, trustee, cus orm 990, Part X?								☐ Ye	s 🗆	No
							,					
b	If "Yes," expla	in the arrangement in Part	XIII and comple	ete the follow	ving table:		,			Amount		
С	Beginning bala	ance					,	1c				
d	Additions duri	ng the year					• • •	1d				
е	Distributions of	during the year						1e				
f	Ending balanc	e					• •	1f				
2a	Did the organi	zation include an amount o	n Form 990, Par	t X, line 21,	for escrov	v or cu	stodial a	ccount lia	ability?	. 🗌 Ye	s 🗆	No
b	If "Yes," expla	in the arrangement in Part	XIII. Check here	e if the expla	nation has	s been	provide	d in Part)	KIII	. \square		
Pa		wment Funds.		•								
	Comp	lete if the organization a										
	De sie sie se of con	and balance	(a) Currer	nt year ((b) Prior yea	ar ((c) Two y	ears back	(d) Three y	ears back	(e) Four y	ears back
	Beginning of ye											
	Contributions											
		earnings, gains, and losses	5									
		arships										
е	Other expendition and programs	ures for facilities • • •										
f	Administrative	expenses										
g	End of year bala	ance										
2	Provide the es	timated percentage of the	current year end	l balance (lir	ne 1g, colu	ımn (a))) held a	s:				
а	Board designa	ted or quasi-endowment 🕨		••••								
b	Permanent en	dowment 🕨										
c	Term endowm	ent 🕨										
За	Are there end	ges on lines 2a, 2b, and 2c so owment funds not in the po	•		that are h	ield and	d admin	istered fo	r the		Va	- No
	organization b	organizations		_			_			3:	Ye n(i)	s No
		rganizations									(ii)	
b	` '	(ii), are the related organiza			Schedule R	!? .					Bb	
4	Describe in Pa	rt XIII the intended uses of	f the organizatio	n's endowme	ent funds.					<u>. </u>	I	
Pa		Buildings, and Equip										
		lete if the organization a										
	Description of		or other basis estment)	(b) Cost or o	other basis (other)	(c) Acc	cumulated o	depreciation	(6	i) Book va	ilue
1a	Land											
b	Buildings .		339,118						116,163			222,955
c	Leasehold impr	ovements	208,453						50,487			157,966
d	Equipment .											
	Other											
		through 1e. (Column (d) m	ust equal Form !	990, Part X,	column (B), line	10(c).)		>			380,921
			·	<u>, , , , , , , , , , , , , , , , , , , </u>	•				Scl	hedule D	(Form	990) 2021

Schedule D (Form 990) 2021 Page **3**

	Complete if the organization answered "Yes" on F (a) Description of security or category	(b) Book value		(c) Method of valuat	ion:
	(including name of security)		Cost	or end-of-year mark	et value
(1) Financia					
(2) Closely-I (3) Other <u> </u>	held equity interests				
(A) Investme	ent account	558,53	4	С	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	558,53	4		
Part VIII	Investments - Program Related.				
	Complete if the organization answered 'Yes' on F (a) Description of investment	Form 990, Part IV,	(b) Book value	rm 990, Part X, ling (c) Method o	
(1)				Cost or end-of-ye	ear market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	>			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990. Part IV. I	ine 11d. See For	m 990. Part X. line	· 15.
	(a) Description) Book value
(1)Undeposi (1)	ted funds				1,675
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)	<u></u>	<u></u>	. •	1,675
Part X	Other Liabilities.	orm 000 Down IV	ino 110 or 1150	00 Form 000 Part	
1.	Complete if the organization answered 'Yes' on Fo (a) Description of li		ine 11e or 11f.S		X, line 25.) Book value
	income taxes	•			- '
(1) Federal i	medine taxes				

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	ding			
otal	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			▶ 155,6
	ibility for uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization	n's financial st	
	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	_		
gui	inzation's hability for uncertain tax positions under the 40 (ASC 740). Check in	iere ii tile text or ti	ie rootriote rius	Schedule D (Form 990) 20
				5ccaa.c 5 (1 51 555) 25
	Page 4 —			
	.450			
che	dule D (Form 990) 2021			Page
Pa	t XI Reconciliation of Revenue per Audited Financial State		venue per F	Return.
	Complete if the organization answered 'Yes' on Form 990, P			
	Total revenue, gains, and other support per audited financial statements .		•	1
	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 2a through 2d			
	Subtract line 2e from line 1			3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b		-
c	Add lines 4a and 4b			- 4c
;	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	2)	•	5
	t XII Reconciliation of Expenses per Audited Financial State			
ai	Complete if the organization answered 'Yes' on Form 990, P		kpenses per	Return.
	Total expenses and losses per audited financial statements			1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		-
c	Other losses	2c		-
d	Other (Describe in Part XIII.)	2d		-
e	Add lines 2a through 2d			_ 2e
	Subtract line 2e from line 1		• •	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		4-		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_
b	Other (Describe in Part XIII.)	4b		_ _
С	Add lines 4a and 4b			4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5
	t XIII Supplemental Information			
rov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	nd 4; Part IV, lines any additional info	1b and 2b; Par rmation.	t V, line 4; Part X, line 2; Part)
IIIIC	Return Reference		Explanation	
				Schedule D (Form 990) 20

Additional Data

Return to Form

Software Version:

efile Public Visual Render

ObjectId: 202222629349300047 - Submission: 2022-09-19

TIN: 94-2464751OMB No. 1545-0047

2021

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization Alameda Museum Employer identification number

94-2464751

	94-2464751
Return Reference	Explanation
Members or stockholder classes and rights Part VI line 6	The Museum offers membership at different levels (such as annual, lifetime, business etc.) at rates which vary from \$20 to \$1000. Members enjoy four issues of the Museum Quarterly, free admission to lectures by local luminaries. New and gift memberships have extra incentives. Tax deductible dues are based on the calendar year.
Member election for additional members Part VI line 7a	All members are eligible to vote for a slate of officers in accordance with the governance Documents of the Organization.
Governing body decisions Part VI line 7b	Members elect the Board of Directors and also vote on any proposed changes to the Articles and Bylaws of the organization.
Form 990 governing body review Part VI line 11	Form 990 is prepared by an outside tax professional. The form is then reviewed by the organizations management. After full review, the final version of the tax return is provided to all members of the organizations voting body. It is available for public view on websites, but not individually sent to the membership. All members can vote for the board. Board members review and approve the tax return.
Conflict of interest policy compliance Part VI line 12c	Members of the Board of Directors review all potential conflicts of interest at least annually. The Museums curator and all board members are required to disclose (in writing) potential conflicts and any related party affiliations. Loans between the organization and members of management and the board are strictly prohibited. The organization seeks full transparency on all relationships and potential conflicts (in fact or appearance). These are discussed openly and resolved in accordance with the organizations policies and procedures.
CEO executive director top management comp Part VI line 15a	Members of the Board of Directors review the compensation annually in accordance with the IRS rules and regulations. Efforts are made to secure compensation are from the industry source to determine competitiveness and appropriateness of compensation. Every effort is made to ensure that the process is thorough and transparent in accordance with IRS guidelines and the organizations policies and procedures.
Governing documents etc available to public Part VI line 19	All of the organizations governing documents, financial statements and other legal filings are maintained in a secure environment and made available for inspection by tax authorities and the general public. Tax returns are posted annually to guidestar.org. Here they are available for viewing as electronic copies. They are also available for physical inspection at the organizations office in Alameda, CA.
List of other expenses Part IX line 24e	Repairs \$4584Taxes and Licences \$50Telephone \$249Utilities \$11679Other \$5740Cleaning and Supplies \$100

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

Return to Form

Software ID:

efile Public Visual Render

ObjectId: 202101959349301590 - Submission: 2021-07-14

TIN: 94-2464751

OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2020

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

Open to Public Inspection

A Fo	or the 2020 ca	alendar year, or tax year beginning 01-01-2020 , and ending 12-3	31-2020			
_	ck if applicable:	C Name of organization Alameda Museum		D Employer	identifi	cation number
	□ Address change □ Name change				751	
	ne cnange ial return	Doing business as				
	l return/terminated					
☐ Am	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite	E Telephone	number	
O App	olication pending	2324 Alameda Ave				
		City or town, state or province, country, and ZIP or foreign postal code				
		Alameda, CA 94501		G Gross rece	ipts \$ 11	13,952
		F Name and address of principal officer:	H(a) Is this	a group retu	rn for	
			suboro	linates?		□ _{Yes} ✓ _{No}
			H(b) Are all	subordinates	S	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3)	include	ea? " attach a lis	t (see	
1 W	ehsite: www	w.alamedamuseum.org	H(c) Group		•	•
		maiamedamaseamorg	· ·	•		
K Form	of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1958	M State of	of legal domicile: CA
IX TOTAL	i or organization.	Corporation C must C Association C other P				
Pa	rt I Sumi	mary		<u> </u>		
		cribe the organization's mission or most significant activities:				
m		ims principal mission is: to accumulate, catalog and display appropriate do discresidents.	ocuments, photo	ographs, obje	ects and	d artifacts relating to
nce	the city an	u its residents.				
ша						
Ne Ve		- 0				
ဗိ	2 Check thi3 Number of	s box ▶ □ If voting members of the governing body (Part VI, line 1a)			3	4
Activities & Governance					-	
es		of independent voting members of the governing body (Part VI, line 1b)		ı	4	4
ME		ber of individuals employed in calendar year 2020 (Part V, line 2a)		•	5	0
Act		ber of volunteers (estimate if necessary)		•	6	70
		elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 39			7b	0
			Pric	or Year		Current Year
9	8 Contribut	ions and grants (Part VIII, line 1h)		38,65	0	41,560
Revenue	9 Program	service revenue (Part VIII, line 2g)		44,13	80	48,392
Se.	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		91,88	31	24,000
ш.	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,62	.4	0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		199,28	35	113,952
	13 Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits p	oaid to or for members (Part IX, column (A), line 4)				0
S		other compensation, employee benefits (Part IX, column (A), lines 5–10)		26,25	6	13,800
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		· · ·		0
eg.		aising expenses (Part IX, column (D), line 25) ▶0				
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		143,28	22	106,991
	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		169,53		•
	-					120,791
. w	19 Kevenue	less expenses. Subtract line 18 from line 12	Dec	29,74	_	-6,839
Net Assets or Fund Balances			Beginning (of Current Yea	ar	End of Year
sets	20 Total asse	ets (Part X, line 16)		798,07	11	788,896
As d B		lities (Part X, line 26)		1,65		1,650
Net Gu		s or fund balances. Subtract line 21 from line 20		796,42		787,246
and the	LE INCL asset	on runa balances. Subtract line 21 HUIII line 20	1	790,42	- 4	707,240

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.

	Gia	gnature of officer				2021-07-02	
Sign Here		lerie Turpen President				Date	
		pe or print name and title					
Paid	d d	Print/Type preparer's name	Preparer's sign	nature	Date 2021-07-14	Check if self-employed	PTIN P02131504
Pre	parer	Firm's name Arzt Tax and Consulting	ng			Firm's EIN	
Use	Only	Firm's address > 310 Laguna Vista				Phone no. (301) 502-9249
		Alameda, CA 94501					
May t	he IRS disc	cuss this return with the preparer sho	wn above? (see	instructions) .			. Yes No
For P	aperwork	Reduction Act Notice, see the se	parate instruc	tions.	Cat. N	lo. 11282Y	Form 990 (2020)
				Page 2			
	990 (2020)		A				Page 2
Pai		atement of Program Service	•				
1		eck if Schedule O contains a respons scribe the organization's mission:	e or note to any	line in this Part III	<u></u>		
The M		incipal mission is: to accumulate, cat	alog and displa	y appropriate docui	ments, photograp	hs, objects and	d artifacts relating to the city
and it	s residents						
2	Did the or	ganization undertake any significant	program service	es during the year v	which were not lis	ted on	
		form 990 or 990-EZ?					🗆 Yes 🗸 No
	If "Yes," de	escribe these new services on Sched	ule O.				
3	Did the or	ganization cease conducting, or mak	e significant cha	inges in how it cond	ducts, any progra	m	
	services?	escribe these changes on Schedule C					. Yes 🛂 No
4	Describe to Section 50	he organization's program service ac 11(c)(3) and 501(c)(4) organizations ue, if any, for each program service	complishments are required to				
4a	(Code:) (Expenses \$	93,763 ir	ncluding grants of \$) (Revenue \$)
	1983 the Al	n: The organization operates the Alameda ameda Museum was designated as the offi school children every year and publishes	cial repository of h	istorical documents ar	nd artifacts for the ci	ty of Alameda. T	
4b	(Code:) (Expenses \$	24,565 ir	ncluding grants of \$) (Revenue \$)
	deeded the	se Museum: Henry H. Meyers was a signifi property over to the museum in 2013. It is ne Meyers Family and other period piece. V	cant architect in A s an excellent exar	lamedas history. His re	vival architectural sty	yle, and it also sh	nowcases furnishings originally
4c	(Code:) (Expenses \$	ir	ncluding grants of \$) (Revenue \$)
	(Code: The Museum) (Expenses \$ n offers permanent displays of Alameda his		ncluding grants of \$ uvenirs, books and vid) (Revenue \$ istory of the Islan) nd City.
4d	Other prog	gram services (Describe in Schedule	O.) ng grants of \$) (Revenue s	<u> </u>)
4e	` .	gram service expenses	118,328				<u>, </u>
	-		•				Form 990 (2020)

Checklist of Required Schedules

Form 990 (2020) Page **3**

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

– Page 4 *–*

Form 990 (2020)	Page 4

Par	Checklist of Required Schedules (continued)								
			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No					
24a	la 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								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes						
Pa	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>							
	Fatou the number respected in Day 2 of Farms 1000 Fatou 0 15 and a military		Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes						

Page 5 -

Form 990 (2020) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by 2b Yes If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a No If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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, a 4a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: 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 Nο Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Nο solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с No . . **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as **7**g No If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h No Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 No sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . 9a No 9b No Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders . 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a No

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

14b

Section C. Disclosure

18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website 🗸 Another's website 🗸 Upon request 🔘 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Valerie Turpen 2324 Alameda Ave Alameda, CA 94501 (510) 521-1233
	Form 990 (2020
	Page 7
Form	990 (2020) Page 7
Pai	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Coyear.	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

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

Check this box if neither the organization no	r any related o	rganiza	tion c	omp	ens	ated a	ny c	current officer, direc	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		one b	ox, ι n of	t cho unles ficer rust	ss pers	son	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) George Gunn Curator	5.00	Х						12,000	0	0
(2) Valerie Turpen	6.00	Х		х				1 000	0	0
President	0.00			X				1,800	0	U
(3) Melissa Marchi Director	2.00	Х						0	0	0
(4) Lynn Houlihan Director	2.00	Х						0	0	0
(5) Melissa Warren-Hagaman Director	2.00	Х						0	0	0
(6) Sarah Vetters Director	2.00	х						0	0	0
(7) Robert Matz Director	2.00	Х						0	0	0
(8) Evelyn Kennedy Director	2.00	х						0	0	0
(9) Ashok Katdare	2.00								0	
Director	0.00	Х						0	0	0

(10) Myra van Lunteren Vice President	4.00 0.00	Х	х		0	0	0
(11) Linda Ivey Secretary	2.00	Х	х		0	0	0
(12) Robert Risley Treasurer	0.00	Х	х		0	0	0

– Page 8 –

Form 990 (2020) Page **8**

Part VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loye	es,	and	High	nest Compensate	d Employees (co	ntinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		one b	ox, u n off tor/t	t che inles ficer ruste	s pers	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			9			ted				
1b Sub-Total						•		<u> </u>	<u> </u>	
c Total from continuation sheets to P d Total (add lines 1b and 1c)	art VII, Section	Α.		· ·		*		13,800	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

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

	Yes	No
3		No

Form **990** (2020)

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

organizacion ana relacea organizacione g		Museum - Full Filing-			
individual				.	4 N
Did any person listed on line 1a receive services rendered to the organization? If					5 N
ection B. Independent Contractor					'
Complete this table for your five highest from the organization. Report compensa	compensated independ	ent contractors that ar ending with or wit	received more than	\$100,000 of compen's tax year.	ensation
	(A)	<u></u>		(B)	(C)
Name and	business address		Desc	ription of services	Compensatio
T. I. C. I. J. C. I.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Total number of independent contractors (i compensation from the organization	ncluding but not limited	to those listed abov	ve) who received mo	ore than \$100,000 c	OT .
					Form 990 (2
		Page 9			
		rage 5			
n 990 (2020)					Pa
art VIII Statement of Revenue Check if Schedule O contains a	rosponso or noto to any	line in this Deut VIII			
Check if Schedule O contains a	response or note to any	(A)	(B)	(C)	C
		Total revenue	Related or exempt	Unrelated business	Revenue excluded from
			function	revenue	tax under sect
derated campaigns 1a			revenue		512 - 514
at the state of th					
embership dues 1b					
4,376					
4,570					
indraising events 1c					
indraising events 1c					
indraising events 1c					
indraising events 1c lated organizations overnment grants (contributions) 1e					
indraising events 1c lated organizations 1d vernment grants (contributions) 1e					
indraising events 1c					
indraising events 1c lated organizations vernment grants (contributions) le other contributions, gifts, grants, and similar amounts not included above					
indraising events 1c Indraising events					
indraising events 1c lated organizations overnment grants (contributions) le overnment grants (contributions) 1e overnment grants (contributions) 1f 37,184					
indraising events 1c lated organizations ivernment grants (contributions) nother contributions, gifts, grants, and similar amounts not included above 37,184 Noncash contributions included in					
indraising events 1c lated organizations ivernment grants (contributions) nother contributions, gifts, grants, and similar amounts not included above 37,184 Noncash contributions included in	41,560				
indraising events 1c lated organizations lated organizations leteral vernment grants (contributions) leteral ve	• • 41,560 Business Code				
indraising events 1c lated organizations lated organizations leteral vernment grants (contributions) leteral ve		42,600	42,600		
indraising events	Business Code		•		
indraising events	Business Code	42,600 150	42,600		
indraising events	Business Code 561000 611710		•		
indraising events	Business Code 561000	150 2,448	2,448		
Indraising events	Business Code 561000 611710	150	150		
Indraising events	Business Code 561000 611710 900099	150 2,448	2,448		
Indraising events	Business Code 561000 611710 900099	150 2,448	2,448		
Indraising events	Business Code 561000 611710 900099	150 2,448	2,448		
Indraising events	Business Code 561000 611710 900099 453220	150 2,448	2,448		

0/2-	r, 12.77 1 W		(i) Rea	s I	(ii) Pers		I	I	1 101 451104	i
		ا _ر ا	(I) Rea	11	(II) Pers	SUIIAI	_			
6	a Gross rents	6a								
b	Less: rental expenses	6b								
c	Rental income or (loss)	6с								
	d Net rental income	or (loss)			•	1			
			(i) Secur	ities	(ii) Ot	her				
7	a Gross amount from sales of assets other than inventory	7a								
b	Less: cost or other basis and sales expenses	7b								
	Gain or (loss)	7c					<u> </u>			
	d Net gain or (loss)			<u> </u>		•				
enene	Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expen	d on li	of ine 1c).	8a 8b						
ē	c Net income or (los	s) fro	om fundraisi	ng eve	nts	•				
	Gross income from a See Part IV, line 19 b Less: direct expen c Net income or (los	ses		9a 9b activitie	es	>				
	DaGross sales of inverteurns and allowa	inces		10a						
	b Less: cost of goods			10b						
-	Net income or (los Miscellaneo			nvento	ry Business	Cada				
ī	1a	ous K	evenue		busilless	Code	-			
	b									
	c									
	d All other revenue			I.						
	e Total. Add lines 1	1a-1	1d			•				
1	2 Total revenue. Se	ee in	structions .		<u> </u>	•	113,952	48,392	C	24,000
										Form 000 (2020)

— Page 10 —

Form 990 (2020) Page									
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	. All other organization	ons must complete co	olumn (A).					
Check if Schedule O contains a response or note to a	ny line in this Part IX			\square					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2 Grants and other assistance to domestic individuals. See Part IV, line 22									
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.									

https://projects.propublica.org/nonprofits/organizations/942464751/202101959349301590/full

Loans and other payables to any current or former officer, director, trustee, key

Pledges and grants receivable, net . .

3

3

4

3,850

1/10/	24, 12	2.47 FIVI	Alaille	eda Museum - Full Filling- Nomprom	Explorer - Fromu	Jiica	
s		employee, creator or founder, substantial contri or family member of any of these persons .	or 35% controlled entity		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s			6		
	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use		6,069	8		
Ass	9	Prepaid expenses and deferred charges		1,704	9		
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	334,755			
	ь	Less: accumulated depreciation	10b	116,163	218,593	10c	218,592
	11	Investments—publicly traded securities .			11		
	12	Investments—other securities. See Part IV, line		515,030	12	523,788	
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15	11,623	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	798,071	16	788,896
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
Ë	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	•		24		
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		1,650	25	1,650	
	26	Total liabilities. Add lines 17 through 25 .		1,650	26	1,650	
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck h	ere 🕨 🗹 and			
ag	27	Net assets without donor restrictions	•		728,625	27	719,450
d E	28	Net assets with donor restrictions		67,796	28	67,796	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	check here and and		29		
	30	Paid-in or capital surplus, or land, building or ed	n or capital surplus, or land, building or equipment fund				
Assets	31	Retained earnings, endowment, accumulated in	ment, accumulated income, or other funds				
	32	Total net assets or fund balances		796,421	32	787,246	
Net	33	Total liabilities and net assets/fund balances .		798,071	33	788,896	

Form **990** (2020)

----- Page 12 -----

Form	990 (2020)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,791
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,839
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	796,421
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	-2,336
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	787,246

	Check if Schedule O contains a response or note to any line in this Part XII							
	, ,		Yes	No				
	Accounting method used to prepare the Form 990:	2a		No				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b		No				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
За	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No				
b	3b							
		F	orm 99	0 (2020				
Form	990 (2020)							
Ac	Returi	n to Fo	rm					
	Software ID:							
	Software Version:							
Forr	m 990, Special Condition Description:							
	Consist Condition Description							

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ObjectId: 202101959349301590 - Submission: 2021-07-14

TIN: 94-2464751

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

		ne organization	Employer identification number										
Alameda Museum							94-2464751						
	rt I organiz	Reason for Public ation is not a private four					See instructions.						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .													
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.)													
8		A community trust desc	ribed in sectio i	n 170(b)(1)(A)(vi).	(Complete Part	t II.)							
9		An agricultural research non-land grant college of An organization that no	of agriculture. S	ee instructions. Enter t	the name, city,	, and state of the	college or university:						
		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organize	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).						
12		An organization organizemore publicly supported in lines 12a through 12d	organizations	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a						
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or co appoint or elect a majo	ontrolled by its	supported organi	zation(s), typically by						
b		Type II. A supporting of management of the sup must complete Part I	rganization sup porting organiz	pervised or controlled in ation vested in the san									
С		Type III functionally	integrated. A	supporting organization				ted with, its					
d		supported organization(Type III non-function functionally integrated.	ally integrate The organizatio	d. A supporting organion generally must satisf	zation operate fy a distribution	d in connection win requirement and	th its supported organ						
e		instructions). You must Check this box if the organized, or Type III n	janization recei	ved a written determin	ation from the		pe I, Type II, Type III	functionally					
f	Enter	the number of supported	•		-		<u> </u>						
g		de the following informati					_						
(i)		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?			(vi) Amount of other support (see instructions)					
					Yes	No							
Tota	<u> </u>												
		work Reduction Act Not	ice, see the I	nstructions for	Cat. No. 112	85F	Schedule A (Form 9	90 or 990-EZ) 2020					
Form	990	or 990-EZ.	·				·	•					
				Pag	ge 2 ———								
Sche	dule A	(Form 990 or 990-EZ) 20	20					Page 2					
Pa	rt II			zations Described he box on line 5, 7,				L)(A)(vi)					
				ify under the tests I				,					

Section A. Public Support

Calendar vear

	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.").						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3 The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
	ection B. Total Support lendar year						
	r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	k year as a section	n 501(c)(3) organ	ization, check
	this box and stop here					▶□	
S	Section C. Computation of Public						
14	Public support percentage for 2020 (lin	e 6, column (f) div	vided by line 11, c	olumn (f))		14	
15	Public support percentage for 2019 Sch	edule A, Part II, li	ne 14			15	
16a	33 1/3% support test—2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or I	more, check this b	юх
	and stop here. The organization qualif						🕨 🗆
b	33 1/3% support test—2019. If the	organization did n	ot check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	% or more, check	this
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets t						
	organization				•		▶□
h	10%-facts-and-circumstances test						
_	15 is 10% or more, and if the organiza	ation meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here.	
	Explain in Part VI how the organization			_	·		
	supported organization						▶∪
18	_						▶ □
	instructions			<u> </u>		e A (Form 990 o	F U
					Schedul	ט טפפ ווווט ו) א ט	. 330-LZ) 2020
			Page 3				
			raye 3				
Sch	edule A (Form 990 or 990-EZ) 2020						Page 3
	Part III Support Schedule fo						
	(Complete only if you						er Part II. If
_	the organization fails t	o quality under	tne tests listed i	below, please co	ompiete Part II.)	
	ection A. Public Support lendar year	1					
	r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1							
	membership fees received. (Do not include any "unusual grants.").	163,364	42,222	37,675	38,650	41,560	323,471
2							
_	merchandise sold or services			0.55	07.45-	10.555	201
	performed, or facilities furnished in any activity that is related to the	72,013	69,883	84,384	87,105	48,392	361,777
	organization's tax-exempt purpose						
3							

Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica

1/16/24, 12:47 PM

determination.

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

За

3b

С	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.	3c						
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.							
	Checked DOX 12a Of 12b III Part 1, answer lines 4b and 4c below.	4a						
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.							
С								
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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?	5b						
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c						
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 .	6						
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0						
,	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 or 990-EZ).	7						
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"							
	complete Part I of Schedule L (Form 990 or 990-EZ).	8						
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.	9a						
b								
	organization had an interest? If "Yes," provide detail in Part VI.							
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c						
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.	10a						
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa						
	the organization had excess business holdings).	10b						
	Schedule A (Form 990	or 99	0-EZ)	2020				
	Page 5							
Sche	dule A (Form 990 or 990-EZ) 2020		ı	Page 5				
Par	t IV Supporting Organizations (continued)			- 3				
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>				
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the							
-	governing body of a supported organization?	11a						
b	A family member of a person described in 11a above?	11b		1				
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c						
	VI.							
Se	ction B. Type I Supporting Organizations		Yes	No				
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		163	140				
•	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.							
	applied to satisf porters during the tax year.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that							
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2						
	ction 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 supporting organization was vested in the same persons that controlled or managed to	v contr	ol or management of the	1	1				
Section D. All Type III Supporting Organizations									
	School Strain Type 222 Supporting Strains and Strains				Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of								
	tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of	the or							
	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 el organization(s) or (ii) serving on the governing body of a supported organization? If "								
	organization maintained a close and continuous working relationship with the support			2					
3	By reason of the relationship described in line 2 above, did the organization's support								
	voice in the organization's investment policies and in directing the use of the organiza during the tax year? If "Yes," describe in Part VI the role the organization's supporte			3					
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>					
1	Check the box next to the method that the organization used to satisfy the Integral Po	art Tes	t during the year (see instruct	ions):					
;	The organization satisfied the Activities Test. Complete line 2 below.								
ı	The organization is the parent of each of its supported organizations. Complete	e line	3 below.						
•	The organization supported a governmental entity. Describe in Part VI how yo	ou supp	oorted a government entity (see	instru	ctions)				
2	Activities Test. Answer lines 2a and 2b below.					T			
	a Did substantially all of the organization's activities during the tax year directly further	the ev	ampt purposes of the		Yes	No			
•	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp	Part \	/I identify those supported						
	responsive to those supported organizations, and how the organization determined th								
	substantially all of its activities.	n'a inv	alvement one or more of the	2a	ļ				
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.								
3	Parent of Supported Organizations. Answer lines 3a and 3b below.								
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of								
	the supported organizations? If "Yes" or "No" provide details in Part VI.								
	Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz.			3b					
Schedule A (Form 990									
	Page 6 ————								
Cobo	dula A /Form 000 or 000 EZ) 2020				_				
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raan	tations			Page 6			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	_		(T) Se					
_	instructions. All other Type III non-functionally integrated supporting organization								
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r			
1	Net short-term capital gain	1		-					
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1							
	Average monthly value of securities	1a							
	Average monthly cash balances	1b							
	Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a 1h and 1c)									

u	Iutai (auu iiiles 1a, 10, aliu 1c)	1 14	I .	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
3	Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3		

Schedule A (Form 990 or 990-EZ) 2020

—— Page 7 —

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Continue 5 Pink in the Allerent continue (ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			

Additional Data				Return to Form
			Schedu	
Return Reference			Explanation Schedu	le A (Form 990 or 990-EZ) 20
Return Reference			Evalanation	
	Facts And	d Circumstances To	est	
	F4- A	I O:	4	
	o, 4c, 5a, 6, 9a, 9b, 9c, 1 3; Part IV, Section E, line	l1a, 11b, and 11c; F es 1c, 2a, 2b, 3a and	Part IV, Section B, lines 1 a d 3b; Part V, line 1; Part V,	or 17b; Part III, line 12; Part IV, and 2; Part IV, Section C, line 1; Section B, line 1e; Part V additional information. (See
hedule A (Form 990 or 990-EZ) 2020		- Page 8 ———		Page
			Schedule	e A (Form 990 or 990-EZ) (202
Excess from 2020				1/5 000 000 === /5
Excess from 2018				
Excess from 2017				
a Excess from 2016				
3j and 4c. Breakdown of line 7:				
lines 3h and 4b from line 1. If the amount than zero, explain in Part VI . See instructions carryover to 20.	unt is greater uctions.			
Remaining underdistributions for years p 2020, if any. Subtract lines 3g and 4a fi If the amount is greater than zero, <i>exp.</i> See instructions.	rom line 2. lain in Part VI .			
Remainder. Subtract lines 4a and 4b fro	_			
• • • • • • • • • • • • • • • • • • • •				
Applied to 2020 distributable amount				

efile Public Visual Render

ObjectId: 202101959349301590 - Submission: 2021-07-14

TIN: 94-2464751 OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury

Open to Public

Interna	I Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the late	st informatio	n.	Insp	ection
	me of the orgar neda Museum	nization		Emp	loyer identi	fication n	umber
Alai	neda Museum			94-2	464751		
Pa		izations Maintaining Donor Advis		unds or Acc	ounts.		
	Comple	ete if the organization answered "Yes	(a) Donor advised funds		(b) Funds an	nd other ac	counts
1	Total number at	end of year	(a) Bonor davised rands		(b) runus un	ia otrici ac	courtes
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	e of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor advisor property, subject to the organization's exc			funds are the		res 🗆 No
6	charitable purp	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or for any other pu	irpose conferr	ed only for ing impermiss	sible	
		·		• •			res 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes	s" on Form 990 Part IV line 7				
1		onservation easements held by the organ					
-		on of land for public use (e.g., recreation		on of an histor	ically importa	nt land are	ea.
		of natural habitat	,	on of a certifie			-
		on of open space	_ Treservatio	on or a certifie	a mistoric stru	cture	
2		2a through 2d if the organization held a	qualified conservation contribution in	the form of a	conservation		
-		ne last day of the tax year.	qualified conservation contribution in	r the form of t	Held at th		the Year
а	Total number of	conservation easements		2a			
b	Total acreage re	estricted by conservation easements		2b			
С	Number of cons	ervation easements on a certified historic	structure included in (a)	2c			
d		ervation easements included in (c) acquing the National Register	red after 7/25/06, and not on a histo	oric 2d			
3		servation easements modified, transferre	d, released, extinguished, or termina	ated by the or	ganization dur	ring the	
4	Number of state	es where property subject to conservation	n easement is located 🕨				
5	Does the organ	ization have a written policy regarding th	ne periodic monitoring, inspection, ha	andling of viola	- ations,		
	and enforcemen	nt of the conservation easements it holds	?			Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enfo	orcing conserv	ation easemei	nts during	the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing	conservation	easements du	uring the y	rear
8	Does each cons	servation easement reported on line 2(d)	above satisfy the requirements of se	ection 170(h)(4)(B)(i)		
	and section 170	O(h)(4)(B)(ii)?				Yes	□ No
9	balance sheet,	scribe how the organization reports consi and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization's financ			es	
Par		izations Maintaining Collections ete if the organization answered "Yes		or Other Si	milar Asset	ts.	
1a	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial stateme	ic exhibition, education, or research				
b	historical treasured following amou	tion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:	ic exhibition, education, or research	in furtherance	of public ser	vice, provi	
((i) Revenue includ	ded on Form 990, Part VIII, line 1			> \$		
		d in Form 990, Part X					
2	If the organizat	cion received or held works of art, historic nts required to be reported under FASB A	cal treasures, or other similar assets				
а	Revenue include	ed on Form 990, Part VIII, line 1			. > \$		
b	Assets included	l in Form 990, Part X			. > \$		
For I	Paperwork Red	uction Act Notice, see the Instruction	ns for Form 990.	Cat. No. 52283	SD Schedu	le D (Forr	m 990) 2020

— Page 2 ——

Sche	dule D	(Form 990) 2020												Page 2
Par	t III	Organizations Ma	intaining Col	lections o	of Art, F	listori	cal Tr	easu	res, o	r Other	Similar	Assets (continu	ed)
3		the organization's acquired (check all that apply):	iisition, accession	n, and other	records,		any of	the fol	llowing	that are a	significan	t use of it	s collect	ion
а		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				е		Other						
С		Preservation for future	generations											
4	Provid Part X	de a description of the o	organization's col	lections and	explain l	how the	y furth	er the	organi	zation's e	xempt pur	pose in		
5		g the year, did the orga s to be sold to raise fund										□ Y ₀	PS [□ No
Pai	t IV	Escrow and Custo Complete if the org line 21.			" on For	m 990,	, Part	IV, lin	ne 9, o	r reporte	d an amo			
1a		organization an agent, led on Form 990, Part X										□ Y (es [□ No
b	If "Ye	s," explain the arranger	ment in Part XIII	and comple	ete the fo	llowina	table:					Amount		
c		ning balance		•		_				1c				
d	_	ions during the year								1d				
е		butions during the year								1e				
f		g balance								1f				
2-		ne organization include a								account li	abilitu 2			
2a												_	es C	J No
b		s," explain the arranger		. Check here	e if the ex	kplanatio	on has	been	provide	d in Part 2	XIII	. U		
Ра	rt V	Endowment Fund Complete if the org		vered "Yes	" on For	m 990.	Part	TV. lin	ne 10.					
		complete if the org	janizacion anov	(a) Currer			rior yea			years back	(d) Three	years back	(e) Fou	r years back
1a	Beginn	ing of year balance .												
b	Contrib	outions												
С	Net inv	estment earnings, gains	s, and losses											
d	Grants	or scholarships												
е		expenditures for facilitie	S											
f	Admini	strative expenses .												
g	End of	year balance												
2 a		de the estimated percen I designated or quasi-en	_	ent year end	l balance	(line 1g	, colur	nn (a)) held a	as:				_
b	Perma	anent endowment 🕨												
С	Term	endowment 🕨												
		ercentages on lines 2a,	2b, and 2c shou	ld equal 100	0%.									
За		nere endowment funds r iization by:	not in the posses	sion of the	organizat	ion that	are he	eld and	d admir	nistered fo	r the		Y	es No
	(i) Ur	nrelated organizations											a(i)	
		elated organizations .											a(ii)	
ь 4		s" on 3a(ii), are the rela ibe in Part XIII the inte	-		•			•				•	3b	
					ii s endov	willent i	unas.							
Pai	t VI	Land, Buildings, a Complete if the org			" on For	m 990.	Part	IV. lin	ne 11a.	See For	m 990. F	Part X. lir	ne 10.	
	Descri	ption of property	(a) Cost or oth (investme	ner basis	(b) Cost						depreciation		(d) Book	value
1a	Land											+		
		gs		334,755							116,16	3		218,592
		old improvements									==,10			,
		nent												
												+		
		ines 1a through 1e. (Co	olumn (d) must 4	equal Form 9	990 Part	X. colu	mn (R)	. line	10(c))		•	+		218,592
	/		(a) mast (, , uit	., colui	(D)	,	(-/-/		_	chedule I	D (Form	1 990) 2020

———— Page 3 ——

Schedule D (Form 990) 2020 Page **3**

Part VII Investments □ Other Securities. Complete if the organization answered "Yes" on F	Form 990. Part IV. line 1	1b.See Form 990. P	art X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives		Cost of end-of	-year market value
(2) Closely-held equity interests			
(3) Other (A) Investment account	523,788		С
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	523,788		
Part VIII Investments Program Related. Complete if the organization answered 'Yes' on F	Form 990 Part IV line 1	1c Soo Form 990 [Part V line 13
(a) Description of investment	omi 990, raic IV, iiie 1.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on F	orm 990 Part IV line 11	d See Form 990 Pari	X line 15
(a) Description	omi 990, rare IV, mie 11	d. 3cc (6/11/ 330, 1 d)	(b) Book value
(1)Other currect assets (2)			11,623
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			11,623
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV. line 11	e or 11f.See Form	990, Part X, line 25.
1. (a) Description of I			(b) Book value
(1) Federal income taxes			

3)					
4)					
5)					
6)					
7)					
_					
8)					
9)					
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			b	1,650
. Liabi	lity for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the or	ganization's financial s	tatements that re	oorts the
rganiz	ation's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the	text of the footnote ha	s been provided i	n Part XIII 🔲
				Schedule D (I	orm 990) 2020
				`	•
	Page 4				
	Tuge 1				
chedu	le D (Form 990) 2020				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Staten	ents \	With Revenue per	Return.	
	Complete if the organization answered 'Yes' on Form 990, Pa				
. Т	otal revenue, gains, and other support per audited financial statements .			1	
	amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	let unrealized gains (losses) on investments	2a			
b [Oonated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d	<u> </u>		2e	
	Subtract line 2e from line 1			3	
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	I		
	Other (Describe in Part XIII.)	4b		_	
	Add lines 4a and 4b	70			
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	٠.		5	
Part					
alt.	Complete if the organization answered 'Yes' on Form 990, Pa			i Ketuiii.	
. Т	otal expenses and losses per audited financial statements			1	
	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a [Oonated services and use of facilities	2a			
b F	rior year adjustments	2b			
	Other losses	2c			
d (Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d	<u> </u>		2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	I		
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	
	XIII Supplemental Information	,., ·	<u> </u>		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			art V, line 4; Part >	(, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny addit			
	Return Reference		Explanation		
					orm 990) 2020

https://projects.propublica.org/nonprofits/organizations/942464751/202101959349301590/full and the state of the state of

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Return to Form

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ObjectId: 202101959349301590 - Submission: 2021-07-14

TIN: 94-2464751OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2020

Open to Public Inspection

Name of the organization Alameda Museum Employer identification number

94-2464751

	94-2464751
Return Reference	Explanation
Members or stockholder classes and rights Part VI line 6	The Museum offers membership at different levels (such as annual, lifetime, business etc.) at rates which vary from \$20 to \$1000. Members enjoy four issues of the Museum Quarterly, free admission to lectures by local luminaries and advance notice of special events such as the Alameda Legacy Home Tour and Meyers House. New and gift memberships have extra incentives. Tax deductible dues are based on the calendar year.
Member election for additional members Part VI line 7a	All members are eligible to vote for a slate of officers in accordance with the governance Documents of the Organization.
Governing body decisions Part VI line 7b	Members elect the Board of Directors and also vote on any proposed changes to the Articles and Bylaws of the organization.
Form 990 governing body review Part VI line 11	Form 990 is prepared by an outside tax professional. The form is then reviewed by the organizations management. After full review, the final version of the tax return is provided to all members of the organizations voting body. A representative of management authorizes the final form 990 which is then e-filed with the IRS.
Conflict of interest policy compliance Part VI line 12c	Members of the Board of Directors review all potential conflicts of interest at least annually. The Museums curator and all board members are required to disclose (in writing) potential conflicts and any related party affiliations. Loans between the organization and members of management and the board are strictly prohibited. The organization seeks full transparency on all relationships and potential conflicts (in fact or appearance). These are discussed openly and resolved in accordance with the organizations policies and procedures.
CEO executive director top management comp Part VI line 15a	Members of the Board of Directors review the compensation annually in accordance with the IRS rules and regulations. Efforts are made to secure compensation dare from the industry source to determine competitiveness and appropriateness of compensation. Every effort is made to ensure that the process if thorough and transparent in accordance with IRS guidelines and the organizations policies and procedures.
Governing documents etc available to public Part VI line 19	All of the organizations governing documents, financial statements and other legal filings are maintained in a secure environment and made available for inspection by tax authorities and the general public. Tax returns are posted annually to guidestar.org. Here they are available for viewing as electronic copies. They are also available for physical inspection at the organizations office in Alameda, CA.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID: Software Version: efile Public Visual Render

ObjectId: 202041709349300219 - Submission: 2020-06-18

TIN: 94-2464751

orm 990

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

		L				
		alendar year, or tax year beginning 01-01-2019 , and ending 12-3 C Name of organization	1-2019	D Employe	r identif	ication number
	ck if applicable: dress change	Alameda Museum		. ,		ication number
	me change			94-24647	751	
O Ini	tial return	Doing business as				
_	al return/terminated			E Telephone	number	
	ended return olication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/su 2324 ALAMEDA AVENUE	iite	(510) 52		
	silication penaing	City or town, state or province, country, and ZIP or foreign postal code		(310) 32	1-1233	
		ALAMEDA, CA 94501		G Gross rece	eints \$ 2	17,636
		F Name and address of principal officer:	H(a) Is this			,
		Valerie Turpen		dinates?	1111 101	□ _{Yes} ✓ _{No}
		2324 ALAMEDA AVENUE ALAMEDA, CA 945014503	H(b) Are all	subordinate	!S	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3)	include		rt (coo	instructions)
1 W	ehsite: • www	w.alamedamuseum.org	H(c) Group		•	•
,	CDSICCI P WWW	Waldinedamaseamorg				
K Forn	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	tion: 1958	M State	of legal domicile: CA
	. o. o. gazac.o	_ corporation _ mast _ resociation _ cited p				
Pa	ırt I Sum ı	mary				
		cribe the organization's mission or most significant activities: UM'S PRINCIPAL MISSION IS TO PRESERVE AND SHOWCASE THE CITY OF	E ALAMEDA'S H	ISTORICAL I	EGΔCV	
Ce	THE MOSE	011 3 TRINGITAL MISSION IS TO TRESERVE AND SHOWCASE THE CITY OF	ALAMEDA 5 M.	ISTORICAL L	LUACI	
Jar						
le l						
05	2 Check thi 3 Number of	s box ▶ □ of voting members of the governing body (Part VI, line 1a)			Ιз	10
×8		of independent voting members of the governing body (Part VI, line 1b)		_	4	10
es		nber of individuals employed in calendar year 2019 (Part V, line 2a)			5	0
Activities & Governance		aber of volunteers (estimate if necessary)			6	70
Act		elated business revenue from Part VIII, column (C), line 12		-	7a	0
		ated business taxable income from Form 990-T, line 39			7b	
			1	or Year		Current Year
_	8 Contribut	ions and grants (Part VIII, line 1h)		37,67	75	38,650
age .		service revenue (Part VIII, line 2g)		44,50	_	44,130
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		-30,92	_	91,881
œ		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,63	_	24,624
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,88		199,285
		nd similar amounts paid (Part IX, column (A), lines 1–3)				0
		paid to or for members (Part IX, column (A), line 4)				0
S		other compensation, employee benefits (Part IX, column (A), lines 5–10)		25,80	26,256	
Expenses	-	nal fundraising fees (Part IX, column (A), line 11e)		,		0
D G		aising expenses (Part IX, column (D), line 25) ▶0				
凶		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		146,59	90	143,282
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		172,39		169,538
	•	less expenses. Subtract line 18 from line 12		-96,50	_	29,747
× s		<u> </u>	Beginning (of Current Ye		End of Year
Net Assets or Fund Balances						
Bak	20 Total asse	ets (Part X, line 16)		769,52	24	798,071
nd P	21 Total liabi	lities (Part X, line 26)		2,85	50	1,650
žZ	22 Net asset	s or fund balances. Subtract line 21 from line 20		766,67	74	796,421

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.

	Sic	gnature of officer			2020-06-18 Date			
Sign Here	י ווי				Dute			
· i c i v	va	lerie Turpen President De or print name and title						
-	,	Print/Type preparer's name	Preparer's signature	Date	PTIN			
Pai	d				Check if P0018	86389		
	parer	Firm's name Regalia & Associates	CPAs		Firm's EIN ► 68-0260	0103		
Use	Only	Firm's address 103 Town Country Dr	Ste K		Phone no. (925) 314-0	0390		
		Danville, CA 94526						
May t	the IRS disc	uss this return with the preparer sh	own above? (see instructions)			✓ Yes	□No	
For F	Paperwork	Reduction Act Notice, see the se	eparate instructions.	Cat.	No. 11282Y	F	orm 99	0 (2019)
			Page 2 —					
Form	990 (2019)							Page 2
Pa	rt III St a	atement of Program Service	Accomplishments					
	Che	eck if Schedule O contains a respons	se or note to any line in this Pa	rt III				~
1		cribe the organization's mission:						
The N	Museum offe	ers permanent displays of Alameda I	history as well as souvenirs, bo	oks and videos abou	t the rich history of th	ne Island	l City.	
2	Did the or	ganization undertake any significant	program services during the y	ear which were not l	isted on			
	the prior F	form 990 or 990-EZ?				□ Y	'es 🔽	No
	If "Yes," d	escribe these new services on Scheo	dule O.					
3	· ·	ganization cease conducting, or mak	ke significant changes in how it	conducts, any progr	am		1	
							Yes	☑ No
4	•	escribe these changes on Schedule		*h la		منظلمة		_
•	Section 50	he organization's program service and $(c)(3)$ and $501(c)(4)$ organizations ue, if any, for each program service	s are required to report the am					
4a	(Code:) (Expenses \$	117,320 including grants of	÷ \$) (Revenue \$	60,	,789)	
		M: THE ORGANIZATION OPERATES THE A HE PUBLIC. IN 1983 THE ALAMEDA MUSEI						
	CITY OF ALA	AMEDA. THE MUSEUM ALSO LEADS TOUR: EWS AND ARTICLES ON ALAMEDA HISTOR	S FOR HUNDREDS OF SCHOOLCHILI					
			···					
4b	(Code:) (Expenses \$	43,212 including grants of	\$) (Revenue \$)	
		se museum: Henry H. Meyers was a signi property over to the museum in 2013. It						
		ne Meyers family and other period pieces.					ngs ongi	ilially
4c	(Code:) (Expenses \$ CTURE SERIES: THE MUSEUM HAS BEEN	including grants o) (Revenue \$	⊔1CT∩D1A	NE VND	
		RS EXAMINE VARIOUS ASPECTS OF ALAM						LECTURE.
4d		gram services (Describe in Schedule	•) (Davienus		,		
	(Expenses	gram service expenses	ling grants of \$ 160,532) (Revenue	! \$)		
4e	rotai pro	gram service expenses	160,532			F	orm 9 9	90 (2019)
								(====)
			———— Page 3 —					
Eorm	990 (2019)							
	<u> </u>	ecklist of Required Schedule	<u> </u>					Page 3
га	ILIV CII	ecklist of Required Schedule	-5				Yes	No
1		anization described in section 501(c)(3) or 4947(a)(1) (other than	a private foundation)? If "Yes," complete		Yes	
	Schedule A				457	1		
2		anization required to complete Sche				2	Yes	
3		ganization engage in direct or indire office? <i>If "Yes," complete Schedule</i> (position to candidates	3		No
	•		•		coction E01(b)			
4		01(c)(3) organizations. Did the deffect during the tax year? <i>If "Yes,"</i>				4		No

5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🖼	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
		F	orm 99	0 (2019
	Page 4			
	Tayo T			

Form 990 (2019) Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . No Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current No 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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

1/16/2	4, 12:47 PM Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica			
	complete Schedule K. If "No," go to line 25a	24a		INO
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in 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	Yes	
		F	orm 99	0 (2019
	Page 5			
Form	990 (2019)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			raye 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No

b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a	No	_
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	No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
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?	6a	No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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	No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots . \dots	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No	
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	No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		_
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
	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:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	120		_
-	12b			
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		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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	No	-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O.	16	No	_
		F	orm 990 (201	19)

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Se	ction A. Governing Body and Management	1	1	
1.	Enter the number of voting members of the governing body at the end of the tay year.		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing	<u>-</u>		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Code	e.)	_
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		No
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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Valerie Turpen 2324 ALAMEDA AVENUE Alameda, CA 94501 (510) 522-3734			
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art 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related		one b	o no ox, i in of tor/t	ot ch unle ffice trust	ss per r and a ee)	son a	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of othe compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) George Gunn	25.00	x						24,000	0	
CURATOR	0.00	^						24,000	U	
(2) Valerie Turpen	6.00	Х		Х				2,250	0	
President	0.00	^		^				2,230	U	
(3) Myrna van Lunteren	4.00	Х		Х				0	0	
Vice President	0.00	^		^				U	0	
(4) Bob Risley Treasurer	0.00	Х		Х				0	0	
(5) Linda Ivey	2.00									
Secretary	0.00	Х		Х				0	0	
(6) Kim Dye	2.00	Х						0	0	
Director	0.00 2.00									
(7) Ashok Katdare Director	0.00	х						0	0	
(8) Evelyn Kennedy Director	2.00	х						0	0	
(9) Jane Burgelin	0.00 2.00									
Exhibit Dir.	0.00	Х						0	0	
(10) Joe Young	7.00									
Asst Curator	0.00	Х						0	0	
	3.00									
					\vdash					
					_					

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Form	n 990 (2019)												Page 8
	rt VII Section A. Officers, Dire	ectors, Trustee	s, Key	Emp	loye	ees,	and	High	nest Compensat	ed Employees	(conti	nued)	r age e
	(A) Name and title	(B) Average hours per week (list any hours for related	than is b	one b	ox, ι in of tor/t	t ch unle: ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensatio from related organizations (2/1099-MISO	l W-	Estima Estima amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1039-113C)	2/1099-14130		relat organiza	ed
c ·	Sub-Total						* * *		26,250				
2	Total number of individuals (includ of reportable compensation from t	ing but not limited	l to thos			bove	e) who	rece	eived more than \$1	.00,000			
3	Did the organization list any forme line 1a? <i>If "Yes," complete Schedu</i>									l employee on	3	Yes	No No
4	For any individual listed on line 1a organization and related organization	ions greater than								m the	4		No
5	Did any person listed on line 1a reservices rendered to the organization		•						•		5		No
1	ection B. Independent Contra Complete this table for your five hi		ad indon	endo	nt co	ntr	actors	that	received more than	n \$100 000 of co	mnena	ation	
_	from the organization. Report com										Препѕ	(C	<u>, , , , , , , , , , , , , , , , , , , </u>
	Nan	ne and business addr	ess						Des	cription of services	_	Comper	
											\Rightarrow		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form **990** (2019)

					Page 9			
Form	990 (2019)							Page 9
Par	t VIII Stateme							
	Check if S	chedule (O contains a res	ponse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(erated campaigns	S	1a	L	I	revenue		312 314
s, Grants								
9	nbership dues . 6,515	•	1b					
ifts,	draising events		1c					
9.6			<u> </u>					
ons.	ated organization	S	1d					
Contributions, Giffs, Grants	ernment grants (con	tributions)	1e					
aı	ther contributions, on the similar amounts not bove		s, 1f					
	32,135 oncash contributions ir	ncluded in	1					
lir	nes 1a - 1f:\$		1 <u>g</u>					
h T	7,000 otal. Add lines 1a-1	.f		. . 38,650				
<u>'</u> T				Business Code				
I	a Archival Services			712110	42,600	42,600		
Service Revenue) Houses tours			712110	345	345		
Reve				712110	1 105	1 105		
ce	Lecture Series			712110	1,185	1,185		
Serv	<u> </u>							
E								
Progra	3							
	f All other program	service	revenue.					
	9 Total. Add lines			44,130				
3	Investment incom			terest, and other	91,881			91,881
4	similar amounts) Income from inves			nd proceeds	0			32,002
				•	0			
			(i) Real	(ii) Personal				
6	a Gross rents	6a						
b	Less: rental expenses	6b						
c	or (loss)	6c						
	d Net rental incom		<u> </u>		0			
7	a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
Ь		7b						

	c Gain or (loss) 7c						
	d Net gain or (loss)		•	\dashv	0		
	Gross income from fundraising events						
evenue	(not including \$ of contributions reported on line 1c).						
V.	See Part IV, line 18	8a	16,6	87			
å	b Less: direct expenses	8b	8,7	22			
ē	c Net income or (loss) from fundraising		nts 🕨	7,96	55		
Other	, , ,						
0	Gross income from gaming activities.						
	See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming ac	ctivitie	s 🕨		0		
	10aGross sales of inventory, less returns and allowances	10a	17,0	16			
	_	10a	9,6				
	- L	— Ь		7,38	7,3	87	
	C Net income or (loss) from sales of in Miscellaneous Revenue	iventoi	ry • • Business Code		,		
	11aEstate sales commissions		900		9,2	72	
	Estate sales commissions			·	,		
		-					
	Ь						
	с						
	d All other revenue						
		!-	•				
	e Total. Add lines 11a-11d						
		•		9,27	/2		+
	e Total. Add lines 11a-11d	•		9,27		89	91,881
		•	· · · · •			89	91,881 Form 990 (2019)
			· · · •	199,28		89	
						89	
form			•	199,28		89	
	12 Total revenue. See instructions . n 990 (2019) art IX Statement of Functional	Ехре	enses	199,28 — Page 10	35 60,7		Form 990 (2019)
	n 990 (2019) Art IX Statement of Functional Section 501(c)(3) and 501(c)(4)	4) orga	anizations must	Page 10 complete all columns	All other organizati	ions must complete c	Page 10 olumn (A).
Pa	n 990 (2019) Statement of Functional Section 501(c)(3) and 501(c)(4) Check if Schedule O contains a	4) orga respo	anizations must nse or note to a	Page 10 complete all columns	All other organizati	ions must complete c	Page 10
Pa Do	n 990 (2019) Statement of Functional Section 501(c)(3) and 501(c)(4 Check if Schedule O contains a not include amounts reported on line	4) orga respo	anizations must nse or note to a	— Page 10 complete all columns ny line in this Part IX (A)	All other organizati (B) Program service	ions must complete c	Page 10 olumn (A). (D) Fundraising
Pa Do 7b,	12 Total revenue. See instructions . 1990 (2019) 11 X Statement of Functional Section 501(c)(3) and 501(c)(4 Check if Schedule O contains a 10 include amounts reported on line 8b, 9b, and 10b of Part VIII.	1) orga respo es 6b,	anizations must nse or note to a	— Page 10 —— complete all columns ny line in this Part IX (A) Total expenses	All other organizati	ions must complete c	Page 10
Pa Do 'b,	n 990 (2019) Statement of Functional Section 501(c)(3) and 501(c)(4 Check if Schedule O contains a not include amounts reported on line	respo res 6b,	anizations must nse or note to a nizations and	— Page 10 complete all columns ny line in this Part IX (A)	All other organizati (B) Program service	ions must complete c	Page 10 olumn (A). (D) Fundraising
Do 7b,	n 990 (2019) Statement of Functional Section 501(c)(3) and 501(c)(4 Check if Schedule O contains a not include amounts reported on line 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic	respo res 6b, c organ e 21 c indiv	nizations must nse or note to a nizations and iduals. See	— Page 10 —— complete all columns ny line in this Part IX (A) Total expenses	All other organizati (B) Program service	ions must complete c	Page 10 olumn (A). (D) Fundraising
Do 7b, 1	12 Total revenue. See instructions . 1990 (2019) 11	respo res 6b, c orga e 21 c indiv	nizations must nse or note to a nizations and iduals. See zations, foreign	replace and columns of the part of the par	All other organizati (B) Program service	ions must complete c	Page 10 olumn (A). (D) Fundraising
Do 7b, 1	n 990 (2019) art IX Statement of Functional Section 501(c)(3) and 501(c)(4 Check if Schedule O contains a not include amounts reported on line 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic domestic governments. See Part IV, line Grants and other assistance to domestic Part IV, line 22	respo res 6b, c orga e 21 c indiv	nizations must nse or note to a nizations and iduals. See zations, foreign	replace and the part of the pa	All other organizati (B) Program service	ions must complete c	Page 10 olumn (A). (D) Fundraising
Do 'b, 1 2 3	12 Total revenue. See instructions . 1990 (2019) 11	respo es 6b, c organiz c indiv	nizations must nse or note to a nizations and iduals. See ituals. See ituals. See ituals. See ituals. See ituals. See	replace and the part of the pa	All other organizati (B) Program service	ions must complete c	Page 10 olumn (A). (D) Fundraising
Do 7b, 1 2 3	n 990 (2019) The section 501(c)(3) and 501(c)(4) Check if Schedule O contains a continct amounts reported on line 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic domestic governments. See Part IV, line Grants and other assistance to domestic Part IV, line 22	respo respo es 6b, c organ e 21 c indiv	nizations must nse or note to a nizations and iduals. See zations, foreign rt IV, lines 15 rustees, and	replace and the part of the pa	All other organizati (B) Program service	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising
Do 7b, 1 2 3	n 990 (2019) The section 501(c)(3) and 501(c)(4) Check if Schedule O contains a not include amounts reported on line 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic domestic governments. See Part IV, line Grants and other assistance to domestic Part IV, line 22	respo es 6b, c organiz c indiv preganiz see Pa cors, tr	nizations must nse or note to a nizations and nizations and niduals. See niduals. S	replace and the part of the pa	All other organizati (B) Program service expenses	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising
Do 7b, 1 2 3 4 5	n 990 (2019) Section 501(c)(3) and 501(c)(4) Check if Schedule O contains a not include amounts reported on line 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic domestic governments. See Part IV, line Grants and other assistance to domestic Part IV, line 22	respo es 6b, c organize 21 c indiv organize Pa cors, tr	nizations must nse or note to a nizations and nizations and niduals. See niduals. S	replace and the part of the pa	All other organizati (B) Program service expenses	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising
Do 7b, 1 2 3 4 5	12 Total revenue. See instructions . 1990 (2019) 1 Section 501(c)(3) and 501(c)(4 Check if Schedule O contains a not include amounts reported on line 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic domestic governments. See Part IV, line Grants and other assistance to domestic Part IV, line 22	respo es 6b, c organización de 21 c indiv corganización de 21 cors, tr cors, tr cors, tr cors, tr cors, tr cors, tr	nizations must nse or note to a nse or note to a nizations and nizations. See nizations, foreign rt IV, lines 15 nizations, and nizations, foreign rt IV, lines 15 nizations, and nizations and nizations described in nizations described nizations described in nizations described in nizations describ	replace and the part of the pa	All other organizati (B) Program service expenses	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising
Do 7'b, 1 2 3 4 5 6 7 8	12 Total revenue. See instructions . 1990 (2019) 11	respo es 6b, c organize 21 c indiv corganize Pa cors, tr isqualitions	nizations must nse or note to a nse or note to a nizations and nizations. See nizations, foreign rt IV, lines 15 nizations, and nizations, foreign rt IV, lines 15 nizations, and nizations and nizations described in nizations described nizations described in nizations described in nizations describ	replace and the part of the pa	All other organizati (B) Program service expenses	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising
Do 77b, 1 2 3 4 5 6 7 8	12 Total revenue. See instructions . 1990 (2019) 11	respo es 6b, c organize 21 c indiv organizee Pa cors, tr isqualitions (incluons)	nizations must nse or note to a nizations and nizations and nizations. See nizations, foreign to IV, lines 15 nizations, and fied persons (as s described in nizations.	replace and the part of the pa	All other organizati (B) Program service expenses	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising
Do 7b, 1 2 3 4 5 6 7 8 9 10	12 Total revenue. See instructions . 1990 (2019) 11	respo es 6b, c organize 21 c indiv organizee Pa cors, tr isqualitions (incluons)	nizations must nse or note to a nizations and nizations and nizations. See nizations, foreign to IV, lines 15 nizations, and fied persons (as s described in nizations.	Page 10 complete all columns ny line in this Part IX (A) Total expenses 0 0 26,256 0 0	All other organizati (B) Program service expenses	ions must complete c (C) Management and general expenses	Page 10 olumn (A). (D) Fundraising

Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica

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	, annead wascam i an i m	ig Honpront Explorer	I TOT GENOG	
c Accounting	1,375		1,375	_
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0		•	
g Other (If line 11g amount exceeds 10% of line 25, co (A) amount, list line 11g expenses on Schedule O)	olumn 0			
12 Advertising and promotion	2,247		2,247	
13 Office expenses	1,235	567	668	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	75,495	72,739	2,756	
17 Travel	0			
18 Payments of travel or entertainment expenses for an federal, state, or local public officials •	y 0			
19 Conferences, conventions, and meetings	. 0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	16,148	16,148		
23 Insurance	2,125	1,417	708	
24 Other expenses. Itemize expenses not covered above miscellaneous expenses in line 24e. If line 24e amou exceeds 10% of line 25, column (A) amount, list line expenses on Schedule O.)	nt			
a Meyers House Operations	34,986	34,956	30	
b Printing and Publications	7,100	7,100		
c Telephone	2,316	1,158	1,158	
d Postage and Shipping	255	191	64	
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24	e 169,538	160,532	9,006	0
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 958-73)				
				Farm 000 (2010)

Form **990** (2019)

Page 11

Form 990 (2019) Page **11 Balance Sheet** Check if Schedule O contains a response or note to any line in this Part IX . (A) Beginning of year (B) End of year Cash-non-interest-bearing . . 41,433 52,825 1 Savings and temporary cash investments 77 2 0 0 3 Pledges and grants receivable, net . 3,850 Accounts receivable, net . 3,550 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 0 5 or family member of any of these persons . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . 0 6 7 0 Notes and loans receivable, net . 6,169 8 6,069 Inventories for sale or use . . 9 1,704 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10a 334,756 116,163 10b 244,857 218,593 Less: accumulated depreciation **10**c Investments—publicly traded securities . 11

1/16/	24, 12	2:47 PM Alameda Museum - Full Filing- Nonprofit Explorer - ProPub	olica			
	12	Investments—other securities. See Part IV, line 11	12		5	15,030
	13	Investments—program-related. See Part IV, line 11	13			0
	14	Intangible assets	14			0
	15	Other assets. See Part IV, line 11	15			0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16		7	98,071
	17	Accounts payable and accrued expenses	17			
	18	Grants payable	18			
	19	Deferred revenue	19			
	20	Tax-exempt bond liabilities	20			
S	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% controlled entity or family member of any of these persons	22			
	23	Secured mortgages and notes payable to unrelated third parties	23			
	24	Unsecured notes and loans payable to unrelated third parties	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			1,650
	26	Total liabilities. Add lines 17 through 25 2,850	26		,	1,650
Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27		7	28,625
Ba	28	Net assets with donor restrictions	28		-	67,796
or Fund		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		,		
5	29	Capital stock or trust principal, or current funds	29			
	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31			
	32	Total net assets or fund balances	32		7	96,421
Net	33	Total liabilities and net assets/fund balances	33		7	98,071
		(2019)			Pi	age 12
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Tot	al revenue (must equal Part VIII, column (A), line 12)	1		1	.99,285
2		al expenses (must equal Part IX, column (A), line 25)	2			.69,538
3		renue less expenses. Subtract line 2 from line 1	3			29,747
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			66,674
5	Net	unrealized gains (losses) on investments	5			
6		nated services and use of facilities	6			
7	Inv	estment expenses	7			
8	Pric	or period adjustments	8			
9	Oth	er changes in net assets or fund balances (explain in Schedule O)	9			
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		7	96,421
Pá	art XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
					Yes	No
1	If the Sch	ounting method used to prepare the Form 990:				
2		re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		/es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both:	on a			
		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
h	We	re the organization's financial statements audited by an independent accountant?		2b		No

	Iditional Data	Return to	Form
	990 (2019)		
		Form	990 (2019
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		

efile Public Visual Render

ObjectId: 202041709349300219 - Submission: 2020-06-18

TIN: 94-2464751

OMB No. 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

itorriai	rtevenu	IC OCI VICC		go to <u>www.irs</u>	s.gov/Fo	<u> </u>	nstructions and	ı me i	atest mic	ormation.		nspection
	of th	he organiza seum	tion							Employer identif	cation	number
annec	au 11u5	,cum								94-2464751		
Par										See instructions.		
_	rganız		•		-		ough 12, check o	-	-	/a\/\\		
1		•		·			described in sec					
2		A school de	scribed in se	ction 170(b)(1)(A)(ii)). (Attach Scl	hedule E (Form 9	990 or 9	990-EZ).)			
3		A hospital of	or a cooperat	ive hospital ser	vice orga	nization desc	ribed in section	170(b)(1)(A)(iii).		
4		A medical r name, city,		nization operat	ed in con	junction with	a hospital descr	ibed in	section :	170(b)(1)(A)(iii).	Enter t	he hospital's
5				d for the benefi mplete Part II.)		lege or unive	rsity owned or o	perated	d by a gov	ernmental unit desc	ribed in	section
6		A federal, s	tate, or local	government or	governm	nental unit de	escribed in sectio	on 170)(b)(1)(A	()(v).		
7				mally receives (vi). (Complete			s support from a	gover	nmental u	init or from the gene	ral pub	olic described in
3		A communi	ty trust desc	ribed in sectior	n 170(b)	(1)(A)(vi).	(Complete Part 1	I.)				
9 0	□	non-land g An organiza from activit investment	rant college of ation that nor cies related to income and	of agriculture. Somally receives: To its exempt fur The unrelated busing	ee instructions (1) more nections—s	ctions. Enter e than 331/3% subject to cer ole income (le	the name, city, a 6 of its support f tain exceptions,	and sta rom co and (2	te of the on ntribution) no more	with a land-grant co college or university: s, membership fees, than 331/3% of its s sses acquired by the	and gr support	ross receipts from gross
_	_	•		509(a)(2). (Co	•	•						
1				•		,	r public safety. S					_
2		more public	cly supported	organizations of	described	in section 5	609(a)(1) or se	ction !	509(a)(2	s of, or to carry out t). See section 509 (s 12e, 12f, and 12g.		
a		organizatio	n(s) the pow	ganization oper er to regularly a tions A and B.	appoint o	pervised, or correlated or correlated or correct a major	ontrolled by its s ority of the direc	upport tors or	ed organiz trustees o	zation(s), typically bof the supporting org	y giving anizati	g the supported on. You must
b		Type II. A manageme	supporting ont of the sup	rganization sup	ervised o					organization(s), by h ge the supported org		
С		Type III f	unctionally	integrated. A s	supportin		n operated in co			nd functionally integr Ind E.	ated w	ith, its
d		functionally	integrated.	The organizatio	n general	lly must satis		require		th its supported orga I an attentiveness re		
е		Check this	box if the org	•	ved a wri	tten determir	nation from the I		t it is a Ty	pe I, Type II, Type I	[I funct	tionally
f	Enter			lorganizations						· · · · · · ·		
g	(i) N	Provide the Name of supp		ormation about (ii) EIN		orted organi: Type of	(iv) Is the org	anizati	on listed	(v) Amount of	T (vi) Amount of
	(.,	organization		(ii) Lii	orga (describ 1- 10	anization ped on lines above (see uctions))	in your govern			monetary support (see instructions)	oth	ner support (see instructions)
							Yes	No	0			
											\perp	
otal		work Bodes	tion Act N-1	ice, see the I	nctr:-ct:-	nc for	Cat. No. 1128	56		Schedule A (Form	000 5:	- 000-EZ\ 2010
		or 990-EZ.	tion Act Not	ice, see the h	iisti uctic	ons to	Cat. No. 1120.	J.	`	Schedule A (Form	990 OI	990-62) 2019
						Pa	ige 2					
ched	ule A	(Form 990 o	r 990-EZ) 20	19								Page 2
Pai	rt II	(Comple	ete only if y	ou checked th	he box o	n line 5, 7,	or 8 of Part I	or if th	ne organi	(iv) and 170(b) (zation failed to qu)(vi)
6-	ctic.	If the o	_	railed to qual	ity unde	r the tests l	listed below, p	lease (complete	e Part III.)		
	ndar		Support	(a) 201	5	(b) 2016	(c) 2017		(d) 2018	(e) 2019		(f) Total
_				1(d) 201	J	1 (D) ZOTO	1(6)201/		ı (u) 2016	1 (6) 7013	1	(I) IULAI

1/16/	24, 12:47 PM	Α	lameda Museum -	Full Filing- Nonpr	ofit Explorer - Pro	Publica			
7	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities						-		
5	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5	131,902	235,377	112,105	122,059	125,75	5	72	27,19
	Amounts included on lines 1, 2, and	131,302	233,317	112,103	122,033	125,75		- /-	-7,13
h	3 received from disqualified persons Amounts included on lines 2 and 3								
b	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								
	from line 6.)							72	27,19
	ection B. Total Support								
	endar year fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) To	otal	
9	Amounts from line 6	131,902	235,377	112,105	122,059	125,75	5	72	27,19
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
D	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								(
12	regularly carried on. Other income. Do not include gain								
12	or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	121 002	225 277	112 105	122.050	125.75	_	7.	27.10
	11, and 12.)	131,902	•	•	•	· ·			27,19
14	First five years. If the Form 990 is for	-			•		_		٦
<u> </u>	check this box and stop here ection C. Computation of Public			<u> </u>		<u> </u>	<u></u>		
15	Public support percentage for 2019 (li	ne 8, column (f) d	livided by line 13,	column (f))		15		100.0	000 %
16	Public support percentage from 2018	Schedule A, Part I	II, line 15			16		97.1	9 30
S	ection D. Computation of Invest								
17	Investment income percentage for 20 Investment income percentage from 2	-				17			0 9
18	331/3% support tests—2019. If the	•	•			33 1/2% and lin	o 17 ic		370 9
	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2018. If the	e organization did	not check a box of	on line 14 or line 1	19a, and line 16 is	more than 33 1	₃% and	line 1	8 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publi	icly supported org	anization	. 🕨 🗆)	
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	19a, or 19b, check					
					Schedul	e A (Form 990	or 990	-EZ) 2	2019
			5 4						
			Page 4						
	dule A (Form 990 or 990-EZ) 2019							Pa	ige 4
Pa	rt IV Supporting Organization		of Dowt I If you sho	acked 12a of Dawt	I complete Costi	one A and B. If w	ou choc	lad 17	Db of
	(Complete only if you checked Part I, complete Sections A and								
_	Sections A and D, and complet								
	ection A. All Supporting Organiz	ations						Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	organization's go	werning documen	te?	<u>'</u>	163	110
-	If "No," describe in Part VI how the s								
	describe the designation. If historic ar	nd continuing relat	tionship, explain.			ļ	1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).	Part VI how the o	organization deterr	mined that the sup	oported organizati	on was			
							2		
3a	Did the organization have a supported								
	below.	l organization desc	cribed in section 5	01(c)(4), (5), or ((6)? If "Yes," ansv	ver (b) and (c)	_		
	below.	-			• •	., .,	За		
b	below. Did the organization confirm that each the public support tests under section	n supported organ	ization qualified u	nder section 501(c)(4), (5), or (6) a	and satisfied	3a		
b	Did the organization confirm that each	n supported organ	ization qualified u	nder section 501(c)(4), (5), or (6) a	and satisfied	3a 3b		

	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	3с		
40	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	40		
-	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	0-		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	9a		
_	organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in			
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2019
	Page 5			
Sche	dule A (Form 990 or 990-EZ) 2019		F	Page 5
Par	t IV Supporting Organizations (continued)			
	Ţ		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
L		11a 11b		
b	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11b		-
c	, , , , , , , , , , , , , , , , , , , ,	110		
<u> </u>	ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	chica C. Tuno II Summouting Overniesticus			
56	ction C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		ļ	ļ

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	supporting organization was vested in the same persons that controlled or managed t	he sup	ported organization(s).	1		<u> </u>	
Se	ction 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?						
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).						
3	By reason of the relationship described in (2), 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.						
	ction E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
a							
b	The organization is the parent of each of its supported organizations. Complete	e line :	3 below.				
С	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.				Yes	No	
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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						
b	 substantially all of its activities. Did the activities described in (a) 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. 						
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.						
b	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.						
			Schedule A (Form 99	0 or 99	0-EZ)	2019	
	Page 6 ———						
Sche	dule A (Form 990 or 990-EZ) 2019				P	age 6	
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				1		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curi optio	ent Yea onal)	٢	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(A) Drian Vann	(B) O	ont V-		
	Section B - Minimum Asset Amount	ı	(A) Prior Year		ent Yea onal)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
	Average monthly value of securities	1a					
	Average monthly cash balances Fair market value of other non-exempt-use assets	1b 1c					
·	ran market value of other non exempt use assets	1	i l				

d Total (add lines 1a, 1b, and 1c)

Discount claimed for blockage or other factors
 (explain in detail in Part VI):

10/2	Tan in a second in the second	itoripic		_
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting org	ganization (see
			Schedule A (For	m 990 or 990-EZ) 2019
	Page 7			

Schedule A (Form 990 or 990-EZ) 2019

i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f.4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years
 b Applied to 2019 distributable amount
 c Remainder Subtract lines 4a and 4b from 4

instructions)

\$

Page **7**

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continued)
Section D - Distributions	<u> </u>		Current Year
Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	-d)		
, , , , , , , , , , , , , , , , , , , ,	•		
6 Other distributions (describe in Part VI). See instruction	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	hich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019:		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014		Underdistributions	Distributable
(see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019: a From 2014 b From 2015 c From 2016 d From 2017		Underdistributions	Distributable

C Nemaniach Subtract lines to una to from the	Alameda Museum -	1		
Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part See instructions.	VI.			
Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is great than zero, explain in Part VI . See instructions.	er			
Excess distributions carryover to 2020. Add line 3j and 4c.	es			
Breakdown of line 7:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				
,	Page 8	ov Port II. line 10. Po	st II line 175 or	Page
	e explanations required b , 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2	nd 11c; Part IV, Sect b, 3a and 3b; Part V,	ion B, lines 1 an line 1; Part V, S	r 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Supplemental Information. Provide the Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines D, li	e explanations required b , 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2	nd 11c; Part IV, Sect b, 3a and 3b; Part V, 6. Also complete this	ion B, lines 1 an line 1; Part V, S	r 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Supplemental Information. Provide the Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Seinstructions).	e explanations required b , 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2 ection E, lines 2, 5, and	nd 11c; Part IV, Sect b, 3a and 3b; Part V, 6. Also complete this ances Test	ion B, lines 1 an line 1; Part V, S part for any ad	r 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Supplemental Information. Provide the Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines D, Section	e explanations required b , 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2 ection E, lines 2, 5, and	nd 11c; Part IV, Sect b, 3a and 3b; Part V, 6. Also complete this	ion B, lines 1 an line 1; Part V, S part for any ad	r 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 Part IV, Section D, lines 2 and 3; Part IV, S Section D, lines 5, 6, and 8; and Part V, So instructions).	e explanations required b , 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2 ection E, lines 2, 5, and	nd 11c; Part IV, Sect b, 3a and 3b; Part V, 6. Also complete this ances Test	ion B, lines 1 an line 1; Part V, S part for any ad	r 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V Iditional information. (See

Software ID: 19009920 **Software Version:** 2019v5.0

efile Public Visual Ren	der ObjectId: 202041709349300	219 - Submission: 2020-06-18		TIN: 94-2464751
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		n to Form 990, 990-EZ, or 990-PF. s.gov/Form990 for the latest infor	mation.	2019
Name of the organization Alameda Museum			Employer i	l dentification number
Organization type (che	ock anal:		94-2464751	
Organization type (che	eck one).			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number	r) organization		
	☐ 4947(a)(1) nonexempt c	haritable trust not treated as a _l	private foundation	
	☐ 527 political organization	1		
Form 990-PF	501(c)(3) exempt private	efoundation		
	☐ 4947(a)(1) nonexempt c	haritable trust treated as a priva	ate foundation	
	501(c)(3) taxable private	foundation		
under sections & received from an 990, Part VIII, lin For an organiza during the year, purposes, or for For an organiza during the year, If this box is che purpose. Don't or religious, charitate Caution: An organization 990-EZ, or 990-PF), but	tion described in section 501(c)(3) fit 509(a)(1) and 170(b)(1)(A)(vi), that can yone contributor, during the year, the 1h, or (ii) Form 990-EZ, line 1. Contion described in section 501(c)(7), total contributions of more than \$1,000 the prevention of cruelty to children to described in section 501(c)(7), contributions exclusively for religious cacked, enter here the total contribution complete any of the parts unless the table, etc., contributions totaling \$5,000 that isn't covered by the General tit must answer "No" on Part IV, line	checked Schedule A (Form 990 total contributions of the greater amplete Parts I and II. (8), or (10) filing Form 990 or 98 to a contribution of religious, character of a contribution of the second or animals. Complete Parts I, I (8), or (10) filing Form 990 or 98 to a contribution of the second during the General Rule applies to this of the second or more during the year. Rule and/or the Special Rules of 2, of its Form 990; or check the	or 990-EZ), Part II, line 13, or of (1) \$5,000 or (2) 2% of (2) 2% of (3) \$5,000 or (2) 2% of (3) \$60-EZ\$ that received from an aritable, scientific, literary, or on the second from an aritable of the year for an exclusively reganization because it received from an exclusively reganization because it received from an exclusively reganization because it received from the year for an exclusively reganization because it received from the year for an exclusively reganization because it received from the year for an exclusively reganization because it received from the year for an exclusively reganization because it received from the year for an exclusively reganization because it received from the year for an exclusively reganization because it received from an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization because it received from the year for an exclusive reganization from the year for an exclusive	ny one contributor, or educational ny one contributor, or educational ny one contributor, aled more than \$1,000. eligious, charitable, etc., eived nonexclusively rm 990,
990-EZ, or 990-PF).	art I, line 2, to certify that it doesn't	<u> </u>	•	
For Paperwork Reduction A for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 00-PF.	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)
		——— Page 2 —————		
Schedule B (Form 990,	990-EZ, or 990-PF) (2019)			Page 2
Name of organization	, , ,		Employer identific	

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21/34

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		¢ DECEDICIED	Payroll
	- <u>-</u>	\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2019)
	Page 3 ————		
Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of org	anization	Employer identification	
Alameda Mu		94-2464751	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(0)	Т
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

,				1	
-			=	\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) (or estimate) e instructions)	(d) Date received
-			=	\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) (or estimate) e instructions)	(d) Date received
-			=	\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) (or estimate) e instructions)	(d) Date received
-			=	\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) (or estimate) e instructions)	(d) Date received
-			= _	\$	
(a) No. from Part I	(b) Description of noncash p	(b) Description of noncash property given			(d) Date received
-			= _	\$_	
		——————————————————————————————————————		Schedule B (Form	n 990, 990-EZ, or 990-PF) (2019)
Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)				Page 4
Name of or Alameda M	rganization luseum			Employer ident 94-2464751	ification number
Part III	Exclusively religious, charitable, etc., contribution \$1,000 for the year from any one contributions completing Part III, enter the year. (Enter this information once. See instruse duplicate copies of Part III if additional span	butor. Complete column otal of exclusively religications.) \$	s (a) through (e)	ection 501(c)(7), (8) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descrip	ntion of how gift is held
-	Transferee's name, address, and Z	(e) Transfer o		hip of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descrip	ntion of how gift is held
-	Transferee's name, address, and Z	(e) Transfer o	of gift Relations	hip of transferor to	transferee
(a) No from	(b) Purpose of gift	(c) Use of	aift	(d) Descrip	ation of how gift is held

alon or non gire io noid
transferee
tion of how gift is held
transferee
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990-EZ, or 990-PF) (201

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 Software Version:
 2019v5.0

Additional Data

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ObjectId: 202041709349300219 - Submission: 2020-06-18

TIN: 94-2464751

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

Interna	l Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the latest info	rmation.	Inspection
	me of the organ	ization		Employer ident	tification number
Alar	neda Museum			94-2464751	
Pa			sed Funds or Other Similar Funds o	or Accounts.	
	Comple	te if the organization answered "Yes		(b) 5 do	
1	Total number at	end of year	(a) Donor advised funds	(b) Funds	and other accounts
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		,	rs in writing that the assets held in donor ac	l lyised funds are the	<u> </u>
,			clusive legal control?		Yes No
6	Did the organiza	ation inform all grantees, donors, and do	nor advisors in writing that grant funds can	be used only for	_ 1c3 _ No
	charitable purpo	oses and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring impermis	ssible
	<u> </u>				☐ Yes ☐ No
Pa		rvation Easements. te if the organization answered "Yes	s" on Form 990 Part IV line 7		
1		onservation easements held by the organ			
		on of land for public use (e.g., recreation	· · · · · · · · · · · · · · · · · · ·	historically import	ant land area
		of natural habitat	,	certified historic str	
		on of open space		certified filstofic str	acture
2			qualified conservation contribution in the fo	rm of a consorvatio	un.
-		e last day of the tax year.	qualified conservation contribution in the for		the End of the Year
а	Total number of	conservation easements		2a	
b	Total acreage res	stricted by conservation easements		2b	
c	Number of conse	ervation easements on a certified historic	structure included in (a)	2c	
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a historic	2d	
3	Number of cons tax year	ervation easements modified, transferre	d, released, extinguished, or terminated by	the organization du	uring the
4	Number of state	es where property subject to conservation	n easement is located 🕨		
5	Does the organi and enforcemen	ization have a written policy regarding that of the conservation easements it holds	e periodic monitoring, inspection, handling ?	_	☐ Yes ☐ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservation easem	ents during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easements o	during the year
8	Does each conse	ervation easement reported on line 2(d)	above satisfy the requirements of section 1	70(h)(4)(B)(i)	
		0(h)(4)(B)(ii)?		_	Yes No
9	balance sheet, a		ervation easements in its revenue and expe footnote to the organization's financial state 's		
Par	t III Organi	3	of Art, Historical Treasures, or Oth	er Similar Asse	ets.
1a	If the organizati	ion elected, as permitted under FASB AS	C 958, not to report in its revenue statemer		
	Part XIII, the te	ext of the footnote to its financial stateme			
b	historical treasu		C 958, to report in its revenue statement ar ic exhibition, education, or research in furth		
(i) Revenue includ	led on Form 990, Part VIII, line 1		> \$	
(i	i)Assets included	in Form 990, Part X		> \$	
2	If the organizati following amour	ion received or held works of art, historic nts required to be reported under FASB A	cal treasures, or other similar assets for fina SC 958 relating to these items:	incial gain, provide	
а	Revenue include	ed on Form 990, Part VIII, line 1		> \$	
b	Assets included	in Form 990, Part X · · · · · · · ·		▶ \$	

- Page 2 -

Sche	dule D	(Form 990) 2019												Page 2
Par	i III	Organizations M	aintaining Col	lections o	f Art, Hi	storical	Treas	ures, o	r Othe	r Similar A	ssets (contin	ued)	
3		the organization's acq (check all that apply):		n, and other	records, c		of the f	ollowing	that are	a significant ı	use of it	s colle	ction	
a		Public exhibition				d _			nange pro	•				
b		Scholarly research				e _	Oth	er						
С		Preservation for future	e generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.													
5		g the year, did the orga s to be sold to raise fur									□ Ye	es		0
Pai	t IV	Escrow and Cust Complete if the or line 21.	ganization answ	vered "Yes"							nt on F	orm 9	990, I	Part X,
1a		e organization an agent ded on Form 990, Part									□ Y €	es	□ N	0
b	If "Ye	es," explain the arrange	ement in Part XIII	and complet	e the follo	owing table	e:			A	mount			_
С	c Beginning balance			,										_ _
d	Addit	ions during the year .							1d					_
е	Distri	butions during the yea	r						1e					_
f	Endir	ig balance							1f					_
2a	Did t	ne organization include	an amount on Fo	rm 990, Part	X, line 2:	1, for escr	ow or c	ustodial	account l	liability?	☐ Ye	es		0
b	If "Ye	s," explain the arrange	ement in Part XIII	. Check here	if the exp	lanation h	as beer	n provide	ed in Part	XIII				
Pa	rt V	Endowment Fund Complete if the or		uorod "Voc"	on Form	, 000 Ba	⊬+ T\/ I	ino 10						
		Complete ii the or	gariization ansv	(a) Current		(b) Prior y			years back	(d) Three ye	ars back	(e) Fo	our yea	rs back
1a	Beginr	ing of year balance .												
b	Contril	outions												
С	Net in	estment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
		expenditures for facilition ograms	es											
f	Admin	istrative expenses .												
g	End of	year balance												
2 a		de the estimated perce d designated or quasi-e	3	ent year end	balance (line 1g, co	lumn (a	a)) held	as:					
b	Perm	anent endowment 🕨												
С	Term	endowment 🕨												
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	%.									
3a		here endowment funds nization by:	not in the posses	sion of the o	rganizatio	n that are	held a	nd admir	nistered f	or the		г	Yes	No
	_	nrelated organizations					_				3	a(i)	165	110
	• •	Related organizations										a(ii)		
b	If "Ye	s" on 3a(ii), are the re	lated organization	s listed as re	equired on	Schedule	R? .					3b		
4	Desci	ribe in Part XIII the inte	ended uses of the	organization	ı's endowr	ment fund	5.							
Pai	t VI	Land, Buildings, Complete if the or			on Form	, 000 Ba	r+ T\/	ino 112	Soo Fo	vrm 000 Ba	rt V lin	. 10		
	Descr	ption of property	(a) Cost or oth (investme	ner basis		r other basis				depreciation			ok value	
1a	Land													
b	Buildin	gs					208,453	3		60,603				147,850
С	Leaseh	old improvements												
d	Equipn	nent					126,303	3		55,560				70,743
Tota	I. Add	lines 1a through 1e. (C	Column (d) must e	equal Form 9	90, Part X	(, column ((B), line	10(c).)		>				218,593
										Sch	edule [) (For	m 99	0) 2019

– Page 3 –

Complete if the organization answered "Yes" on Form 99 (a) Description of security or category	(b) Book				
(including name of security)	value		(c) Method of valuation: or end-of-year market value		
(1) Financial derivatives					
(2) Closely-held equity interests					
	_				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 515,030				
Part VIII Investments□Program Related.					
Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	90, Part IV, line 1	(b) Book value	(c) Method of valuation:		
(a) Description of investment		(b) book value	Cost or end-of-year market value		
(2)			value		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		•			
Complete if the organization answered 'Yes' on Form 99	00, Part IV, line 11	d. See Form 990, Part			
(a) Description			(b) Book value		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•		
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 99	00, Part IV, line 11	e or 11f.See Form 9	990, Part X, line 25.		
1. (a) Description of liability	,		(b) Book value		
(1) Federal income taxes (2)					

)					
()					
,)					
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				•	1,650
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to		-			· -
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	e if the	text of t	he footnote l	nas been pro	ovided in Part XIII
				Schedu	ıle D (Form 990) 2019
Page 4 —					
hedule D (Form 990) 2019					Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			evenue pe	r Return.	
Total revenue, gains, and other support per audited financial statements .				1	-
Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a				
b Donated services and use of facilities	2b				
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d	<u> </u>			2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	Ì			
	4b				
c Add lines 4a and 4b			•	4c	
art XII Reconciliation of Expenses per Audited Financial Staten					1
Complete if the organization answered 'Yes' on Form 990, Par			хрепэсэ р	er Return	•
Total expenses and losses per audited financial statements				1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a				
b Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b			 	
,				4c	
c Add lines 4a and 4b				5	
c Add lines 4a and 4b	<i>,</i> •	• •		3	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18					
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information	4· Part	· IV lines	1h and 2h	Part V/ line /	. Part X line 2 · Dart VI
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18				Part V, line 4	; Part X, line 2; Part XI,

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ObjectId: 202041709349300219 - Submission: 2020-06-18

TIN: 94-2464751

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

	tment of the Treasury al Revenue Service	Co	organizat	tion entere	d more than ch to Form	on Form 990, Part IV, lines \$15,000 on Form 990-EZ, 990 or Form 990-EZ. nstructions and the latest i	line 6a.	9, or it the	Open to Public Inspection
	e of the organization neda Museum							Employer ide	entification number
								94-2464751	
Pa			ties. Complete if re not required t	_		answered "Yes" on F part.	orm 990,	Part IV, line 1	.7.
1			-	-		ollowing activities. Checl	c all that a	pply.	
а	Mail solicitations				е	Solicitation of no	n-governm	ent grants	
b	Internet and ema	il solicitat	cions		f	✓ Solicitation of government	vernment g	grants	
С	Phone solicitation	S			g	Special fundraisir	ig events		
d	In-person solicita	tions							
2a						ridual (including officers n with professional func			es 🗸 No
b	If "Yes," list the 10 h to be compensated a				idraisers)	pursuant to agreements	under wh	ich the fundraise	er is
(i)	Name and address of individual or entity (fundraiser)		(ii) Activity	ctivity (iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Tota	nl			<u> </u>	. ▶				
	List all states in which licensing.	the orgar	ization is registere	d or licen	sed to soli	cit contributions or has	been notifi	ed it is exempt	from registration or
	Opportunit Bodustics A	+ Notice	oo the Tretrostic	for Ec.	000 07 001	LE7 C-t N:	EUU6311	Schod-J- C	(Form 900 or 900 57) 2010
ror F	Paperwork Reduction Ac	i NOTICE, S	see tne Instructions	or Form			. 50083H	Schedule G	(Form 990 or 990-EZ) 2019
Sche	edule G (Form 990 or 9	90-EZ) 2	019		—— Ра	ge 2 ————			Page 2

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

https://projects.propublica.org/nonprofits/organizations/942464751/202041709349300219/full

gross receipts greater than \$5,000.

Part II

1/16/2	24, 12:47 PM	Alameda Muse	um - Full Filing- Nonprofit I	Explorer - ProPublica	
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		LEGACY HOME TOUR (event type)	(event type)	(total number)	col. (c))
Revenue					
	1 Gross receipts	16,687			16,687
	2 Less: Contributions	16,687			16,687
**	4 Cash prizes				
Direct Expenses	6 Rent/facility costs				
Ω Δ	7 Food and beverages				
t e	8 Entertainment				
ā	9 Other direct expenses	7,331			7,331
	11 Net income summary. Subtract line 10				7,331
Par	t III Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	9,356 more than \$15,000
115219	on Form 990-EZ, line 6a.				<u> </u>
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Ä	3 Noncash prizes				
Direct	4 Rent/facility costs				
Ω	5 Other direct expenses	_	_		
	6 Volunteer labor	 Yes	 Yes	☐ Yes	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	on conducts gaming activi	ities:		
a b	Is the organization licensed to conduct gas If "No," explain:				
4.0	Warrang & the angular trade and a spiral trade				
10a b	If "Yes," explain:				
					Form 990 or 990-EZ) 2019

ched	edule G (Form 990 or 990-EZ) 2019					P	Page 3
1	Does the organization conduct gaming	activities with nonmembers?			☐ Yes	□No	
2	Is the organization a grantor, beneficiar formed to administer charitable gaming				Yes	_	
3	Indicate the percentage of gaming activ				∪ Yes	∪ No	
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	on who prepares the organi	zation's gaming/special events books and re	cords:			
	Name						
	Address						
5a	3				☐ Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		nization 🕨 \$ and th				
c	If "Yes," enter name and address of the	third party:					
	Name						
	Address						
.6	Gaming manager information: Name Gaming manager compensation \$\bigsires \$\bigsires \$\text{\$\bigsires \$\text{\$\text{\$\bigsires \$\text{\$\bigsires \$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7 a	Mandatory distributions: Is the organization required under state retain the state gaming license?	e law to make charitable dist	ributions from the gaming proceeds to		☐ Yes	□ No	
b	Enter the amount of distributions require in the organization's own exempt activities.		ed to other exempt organizations or spent		_ 1es		
Par	rt IV Supplemental Informatio	n. Provide the explanation	ons required by Part I, line 2b, columns cable. Also provide any additional infor				
	Return Reference		Explanation				
			·	ule G (Fo	orm 990 or	990-EZ) 2	2019
Ad	dditional Data				Return t	o Form	

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ObjectId: 202041709349300219 - Submission: 2020-06-18

TIN: 94-2464751

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Alameda Museum Employer identification number

		94-2464751				
Return Reference	Explanation					
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: ARCHIVE PROJECT: VOLUNTEERS continue TO ARCHIVE AND PRESERVE PHOTOS, NEWSPAPER CUTTINGS, PAMPHLETS, YEARBOOKS, WORLD WAR I POSTERS AND OTHER ALAMEDA MEMORABILIA IN ACID FREE BOXES AND PAPER TO PREVENT DETERIORATION AND TO ENSURE THAT IT IS AVAILABLE TO FUTURE GENERATIONS OF ALAMEDA RESIDENTS. OTHER PROGRAM SERVICES 5: The Museum gives free group tours as an additional service.					
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	events such as the Alameda Legacy Home Tour and happenings at the Meyers House. New and gift memberships have extra inducements. Tax-deductible dues are based on the calendar year. of or					
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	All members are eligible to vote for a slate of officers in accordance with the governance d	ocuments of the Organization.				
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	members elect the Board of Directors and also vote on any proposed changes to the Articl	es and By Laws of the organization.				
Form 990, Part VI, Line 11b: Form 990 Review Process	FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN MANAGEMENT. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT AUTH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.	IS PROVIDED TO ALL MEMBERS OF				
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF MUSEUM'S CURATOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (II AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AT THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANS ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.	N WRITING) POTENTIAL CONFLICTS ND MEMBERS OF MANAGEMENT AND PARENCY ON ALL RELATIONSHIPS.				
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS A SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUG ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCESS OF THE PROCESS AND PROCESS OF THE PROCESS AND PROCESS OF THE PROCESS	MADE TO SECURE COMPENSATION ND APPROPRIATENESS OF GH AND TRANSPARENT IN				
Form 990, Part VI, Line 15b: Compensation Review and Approval	THE ORGANIZATION HAS ONLY ONE EMPLOYEE AND THE METHOD OF DETERMINI ABOVE.	ING COMPENSATION IS EXPLAINED				

., ,	······································
Process for Officers and Key Employees	
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGALFILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BYTAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TOWWW.GUIDESTAR.ORG (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSPECTION AT THE ORGANIZATION'S OFFICE IN ALAMEDA, CALIFORNIA.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

Additional Data Return to Form

Software ID: 19009920 **Software Version:** 2019v5.0

ObjectId: 201921349349304212 - Submission: 2019-05-14

TIN: 94-2464751

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9

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A E	* the 2010 or	l alendar year, or tax year beginning 01-01-2018 , and ending 12	21 2010	1			
		C Name of organization	-31-2016		or idontil	isatian numbar	
	ck if applicable:	Alameda Museum		D Employ	er identii	ication number	
	dress change			94-246	4751		
O Name change O Initial return		Doing business as					
_	al return/terminated						
□ Am	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephor	ie number		
О Арј	olication pending	2324 ALAMEDA AVENUE		(510) 5	21-1233		
		City or town, state or province, country, and ZIP or foreign postal code					
		ALAMEDA, CA 94501		G Gross re	ceipts \$ 9	1,131	
		F Name and address of principal officer:	H(a)	Is this a group re	turn for		
		Dennis Evanosky 2324 ALAMEDA AVENUE		subordinates?		□ _{Yes} ✓ _{No}	
		ALAMEDA, CA 945014503	H(b)	Are all subordina	tes	☐ Yes ✓No	
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		included? If "No," attach a	lict (see		
1 W	ahsita: b www	w.alamedamuseum.org	H(c)	Group exemption	•	•	
, W	ebsite. F www	w.alainedamaseam.org					
V Form	of organization.	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year	of formation: 1958	M State	of legal domicile: CA	
K FOIII	i oi organization.	Corporation C must C Association C other P					
Pa	rt I Sumi	mary					
		cribe the organization's mission or most significant activities:					
æ	THE MUSE	UM'S PRINCIPAL MISSION IS TO PRESERVE AND SHOWCASE THE CITY	OF ALAME	DA'S HISTORICAL	LEGACY.		
ĕ							
Ē							
Governance	2 Check this	s box 🕨 🗌				•	
5	3 Number o	of voting members of the governing body (Part VI, line 1a)			3	10	
×8	4 Number o	of independent voting members of the governing body (Part VI, line 1b)		4	10		
Activities &	5 Total num	tal number of individuals employed in calendar year 2018 (Part V, line 2a)				0	
Ě	6 Total num	number of volunteers (estimate if necessary)			6	70	
A	7a Total unre	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0	
	b Net unrela	ated business taxable income from Form 990-T, line 34			7b		
				Prior Year		Current Year	
a,	8 Contribut	ions and grants (Part VIII, line 1h)		42,	222	37,675	
Revenue	9 Program	service revenue (Part VIII, line 2g)		45,	090	44,500	
9Ae	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		66,	042	-30,928	
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,	404	24,634	
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	171,		75,881	
		nd similar amounts paid (Part IX, column (A), lines 1–3)		·	_	0	
		paid to or for members (Part IX, column (A), line 4)	 		_	0	
16	-	other compensation, employee benefits (Part IX, column (A), lines 5–10	, 	25,	950	25,800	
88	-	nal fundraising fees (Part IX, column (A), line 11e)	′ <u>⊢</u>	25,	230	0	
85			-		_	0	
Expenses		aising expenses (Part IX, column (D), line 25) 0	<u> </u>	455	756	146 500	
		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>	155,		146,590	
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	181,	_	172,390	
- 00	19 Revenue	less expenses. Subtract line 18 from line 12			948	-96,509	
Net Assets or Fund Balances			Beg	jinning of Current Y	'ear	End of Year	
sets	20 Total acco	ets (Part X, line 16)	-	865,	083	769,524	
ASS B			<u> </u>				
det und		lities (Part X, line 26)	<u> </u>		850	2,850	
≪ ⊔.	22 Net asset	s or fund balances. Subtract line 21 from line 20		863,	133	766,674	

Part || 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

Type or print name and title Print/Type preparer's name Paid Firm's name ► Regalia & Associates CPAs **Preparer Use Only** Firm's address 103 Town Country Dr Ste K Danville, CA 94526 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: The Museum offers permanent displays of Alameda history as well as souvenirs, books and videos about the rich history of the Island City. Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ✓ No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 117,650 including grants of \$) (Revenue \$ 66,544) THE MUSEUM: THE ORGANIZATION OPERATES THE ALAMEDA MUSEUM WHICH ARCHIVES & DISPLAYS OBJECTS RELEVANT TO ALAMEDA HISTORY IN ORDER TO EDUCATE THE PUBLIC. IN 1983 THE ALAMEDA MUSEUM WAS DESIGNATED AS THE OFFICIAL REPOSITORY OF HISTORICAL DOCUMENTS AND ARTIFACTS FOR THE CITY OF ALAMEDA. THE MUSEUM ALSO LEADS TOURS FOR HUNDREDS OF SCHOOLCHILDREN EVERY YEAR AND PUBLISHES A NEWSLETTER CONTAINING BOTH MUSEUM NEWS AND ARTICLES ON ALAMEDA HISTORY. 4b) (Expenses \$ 38,423 including grants of \$ Meyers House museum: Henry H. Meyers was a significant architect in Alameda History. His residence, built in 1897, was willed to the City of Alameda which then deeded the property over to the museum in 2013. It is an excellent example of the colonial revival architectural style and it also showcases furnishings originally owned by the Meyers family and other period pieces. Volunteers lead guided tours of the house and hold special events on the adjoining grounds. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ MUSEUM LECTURE SERIES: THE MUSEUM HAS BEEN INVITING LOCAL LUMINARIES TO LECTURE SINCE 2000. EACH YEAR 6-8 WRITERS, HISTORIANS AND RACONTEURS EXAMINE VARIOUS ASPECTS OF ALAMEDA HISTORY, ARCHITECTURE AND DEVELOPMENT. ATTENDANCE VARIES FROM60-120 PERSONS PER LECTURE. **4**d Other program services (Describe in Schedule O.) including grants of \$) (Revenue \$ (Expenses \$ 156,073 Total program service expenses Form 990 (2018)

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- Page 3

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C. Part I	3		No

1/16/24, 12:49 PM

Signature of officer

Dennis Evanosky President

any knowledge.

Sian Here

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

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Part IV Checklist of Required Schedules (continued)

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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	· i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 2			
b	Enter the number of Forms W-2G included in 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	Yes	(55:3
	Page 5	F	orm 99	0 (2018)

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Form 990 (2018)

	2. 100, complete rolli 1/20, concodic c 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rm 990 (2018)
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No
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? If "Yes," see instructions and file Form 4720, Schedule N	15	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	Enter the amount of reserves on hand		
_	which the organization is licensed to issue qualified health plans		
b	Enter the amount of reserves the organization is required to maintain by the states in	13a	No
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13-	N -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
а	Gross income from members or shareholders		
L1	Section 501(c)(12) organizations. Enter:		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10	Section 501(c)(7) organizations. Enter:		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	No No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		INU
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
b	provided to the payor?	7b	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a	No
7	not tax deductible?	6b	
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	61-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	No
	Tax Statements, filed for the calendar year ending with or within the year covered by this return		

Form 990 (2018)

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	•		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		No
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		
Se	ection C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

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policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Bob Risley CPA 1101 Grand Street Alameda, CA 94501 (510) 864-1103

Form **990** (2018)

	Page 7 ———————————————————————————————————	
orm 990 (2018)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	. \square

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related	than d	ne b	ox, in of tor/t	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Dennis Evanosky	4.00	х		X				0	0	(
President	0.00									
(2) Adam Gillitt	4.00	X		Х				0	0	C
Vice President	0.00	^		^				Ů		
(3) Bob Risley	8.00								0	
Treasurer	0.00	Х		Х				0		C
(4) Valerie Turpen	2.00	Х		Х				1,800	0	0
Secretary	0.00	^		^				1,000	O .	C
(5) Ashok Katdare	2.00									
Director	0.00	Х						0	0	C
(6) Evelyn Kennedy	2.00									
Director	0.00	Х						0	0	C
(7) Sherman Lewis	2.00									
Director	0.00	Х						0	0	C
(8) Jane Burgelin Exhibit Dir.	2.00	Х						0	0	C
(9) George Gunn	0.00 25.00									
CURATOR	0.00	Х						24,000	0	C
(10) Joe Young	7.00							0	0	(

sst Curator		0.00								Ī			
				!		<u> </u>						Form 99	0 (201
				Page	e 8								
rm 990 (2018)													Page
Part VII Section A. Officers, Direct	ors, Trustee	s, Key	Emp	loye	es,	and	Higl	nest	t Compensa	ted Emplo	yees (coi	ntinued)	
(A) Name and Title	(B) Average hours per week (list any hours	than	ion (d one b both a direc	ox, ι an of	t che unles ficer	ss per and	rson	org	(D) Reportable compensation from the ganization (W-	Repo compe from organiza	ortable ensation related ations (W-	Estima amount o compen from	ated of othe sation the
	for related organizations	ind or o	In	Officer	Ke)	Hig	For	2	2/1099-MISC)	2/1099	9-MISC)	organizat relat	ed
	below dotted line)	Individual trustee or director	Institutional Trustee	œ	Key employee	Highest compensated employee	Former					organiz	ations
		ğ	iona		ploy	ee on							
		rest	Ħ		/ee	npe							
		8	181			nsat							
						ed							
							+						
							+						
							_						
							+						
							+						
			1										
b Sub-Total			_	<u> </u>		•			<u> </u>		<u> </u>		
c Total from continuation sheets to Pa						•							
d Total (add lines 1b and 1c)						•			25,800				
Total number of individuals (including of reportable compensation from the o	but not limited organization	to tho	se list	ed a	bove	e) who	o rece	eived	d more than \$	100,000			
Did the organization list any former o			tee, k	ey eı	mplo	yee,	or hi	ghes	st compensate	d employee	e on	Yes	No
line 1a? If "Yes," complete Schedule J	for such indivi	dual .	•	•	•			•			3	3	No
For any individual listed on line 1a, is organization and related organizations individual	the sum of reps greater than	ortable \$150,0	comp 00? <i>If</i>	ensa "Yes	ation 5," co	and omple	other ete So	con ched	mpensation fro Jule J for such	m the	. 2		NIS
		-	-	-	-	-		•	- •	dividual for	-	'	No

Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica

1/16/24, 12:49 PM Asst Curator

	, 12:49 PM							Explorer - Prol				
	services rendered to the organization?		-			-	_			5		No
500	tion B. Independent Contracto	· ·	•			•						NO
	Complete this table for your five higher		nsated ind	epender	nt cont	ractors that	t received	d more than \$	100,000 of comp	ensatio	n	
	from the organization. Report compen		the calen	dar year	endin	g with or w	ithin the	organization's			(5)	
	Name a	(A) nd business	address					Descrip	(B) tion of services	Cc	(C) ompensa	ition
										+		
2 Tot	tal number of independent contractors	(including	a but not	limited to	o thos	e listed abo	ve) who	received more	than \$100,000	of		
	mpensation from the organization $lacksquare$ (,					
										Forn	n 990 ((2018
					Page 9)						
					3							
	90 (2018) VIII Statement of Revenue										F	Page S
Part	Check if Schedule O contains	a recoons	e or note	to any li	ina in t	hic Part VIII	l					\Box
	Check ii Scheddie O Contains	а гезропз	se or rioce	to any n		(A)		(B)	(C)		(D)	
					Total	revenue		ated or empt	Unrelated business		Revenue Iuded fr	
							fur	nction venue	revenue	tax ur	nder sed 12 - 51	ctions
	1a Federated campaigns	1a					Tev	/enue		3	12 - 51	.4
nts	b Membership dues	1b		7,170								
ira 10 u	c Fundraising events	1c		<u>·</u>								
s, (An	d Related organizations	1d										
Sift lar	e Government grants (contributions)	<u> </u>										
im:	All other contributions gifts grants	1e										
ion S	f All other contributions, gifts, grants, and similar amounts not included	1f	3	0,505								
Contributions, Giffs, Grants and Other Similar Amounts	above 9 Noncash contributions included											
들으	in lines 1a - 1f:\$	7,009	<u>9</u>									
ವ ದ	h Total. Add lines 1a-1f)	•		37,675						
-			Ві	ısiness C	Code							
nue	2a Archival Services						42,600	42,6	500			
Program Service Revenu	b Houses tours						420	4	120			
96	c Lecture Series						1,480	1,4	180			
ervić										_		
Š	d ————————————————————————————————————											
gran	f All other program service revenue	_										
Pro				4	14,500							
	9 Total. Add lines 2a-2f											
	3 Investment income (including divided in similar amounts)		erest, and	other •		-30,92	.8				-	-30,928
	4 Income from investment of tax-ex	empt bond	d proceeds	; ▶			0					
	5 Royalties	<u> </u>		•			0					
	(i) Rea	ıl	(ii) Perso	onal								
	6a Gross rents											
	b Less: rental expenses											
	c Rental income or (loss)											
	d Net rental income or (loss) .			•			0					
	(i) Securi	ties	(ii) Oth	er						1		
	7a Gross amount from sales of											
	assets other than inventory											

	1		1	I	ı	1
	b Less: cost or other basis and sales expenses					
	C Gain or (loss)					
	d Net gain or (loss)	•	0			
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	14,838				
ē	b Less: direct expenses b	5,239				
<u>بد</u>	c Net income or (loss) from fundraising ev	ents	9,599			
Othe	9a Gross income from gaming activities. See Part IV, line 19					
	а					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activit	ies 🕨	0			
	10a Gross sales of inventory, less returns and allowances					
	а	17,481				
	b Less: cost of goods sold b	10,011				
	c Net income or (loss) from sales of invent	ory ►	7,470	7,470		
	Miscellaneous Revenue	Business Code				
	11aEstate sales commissions		7,565	7,565	l.	
	ь					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		7,565			
	12 Total revenue. See Instructions		75,881	59,535		-30,928
						Form 990 (2018)

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Form 990 (2018) Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any	/ line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	25,800	25,800		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			

_	=	_		
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	1,200		1,200	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	300		300	
12 Advertising and promotion	7,316		7,316	
13 Office expenses	4,030	1,981	2,049	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	76,227	73,739	2,488	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,172	13,172		
23 Insurance	2,345	1,563	782	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Meyers House Operations	32,527	32,423	104	
b Printing and Publications	5,093	5,093		
c Telephone	3,934	1,967	1,967	
d Postage and Shipping	446	335	111	
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	172,390	156,073	16,317	0
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).				

——— Page 11 —

Form 990 (2018) Page **11**Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	51,795	1	41,433
	2	Savings and temporary cash investments	5	2	77
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	200	4	3,550
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
ets	7	Notes and loans receivable, net		7	0
92	8	Inventories for sale or use	7.099	8	6.169

6/24, 12	:49 PM	Alameda Museum	- Full Filing- Nonprofit Ex	Kpiorer - ProPublic	a	-,
9	Prepaid expenses and deferred charges				9	0
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	334,756			
b	Less: accumulated depreciation	10b	89,899	217,496	10c	244,857
11	Investments—publicly traded securities .				11	0
12	Investments—other securities. See Part IV, line	11		589,388	12	473,438
13	Investments—program-related. See Part IV, line	e 11			13	0
14	Intangible assets				14	C
15	Other assets. See Part IV, line 11				15	C
16	Total assets. Add lines 1 through 15 (must equ	ual line 34)		865,983	16	769,524
17	Accounts payable and accrued expenses				17	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	e D		21		
22	Loans and other payables to current and former key employees, highest compensated employees					
2	persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela			23		
24	Unsecured notes and loans payable to unrelated			24		
25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D	third parties,	2,850	25	2,850	
26	Total liabilities. Add lines 17 through 25 .			2,850	26	2,850
27 28	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets		▶ ☑ and	795,337	27	698,878
28	Temporarily restricted net assets				28	
	Permanently restricted net assets			67,796	29	67,796
3	Organizations that do not follow SFAS 117	(ASC 958),				
29	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building or ed	quipment fund .			31	
31 32	Retained earnings, endowment, accumulated in	come, or other fu	nds		32	
	Total net assets or fund balances			863,133	33	766,674
33 34	Total liabilities and net assets/fund balances			865,983	34	769,524
-					I .	Form 990 (2018

	Page 12 ———————————————————————————————————			
Form	990 (2018)			Page 12
Pa	rt XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		 	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,881
2	Total expenses (must equal Part IX, column (A), line 25)	2		172,390
3	Revenue less expenses. Subtract line 2 from line 1	3		-96,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		863,133
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 in Schedule O)	9		50
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		766,674
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			 Yes	No
1	Accounting method used to prepare the Form 990:			

	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Form	n 990 (2018)
	990 (2018)		
Ad	lditional Data	Return to	Form

ObjectId: 201921349349304212 - Submission: 2019-05-14

TIN: 94-2464751OMB No. 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2018

Employer identification number

Open to Public Inspection

Dowl							94-2464751			
Part		Reason for Public					See instructions.			
The org	ganiza	ation is not a private four	idation because	it is: (For lines 1 thro	ugh 12, check on	ly one box.)				
1		A church, convention of	churches, or as	sociation of churches o	described in sect	ion 170(b)(1)	(A)(i).			
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 99	90 or 990-EZ).)				
3		A hospital or a cooperati	ve hospital serv	vice organization descr	ibed in section :	170(b)(1)(A)(iii).			
4		A medical research organame, city, and state:	nization operate	ed in conjunction with	a hospital descril	bed in section :	170(b)(1)(A)(iii). Ei	nter the hospital's		
5		An organization operated 170(b)(1)(A)(iv). (Co		of a college or univer	sity owned or op	erated by a gov	ernmental unit describ	oed in section		
6		A federal, state, or local	government or	governmental unit des	scribed in sectio	n 170(b)(1)(A	()(v).			
7		An organization that nor section 170(b)(1)(A)(s support from a	governmental ι	init or from the genera	al public described in		
8		A community trust descr	ribed in section	170(b)(1)(A)(vi). (Complete Part II)				
9	An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:									
10	✓	An organization that nor from activities related to investment income and 30, 1975. See section 5	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross		
11		An organization organize	ed and operated	exclusively to test for	public safety. Se	ee section 509	(a)(4).			
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		Type II. A supporting o management of the suppurst complete Part IV	porting organiza	ition vested in the sam						
С		Type III functionally is supported organization(s						ted with, its		
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satisf	y a distribution r					
e		Check this box if the orgintegrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally		
f I	Enter	the number of supported	•		-					
g		Provide the following inf	ormation about	the supported organiz						
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Total										
For Pa		ork Reduction Act Not or 990-EZ.	ice, see the Ir		Cat. No. 11285	F :	I Schedule A (Form 99	90 or 990-EZ) 2018		

Schedule A (Form 990 or 990-EZ) 2018

Page **2**

Alameda Museum - Full Filing- Nonprofit Explorer - ProPublica

[Somplete only, in you cheeked the box on line of your and on the congamization fails to qualify under the tests listed below, please complete Part III.)

_	Section A. Public Support						
	lendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	r fiscal year beginning in) Gifts, grants, contributions, and		(1)		(1)	(-)	()
_	membership fees received. (Do not						
	include any "unusual grant.") . .						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by						
Э	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support						
	lendar year	(a)2014	(b) 2015	(c) 2016	(d)2017	(e)2018	(f)Total
-	r fiscal year beginning in)	(4)201	(2)2020	(4)2010	(4)2027	(0)2010	(1)10001
7	Amounts from line 4 Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax vear as a sec	tion 501(c)(3) ora	anization,
	check this box and stop here	=			· ·		_
_	Section C. Computation of Public						
	Public support percentage for 2018 (lin			volumn (f))		1	
						14	
	Public support percentage for 2017 Sch	iedule A, Part II, I				15	
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box							
16 a							
	and stop here. The organization qualif	ies as a publicly s	upported organiza	tion			▶□
16a	and stop here. The organization qualif 33 1/3% support test—2017. If the	ies as a publicly s organization did r	upported organiza not check a box or	tion n line 13 or 16a, a			▶ □ k this
t	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization	ies as a publicly s organization did r qualifies as a publ	upported organiza not check a box or licly supported org	tion I line 13 or 16a, a Janization	nd line 15 is 33 1/3	3% or more, check	▶ □ k this
t	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test	ies as a publicly s organization did r qualifies as a publ — 2018. If the org	upported organiza not check a box or licly supported org janization did not	tion			▶ □ k this
t	and stop here. The organization qualift 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization	ies as a publicly s organization did r qualifies as a publ — 2018. If the org meets the "facts"	upported organizanot check a box or licly supported organization did not and-circumstance	tion	nd line 15 is 33 1/3 		▶ □ k this
t	and stop here. The organization qualift 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to	ies as a publicly s organization did r qualifies as a publ — 2018. If the org meets the "facts he "facts-and-circ	upported organiza not check a box or licly supported org janization did not -and-circumstance umstances" test.	tion	nd line 15 is 33 1/3 e 13, 16a, or 16b, s box and stop he qualifies as a publi	3% or more, check . and line 14 ere. Explain cly supported	this
t	and stop here. The organization qualift 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	ies as a publicly s organization did r qualifies as a publication organization orga	upported organization check a box or licly supported organization did not and-circumstance umstances test.	tion	nd line 15 is 33 1/2 e 13, 16a, or 16b, s box and stop he qualifies as a publi	3% or more, check , and line 14 ire. Explain cly supported	this
t	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	ies as a publicly s organization did r qualifies as a publ—2018. If the organets the "factsche "facts-and-cirche"	upported organiza not check a box or licly supported org janization did not -and-circumstance :umstances" test. ganization did not acts-and-circumst	tion	nd line 15 is 33 1/2 	a	this
t	and stop here. The organization qualift 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	ies as a publicly s organization did r qualifies as a publ—2018. If the organets the "factsche "facts-and-cirche"	upported organiza not check a box or licly supported org janization did not -and-circumstance :umstances" test. ganization did not acts-and-circumst	tion	nd line 15 is 33 1/2 	a	this
t	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ies as a publicly s organization did r qualifies as a publ—2018. If the organets the "facts he "facts and circum	upported organiza not check a box or licly supported org anization did not -and-circumstance umstances" test ganization did not acts-and-circumst -and-circumstance	tion	nd line 15 is 33 1/2 e 13, 16a, or 16b, s box and stop he qualifies as a publication of the stop in this box and stop it is box an	a	this
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177 bb 188 Sch	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	ies as a publicly s organization did r qualifies as a publication. -2018. If the organization did r facts the "facts and circum.	upported organization to check a box or licly supported organization did not rand-circumstances test.	tion	e 13, 16a, or 16b, s box and stop he qualifies as a publication qualifies a	a% or more, check and line 14 are. Explain cly supported br ar 17a, and line p here. as a publicly and see br	this The property of the prop
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18	and stop here. The organization qualify 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	ies as a publicly s organization did r qualifies as a publication. -2018. If the organization did r facts the "facts and circum.	upported organization to check a box or licly supported organization did not rand-circumstances test.	tion	e 13, 16a, or 16b, s box and stop he qualifies as a publication qualifies a	and line 14 Ire. Explain or 17a, and line p here. and see A (Form 990 of the qualify under)	c this ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ ▶ □ □ □
18	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	ies as a publicly sorganization did roqualifies as a publicly something in meets the "facts of the the "facts of the	upported organization to check a box or licely supported organization did not and circumstances test.	tion	e 13, 16a, or 16b, s box and stop he qualifies as a publication qualifies a	and line 14 Ire. Explain cly supported or 17a, and line p here. as a publicly and see e A (Form 990 or	this this Page 3 er Part II. If
18	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	ies as a publicly sorganization did requalifies as a publication. If the organization did requalifies as a publication meets the "facts and circum	upported organization to check a box or licely supported organization did not and circumstances test.	tion	e 13, 16a, or 16b, s box and stop he qualifies as a publication qualifies a	and line 14 Ire. Explain cly supported or 17a, and line p here. as a publicly and see e A (Form 990 or	this this Page 3 er Part II. If
18	and stop here. The organization qualif 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	ies as a publicly sorganization did requalifies as a publication. If the organization did requalifies as a publication meets the "facts and circum	upported organization to check a box or licely supported organization did not and circumstances test.	tion	e 13, 16a, or 16b, s box and stop he qualifies as a publication qualifies a	and line 14 Ire. Explain cly supported or 17a, and line p here. as a publicly and see e A (Form 990 or	this this Page 3 er Part II. If

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	any activity that is related to the	ĺ			ĺ	ĺ		
_	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	171.010	121 000	225 277	110.105	100.050		775 700
6	Total. Add lines 1 through 5	174,340	131,902	235,377	112,105	122,059	<u>'</u>	775,783
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons							(
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of							(
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							775,783
	from line 6.)							775,763
Se	ection B. Total Support							
	endar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota	1
	fiscal year beginning in)		_ ` `	1 7	` '		```	
9	Amounts from line 6	174,340	131,902	235,377	112,105	122,059	<u>'</u>	775,783
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and	22,912						22,912
	income from similar sources						<u> </u>	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30,							(
	1975.							
c	Add lines 10a and 10b.	22,912						22,912
11	Net income from unrelated business							
	activities not included in line 10b,							(
	whether or not the business is regularly carried on.							
12								
	or loss from the sale of capital							(
	assets (Explain in Part VI.)						 	
13	Total support. (Add lines 9, 10c, 11, and 12.)	197,252	131,902	235,377	112,105	122,059)	798,695
14	First five years. If the Form 990 is fo	or the organization	n's first, second, t	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) o	rganizatio	on,
	check this box and stop here							▶ □
Se	ection C. Computation of Public							
15	Public support percentage for 2018 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	С	97.130 %
16	Public support percentage from 2017					16		95.360 %
						10		75.500 /
	ection D. Computation of Invest Investment income percentage for 20			line 13 column (f	F))	147		2.070.0
17	·	,	. , , ,	, ,	**	17		2.870 %
18	Investment income percentage from 2	,	•			18	47.	4.640 %
	$33_{1/3}\%$ support tests-2018. If the						_	τ
	more than 33 1/3%, check this box and							
b	33 1/3% support tests— 2017. If the	-			•			ie 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported org	anization	ightharpoons	
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see	instructions	▶□)
			•			e A (Form 990 o		
			Page 4					
			ruge r					
Sche	dule A (Form 990 or 990-EZ) 2018							Page 4
Par	t IV Supporting Organization	ıs						
	(Complete only if you checked		of Part I. If you ch	ecked 12a of Part	I, complete Section	ons A and B. If vo	u checker	d 12b of
	Part I, complete Sections A and	d C. If you checke						
	Sections A and D, and complet							
Se	ection A. All Supporting Organiz	ations						
							Yes	s No
1	Are all of the organization's supported	organizations list	ed by name in the	e organization's ac	verning documen	ts? Γ		i
	If "No," describe in Part VI how the s	upported organiza	ations are designa					
	describe the designation. If historic ar	nd continuing relat	ionship, explain.				1	

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)

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За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	_		
	below.	3a		
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.	-		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3b		
·	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
с 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 .			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial			
	contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
		8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	94		
-	organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
-	the organization had excess business holdings).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2018
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990 or 990-EZ) 2018		F	Page 5
Par	t IV Supporting Organizations (continued)	1		l
	Has the erganization accorded a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
a	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			

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

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

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

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7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrate		ganization (see

- Page 7 -

Part V Type III Non-Functionally Integrated	a 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity			
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI). See instruction	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wl details in Part VI). See instructions	hich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			

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a From 2013	1		
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
 Carryover from 2013 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to	•		
2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
		Schedule A (F	orm 990 or 990-EZ) (2018
	——— Page 8 ———		
	_		
Schedule A (Form 990 or 990-EZ) 2018			_
			Page
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 and 2; Bb; Part V, line 1; Part V, Secti	Part IV, Section C, line 1; on B, line 1e; Part V
-	acts And Circumstances Tes	4	
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efile Public Visual Rende	or ObjectId: 2019213493493	04212 - Submission: 2019-05-14		TIN: 94-2464751	
Schedule B	Schedule of Contributors			OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		ach to Form 990, 990-EZ, or 990-PF. <u>.irs.gov/Form990</u> for the latest information.		2018	
Name of the organization Alameda Museum	n		Employer i 94-2464751	dentification number	
Organization type (chec	k one):		34-2404731	<u> </u>	
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter numb	per) organization			
	☐ 4947(a)(1) nonexempt	charitable trust not treated as a private	foundation		
	☐ 527 political organizati	ion			
Form 990-PF	☐ 501(c)(3) exempt priva	ate foundation			
	☐ 4947(a)(1) nonexempt	charitable trust treated as a private four	ndation		
	☐ 501(c)(3) taxable priva	ate foundation			
Note.Only a section 501(d) General Rule For an organizate money or other properties to the properties of the propertie	ion filing Form 990, 990-EZ, or sore property) from any one contribute on described in section 501(c)(3, 9(a)(1) and 170(b)(1)(A)(vi), that	an check boxes for both the General Rules and check boxes for both the General Rules 990-PF that received, during the year, color. Complete Parts I and II. See instructions of the greater of (1) in the checked Schedule A (Form 990 or 990 or the greater of (1)	ontributions totaling sons for determining sons for determining 33 ¹ /3% support test 6-EZ), Part II, line 13,	\$5,000 or more (in a contributor's total of the regulations , 16a, or 16b, and that	
For an organization during the year, to purposes, or for the	tal contributions of more than \$ ne prevention of cruelty to childron), (8), or (10) filing Form 990 or 990-EZ t 1,000 <i>exclusively</i> for religious, charitable en or animals. Complete Parts I, II, and I	e, scientific, literary, d II.	or educational	
during the year, co If this box is check purpose. Don't co	ontributions exclusively for religions and, enter here the total contributions of the parts unless the parts unless the), (8), or (10) filing Form 990 or 990-EZ to ous, charitable, etc., purposes, but no sutions that were received during the year he General Rule applies to this organization or more during the year	uch contributions total for an <i>exclusively</i> reation because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>	
990-EZ, or 990-PF), but it	must answer "No" on Part IV, I	al Rule and/or the Special Rules doesn't ine 2, of its Form 990; or check the box o y that it doesn't meet the filing requireme	on line H of its		
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)	
		———— Page 2 ———————————————————————————————————			
Cahadula D / F 000 00	20 E7 000 PE\ (2042\			Doz- 2	
Schedule B (Form 990, 99) Name of organization	50-LL, UI 330-FF) (2010)		Employer identifica	Page 2	
Alameda Museum			94-2464751		

Part I Contributors (See

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash
		Schedule B (Fo	contributions.) orm 990, 990-EZ, or 990-PF) (2018)
	D 0	33332.3 3 (1.1	

rage 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)					
Name of organiz Alameda Museum		Employer identification	n number		
		94-2464751			
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.				
		(0)			

		JT 2TOT/J1				
Part II	Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		-				
	·	- \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received			

Page 3

1/16/24, 12:49 PM	Alameda	a Museum - Full Filing- Nonpro	fit Explorer - ProPublica (See instructions)	
		_		
			\$	
(a) No. from Part I	(b) Description of noncash prop	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash prop	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash prop	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash prop	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
			201-11-12-7	000 000 F7 000 PF) (6
			Schedule B (Form	990, 990-EZ, or 990-PF) (2
		Page 4		
Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)			Page 4
Name of organizat Alameda Museum	ion		Employer identificati	on number
Part III Exclusiv	vely religious, charitable, etc., contributions t	o organizations described ir	94-2464751 section 501(c)(7), (8), or (1	0) that total more
organiza	,000 for the year from any one contributor. Co ations completing Part III, enter the total of ex	clusively religious, charitab	(e) and the following line e le, etc., contributions of \$1	ntry. For ,000 or less for the
	nter this information once. See instructions.) licate copies of Part III if additional space is need		_	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
_				
	Transferee's name, address, and ZIP	(e) Transfer of gift	ationship of transferor to tra	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
_				
_		(e) Transfer of gift		
-	Transferee's name, address, and ZIP	4 Rela	ationship of transferor to tra	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
_				
-	Transfers Is were a block of 170	(e) Transfer of gift	stionable of the section to the	noforo
-	Transferee's name, address, and ZIP	4 Rela	ationship of transferor to tra	nsieree

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
		(e) Transfer of gift	Line of the control o	
_	Transferee's name, address, and	ZIP 4 Relations	hip of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data Return to Form

Software ID: 18007218
Software Version: 2018v3.1

ObjectId: 201921349349304212 - Submission: 2019-05-14

TIN: 94-2464751

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

	me of the organization neda Museum		Employer identification number
Aidi	neda Pasedili		94-2464751
Pa	rt I Organizations Maintaining Donor Advis		s or Accounts.
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) unus and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor	advised funds are the
,	organization's property, subject to the organization's exc	clusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpos	an be used only for se conferring impermissible
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on Fo	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) Preservation of	an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the	form of a conservation
	easement on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conservation	n easement is located >	
5	Does the organization have a written policy regarding th		ng of violations
•	and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, and enforcing con-	servation easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?		n 170(h)(4)(B)(i) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports consobalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial st	pense statement, and
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or C	ther Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in its revenue public exhibition, education, or research	in furtherance of public service,
b	provide, in Part XIII, the text of the footnote to its finan- If the organization elected, as permitted under SFAS 11	6 (ASC 958), to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for publ following amounts relating to these items:		
	i) Revenue included on Form 990, Part VIII, line 1		
(i	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		inancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		🕨 \$

	Pa	age 2 ———			
Schedule D (Form 990) 2018					Page
Part III Organizations Maintaining	Collections of Art, Hi	istorical Treas	sures, or Ot	her Similar As	
3 Using the organization's acquisition, acces	ssion, and other records, o	check any of the	following that a	are a significant us	se of its collection
items (check all that apply):		d 🗆	1		
- Public exhibition		Loa	in or exchange		
Scholarly research		e 🗌 Oth	ner		
c Preservation for future generations					
Provide a description of the organization's Part XIII.	collections and explain h	ow they further t	he organization	n's exempt purpos	e in
During the year, did the organization solic assets to be sold to raise funds rather tha					☐ Yes ☐ No
Part IV Escrow and Custodial Arran Complete if the organization a		n 990, Part IV,	line 9, or rep	orted an amoun	
line 21. a Is the organization an agent, trustee, cust	todian or other intermedia	ary for contribution	ons or other as	sets not	
included on Form 990, Part X?					☐ Yes ☐ No
				_	
b If "Yes," explain the arrangement in Part 3	·	-		_	nount
Beginning balance					
d Additions during the year					
• Distributions during the year				_	
f Ending balance			1 f		
a Did the organization include an amount or	n Form 990, Part X, line 2	1, for escrow or o	custodial accou	nt liability?	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part >	XIII. Check here if the exp	planation has bee	n nrovided in E	Part XIII	
			ii provided iii i	art XIII)
Part V Endowment Funds. Complet	e if the organization a		•		
· ·	e if the organization as (a)Current year		on Form 990,		
a Beginning of year balance		nswered "Yes"	on Form 990,	Part IV, line 10	
a Beginning of year balance		nswered "Yes"	on Form 990,	Part IV, line 10	
 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses 	(a)Current year	nswered "Yes"	on Form 990,	Part IV, line 10	
 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships 	(a)Current year	nswered "Yes"	on Form 990,	Part IV, line 10	
 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities 	(a)Current year	nswered "Yes"	on Form 990,	Part IV, line 10	
 b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 	(a)Current year	nswered "Yes"	on Form 990,	Part IV, line 10	
 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 	(a)Current year	nswered "Yes"	on Form 990,	Part IV, line 10	
 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 	(a)Current year	nswered "Yes" (b)Prior year	(c)Two years b	Part IV, line 10	
 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the control of th	(a)Current year	nswered "Yes" (b)Prior year	(c)Two years b	Part IV, line 10	
b Contributions	(a)Current year	nswered "Yes" (b)Prior year	(c)Two years b	Part IV, line 10	
b Contributions	(a)Current year	nswered "Yes" (b)Prior year	(c)Two years b	Part IV, line 10	
a Beginning of year balance	(a)Current year	nswered "Yes" (b)Prior year	(c)Two years b	Part IV, line 10	
b Contributions	(a)Current year	(b)Prior year	(c)Two years b	Part IV, line 10 pack (d)Three year	
Beginning of year balance	(a)Current year	(b)Prior year	(c)Two years b	Part IV, line 10 pack (d)Three year	
b Contributions	(a)Current year current year end balance (hould equal 100%. ssession of the organization	(b)Prior year (line 1g, column ((c)Two years b	Part IV, line 10 pack (d)Three year	Yes No
Beginning of year balance Contributions Contribu	turrent year end balance ((b)Prior year (line 1g, column ((c)Two years to (c)Two years t	Part IV, line 10 pack (d)Three year	Yes No 3a(i) 3a(ii)
a Beginning of year balance	tions listed as required or	(b)Prior year (line 1g, column ((c)Two years to (c)Two years t	Part IV, line 10 pack (d)Three year	Yes No
a Beginning of year balance	hould equal 100%. ssession of the organization the organization's endow	(b)Prior year (line 1g, column ((c)Two years to (c)Two years t	Part IV, line 10 pack (d)Three year	Yes No 3a(i) 3a(ii)
a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the case board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c s a Are there endowment funds not in the posorganization by: (i) unrelated organizations (ii) related organizations Describe in Part XIII the intended uses of	hould equal 100%. ssession of the organization the organization's endowment.	(b)Prior year (line 1g, column ((c)Two years be and administered	Part IV, line 10 Pack (d)Three year ded for the	Yes No 3a(i) 3b
a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the case and designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c s a Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organization bescribe in Part XIII the intended uses of Complete if the organization a Description of property (a) Cost of	turrent year end balance (burrent year end balance (bu	(b)Prior year (line 1g, column ((c)Two years be a considered administered administered administered according to the constant and administered according to the constant according t	Part IV, line 10 Pack (d)Three year ded for the	Yes No 3a(i) 3b
a Beginning of year balance	hould equal 100%. ssession of the organization the organization's endow ment. nswered "Yes" on Form of the basis (b) Cost of the cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost o	(b)Prior year (b)Prior year (line 1g, column ((c)Two years be (c)Two years b	Part IV, line 10 pack (d)Three year ed for the Form 990, Parted depreciation	Yes No 3a(i) 3a(ii) 3b X, line 10. (d) Book value
a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the case and designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c s a Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations Describe in Part XIII the intended uses of complete if the organization a Description of property (a) Cost of (investigations) Can Land Cost of (investigations) Can Description of property (a) Cost of (investigations) A Land Cost of (investigations) Complete if the organization a	hould equal 100%. ssession of the organization the organization's endow ment. nswered "Yes" on Form of the basis (b) Cost of the cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost o	(b)Prior year (b)Prior year (line 1g, column ((c)Two years be (c)Two years b	Part IV, line 10 pack (d)Three year ed for the Form 990, Part	Yes No 3a(i) 3a(ii) 3b X, line 10. (d) Book value
a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the case of the estimated percentage of the case of the estimated or quasi-endowment permanent endowment The percentages on lines 2a, 2b, and 2c s a Are there endowment funds not in the posorganization by: (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organization bescribe in Part XIII the intended uses of the case of the	hould equal 100%. ssession of the organization the organization's endow ment. nswered "Yes" on Form of the basis (b) Cost of the cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost o	(b)Prior year (b)Prior year (line 1g, column ((c)Two years be (c)Two years b	Part IV, line 10 pack (d)Three year ed for the Form 990, Parted depreciation	Yes No 3a(i) 3b 3x, line 10.
Beginning of year balance	hould equal 100%. ssession of the organization the organization's endow ment. nswered "Yes" on Form of the basis (b) Cost of the cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost of the pass (b) Cost of the cost o	(b)Prior year (b)Prior year (line 1g, column ((c) Two years to (c) Tw	Part IV, line 10 pack (d)Three year ed for the Form 990, Parted depreciation	Yes No 3a(i) 3a(ii) 3b X, line 10. (d) Book value

I OTAI. Add lines 1a through 1e.(Column (a) must equal rorm 990, Part X, column (B), line 10(C).) . .

Schedule D (Form 990) 2018

	Page	3 —			
Cabadula D		5			
	(Form 990) 2018 Investments□Other Securities. Complete if the organ	nizat	ion answ	vered "Yes" on Form 990. Par	Page 3 t IV. line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category				
	(including name of security)	'	(b) Book value	(c) Method of v Cost or end-of-year	
(2) Closely	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)		1			
(G)		1			
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•	473,438		
Part VIII	Investments Program Related. Complete if the organization answered 'Yes' on Form 99	90, Pa	art IV, lin	ne 11c. See Form 990, Part X	, line 13.
	(a) Description of investment	(b) B	ook value	(c) Method of v Cost or end-of-year	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets. Complete if the organization answered 'Yes' on	n Forn	n 990, Par	rt IV, line 11d. See Form 990, Pa	rt X, line 15. (b) Book value
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

(8)

Total	. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				_		—
	rt X Other Liabilities. Complete if the organization answered 'Yes'	on Fo	rm 990. Part IV	 Lline 116	or	11f.	_
	See Form 990, Part X, line 25.	011 1 0	330, 1 are 10	,			
1.	(a) Description of liability	(b) Bo	ook value				
(1) Fe	ederal income taxes						
Other	liabilities		2,850				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
			_				
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)		2,850				
	ibility for uncertain tax positions. In Part XIII, provide the text of the footnote to dization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her					_)
orgai	inzation's hability for uncertain tax positions under 11N 46 (ASC 740). Check her	e ii tile	text of the footh			lule D (Form 990) 20	10
						(. 0 550) =0	
	Page 4						
	·						
	dule D (Form 990) 2018					Page	<u>.</u>
Par	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			per Ret	urn		
1	Total revenue, gains, and other support per audited financial statements .	<u> </u>			1		—
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			F			
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b	<u> </u>			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			F	5		—
Par	t XII Reconciliation of Expenses per Audited Financial Staten			s per Re	turi	n.	_
	Complete if the organization answered 'Yes' on Form 990, Par	t IV, lir		· 		T	
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 2a through 2d			L	2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Γ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines $4a$ and $4b$				4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.) .	<u></u>		5		_

Part XIII Supplemental Information

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

Return Reference Explanation

Schedule D (Form 990) 2018

Additional Data Return to Form

Software ID: 18007218 **Software Version:** 2018v3.1

ObjectId: 201921349349304212 - Submission: 2019-05-14

TIN: 94-2464751

OMB No. 1545-0047

2018

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Name of the organization Alameda Museum Employer identification number

94-2464751

	94-2464/51
Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: ARCHIVE PROJECT: VOLUNTEERS continue TO ARCHIVE AND PRESERVE PHOTOS, NEWSPAPER CUTTINGS, PAMPHLETS, YEARBOOKS, WORLD WAR I POSTERS AND OTHER ALAMEDA MEMORABILIA IN ACID FREE BOXES AND PAPER TO PREVENT DETERIORATION AND TO ENSURE THAT IT IS AVAILABLE TO FUTURE GENERATIONS OF ALAMEDA RESIDENTS. OTHER PROGRAM SERVICES 5: The Museum gives free group tours as an additional service.
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	The Museum offers membership at different levels (such as annual, lifetime, business, etc.) at rates which vary from \$15 to \$1,000. Members enjoy four issues of the Museum Quarterly, free admission to lectures by local luminaries, and advance notice of special events such as the Alameda Legacy Home Tour and happenings at the Meyers House. New and gift memberships have extra inducements. Tax-deductible dues are based on the calendar year.
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	All members are eligible to vote for a slate of officers in accordance with the governance documents of the Organization.
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	members elect the Board of Directors and also vote on any proposed changes to the Articles and By Laws of the organization.
Form 990, Part VI, Line 11b: Form 990 Review Process	FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BYTHE ORGANIZATION'S MANAGEMENT (WHICH INCLUDES AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS) AND THE BOARD TREASURER. IF NECESSARY, THIS GROUP DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE MUSEUM'S CURATOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE ORGANIZATION'S curator consultant ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.
Form 990, Part VI, Line 15b: Compensation Review and Approval	THE ORGANIZATION HAS ONLY ONE EMPLOYEE AND THE METHOD OF DETERMINING COMPENSATION IS EXPLAINED ABOVE.

.,,	Additional MacCall Tail Tilling Templetic Explorer Treatment
Process for Officers and Key Employees	
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGALFILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BYTAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TOWWW.GUIDESTAR.ORG (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSPECTION AT THE ORGANIZATION'S OFFICE IN ALAMEDA, CALIFORNIA.
Other Changes In Net Assets Or Fund Balances - Other Increases	Adjustment to net assets beginning year = \$50

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

Additional Data Return to Form

Software ID: 18007218 **Software Version:** 2018v3.1