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Form **990**

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

DLN: 93493202011086

2015

Open to Public Inspection

AF	or the 2	015 ca <u>lendar year, or tax year beginning</u> 01-01-2015 , and ending 12-31-201									
B Ch	eck if app	licable C Name of organization The Oakland Institute	D Emp	loyer ide	entification number						
☐ Ad	dress cha		42-3	42-1626352							
∏ Na	me chang	e Doing business as									
┌ Ini	tıal return		F Telen	hone nun	nher						
_ Fir		Number and street (or P O box if mail is not delivered to street address) Room/suil Post Office Box 18978	e								
	urn/termı	lated	(510) 474-	5251						
	nended re	Oakland CA 94619	G Gross	receints	\$ 543,630						
M Ap	plication p	ending ending	G Gloss	receipts	\$ 343,030						
		F Name and address of principal officer	H(a) Is this a grou	ıp returi	n for						
			subordinates		□Yes □No						
			H(b) Are all subor included?	dınates	□Yes 🗹 No						
				h a list	(see instructions)						
I Ta	ax-exemp	status	H(c) Group exem	ption nu	ımber ►						
J W	ebsite:	www oaklandınstıtute org									
K For	m of orga	nization	L Year of formation	2010 N	1 State of legal domicile						
	rt I	Summary									
	_	fly describe the organization's mission or most significant activities									
	The	O akland Institute (OI) is an independent policy think tank working to increas ial, economic, and environmental issues	e public participation	n and fa	ır debate on crıtıcal						
<u>3</u>	_										
<u> </u>	-										
Governance	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets										
Activities &	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	8						
€	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	0						
χ	5 To	tal number of individuals employed in calendar year 2015 (Part V, line 2a) .		5	6						
ď		tal number of volunteers (estimate if necessary)		6							
		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0						
	b Net	unrelated business taxable income from Form 990-T, line 34		7b							
			Prior Year		Current Year						
a)	8	Contributions and grants (Part VIII, line 1h)		,434	541,193						
eur	9	Program service revenue (Part VIII, line 2g)		.,500	1,795						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31	642						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-22,235						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	370	,965	521,395						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			C						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			C						
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	145	5,597	210,245						
Expenses		5-10)		,,,,,,,	210,213						
<u>₹</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			C						
ठ		Total fundraising expenses (Part IX, column (D), line 25) ▶25,455									
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		784	173,830						
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	282,38		384,075						
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12	88	3,584	137,320						
Net Assets or Fand Balances			Beginning of Curren	t Year	End of Year						
Page 1	20	Total assets (Part X, line 16)	535	,592	681,135						
AAB MB	1	Total liabilities (Part X, line 26)		,577	12,800						
200	22	Net assets or fund balances Subtract line 21 from line 20			· · · · · · · · · · · · · · · · · · ·						

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
Here

***** Signature of officer Anuradha Mittal Executive Director

Paid Preparer **Use Only**

Type or print name and title Print/Type preparer's name Alicia M Utley Preparer's signature Alicia M Utley Firm's name Failey & Utley CPAs Firm's address ► 303 West Joaquin Ave 280

May the IRS discuss this return with the preparer shown above? (see instruction

San Leandro, CA 94577

Раг	Check if Schedule O contains a response or note to any line in this Part III	
1		<u> </u>
	The Oakland Institute (OI) is an independent policy think tank working to increase public participation and fair debate on c	ritical social,
econ	economic, and environmental issues	
2		es 🔽 No
	If "Yes," describe these new services on Schedule O	.5 , 110
3		
_		es 🔽 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported	sured by to others,
	4a (Code) (Expenses \$ 319,310 including grants of \$) (Revenue \$)
	again containing provisions to ensure US development funds are not used to support forced evictions in Ethiopia. Our campaign to shift policie and our allied projectiour Land Our Businessjoined by almost 300 civil society groups continued to challenge the pro-industry, anti-small farme for example, at the annual meetings of the World Bank and IMF, held in Peru (October 6-11, 2015), the first time ever in Latin America in ne Banks goal was to showcase the country as the poster child. However, Bank-advised development model, based on promotion of export of rederegulation reforms has drastically increased social and environmental conflicts in the country. In 2014, there were an average of 200 social in Peru, largely related to mining activities. In partnership with our Latin American members, including SERVIND1 and the NGO Derecho, Ambie Naturales, the campaign highaced the World Bank development and an exposed that while the IMF and World Bank uphold Peru as economically successful, it is the rich corporations that have benefitted from the B development strategy while most Peruvians have been left behind with a toxic legacy and degradation of their lands by mining and oil compatible to Okaland Institute released the first independent report on the state of human rights since the end of 26-year civil war in Sn Lanka in 2009 War. The Struggle for Justice in Postwar Sn Lanka, exposed that a silent war continues in which thousands of Tamils, mostly Hindus and Chris internally displaced and subject to military occupation and fierce discrimination by the predominantly Buddhist Sinhalese majority. The second Disappeared brought forward testimonies from dozens of people whose family members were taken away by the army never to be heard fit the governments promise to engage in a process of truth and reconciliation, thousands remain missing. The UN in 2012 referred to more than other estimates twice that high Our reports, accompanied by an intense press strategy, put their stories a huge human rights tragedylargely is of L	r policies of the Bank arly 50 years, the aw materials and conflicts every monthemeter y Recursos in Latin America, ank advised innes. In June 2015, 0. The Long Shadow of strans, are still report, Where are the om again. And despite 170,000 missing with gnored, onto the pages is, we released 33 case ger, and poverty leld immense ther land use are, emissions from these is the fastest growing on Revolution, more plogy, including ork provides ous groups and NGOs procate against the protruntities and take strategic and and rights in Africa, did programs in local ment agencies, and uence governments,
4b	4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
	4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
	(code) (Expenses 4 including grains of 4) (Neventide 4	,
4d		,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	4e Total program service expenses ► 319,310	

	art IV	Checklist o	f Required	Schedule
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			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)? $^{f z}$	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
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 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			
a	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		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? If "Yes," complete Schedule D, Part VIII	11c		No
	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? <i>If "Yes," complete Schedule D, Part X</i>	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
	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		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		

Par	t IV Checklist of Required Schedules (continued)			
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
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? <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? If "Yes," complete Schedule M	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
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? If "Yes," complete Schedule R, Part 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		No
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	
		Fo	orm 990	(2015)

	990 (2013)			Page					
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
	effects if seffective of contains a response of flote to any line in this fart V		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1	2							
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable)							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6							
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?	За		Νo					
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		Νo					
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," 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? \cdot .	5a		Νo					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo					
c	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 gift were not tax deductible?	6 b							
	7 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 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?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	0							
e	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 a	s 7g		No					
h	required?	/9		NO					
8	Form 1098-C?	7h		No					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Νo					
9a	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		Νo					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
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		Νo					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the								
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		No					
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								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo					
L.	If "Voc " has it filed a Form 730 to report these property of "No." around an explanation in Cabadula O	4.41							

Part VI	Governance,	Management,	and	Disclosur

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 tax year 1a								
	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 0								
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		No					
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		No					
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		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a		No					
	Each committee with authority to act on behalf of the governing body?	8b		No					
	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)					
	· · · · · · · · · · · · · · · · · · ·		Yes	No					
L0a	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							
l1a	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									
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
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						
L3	Did the organization have a written whistleblower policy?	13		No					
L4	Did the organization have a written document retention and destruction policy?	14		No					
L5	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	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
l6a	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	16b								
Se	ection C. Disclosure								
L 7	List the States with which a copy of this Form 990 is required to be filed ► CA								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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)								
L9	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								

State the name, address, and telephone number of the person who possesses the organization's books and records ►Anuradha Mittal 4173 Macarthur Boulevard Oakland, CA 94619 (510) 474-5251

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	checl k, unle n office rustee	ess er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Carolyn Purcell	1 00			.,						
Chairman	0 00	X		×				0	0	0
(2) Atul Sharan	1 00									
Secretary	0 00	x		х				0	0	0
(3) Tania Rose	1 00									
Treasurer	0 00	X		Х				0	0	0
(4) Tony Clarke	1 00	x						0	0	0
Director	0 00	_ ^						0	0	· ·
(5) Elsadıg Elsheikh	1 00	x						0	0	0
Director	0 00	^						0	0	O
(6) Jeff Furman	1 00	х						0	0	0
Director	0 00									
(7) Carol Johnson	1 00	×						n	0	0
Director	0 00							Ů	Ū	
(8) Anuradha Mittal	40 00							70,000	0	0
Executive Dir	0 00			Х				70,000	0	0
			<u> </u>	<u> </u>	Ь—	<u> </u>	_			

art VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	nsated Employ	rees (continued
---	---------------	-----------------

(A) Name and Title	(B) Average hours per week (list any hours	more t perso	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total	-						<u> </u>		0,000		
d Total (add lines 1b and 1c) . 2 Total number of individuals (ind		limited t	to the			d abov	e) w		<u> </u>	an	
\$100,000 of reportable compe	nsation from th	e organ	ızatıc	on ►	0						
3 Did the organization list any fo on line 1a? <i>If "Yes," complete S</i> .					key	emplo	yee,	or highes	t compen	sated employee	Yes No
4 For any individual listed on line organization and related organi	1a, is the sum	of repo	rtable	e co							
individual5 Did any person listed on line 1.							,	_		or individual for	4 No
services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Co Complete this table for your five		ensater	d inde	nen	deni	t contr	acto	rs that rec	eived ma	re than \$100 000	nf
compensation from the organiz											
N	ame and business	address							Des	cription of services	Compensation

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

\$100,000 of compensation from the organization \blacktriangleright 0

Form **990** (2015)

Part V	/ 🛊 🛊 1	Statement o						_
		Check if Sched	ule O contains a respon	se or note to any lin	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue
						exempt function	business	excluded from
						revenue	revenue	tax under sections
								512-514
တ ဆ	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Grants mounts	l c	Fundraising eve	ents 1c	13,100				
ons, Gifts, Grants Similar Amounts	له ا							
Gif ila	d	Related organiz						
Ľ.ÿ	e	Government grant	s (contributions) 1e					
Contributions, and Other Sim	f	All other contribution	ons, gifts, grants, and 1f	528,093				
tributio Other			or included above					
∄ ⊙	g	1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f		541,193			
				Business Code				
Elle.	2a	Miscellaneous		Busiliess Code	1,795	1 705		
Wer		- Inscellaneous			1,795	1,795		
22	Ь							
35	C							
Ser	d							
Program Serwce Revenue	e							
ž Gra	f	All other progra	am service revenue	T	T			
<u>ک</u>	g	Total. Add lines	s 2a-2f		1,795			l
	3		ome (including dividence		1,793			
	-		ar amounts)		642			642
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other						
		than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	C	Gain or (loss)						
	d	Net gain or (los	ss)		0			
ne	8a	Gross income f events (not inc						
Other Revenue			,100					
ور ا		of contributions	reported on line 1c)					
<u>.</u>		See Part IV, lir						
the	.	1	a					
Ò			penses b	22,235	-22,235			
			(loss) from fundraising (from gaming activities	vents	22,233			
	34		ne 19					
			a					
	Ь	Less direct ex	penses b					
	c	Net income or	loss) from gaming activ	/ities	0			
	10a	Gross sales of						
		returns and allo	owances . a					
		loss soot of -	-					
			oods sold . . b [(loss) from sales of inve	entory -	n n			
	-	Miscellaneous		Business Code				
	11a	i i i sectione ou:	5 ACVERIGE	Dasmess Code				
	ь	_						
	-							
	c							
	d	All other reven	L					
	e	Total. Add lines	s 11a-11d	▶ [0			
	12	Total revenue	See Instructions	اً ا				

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, o, 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	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, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	70,000	54,600	9,100	6,300
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	101,243	78,855	13,500	8,888
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	24,418	19,151	2,930	2,337
10	Payroll taxes	14,584	11,447	1,750	1,387
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	6,470	2,523	3,623	324
С	Accounting	5,177	2,191	2,381	605
d	Lobbying	0			
е	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)	0			
12	Advertising and promotion	0			
13	Office expenses	9,149	8,082	719	348
14	Information technology	0			
15	Royalties	0			
16	Occupancy	20,300	15,954	2,436	1,910
17	Travel	26,388	25,041	108	1,239
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	1,166	909	140	117
23	Insurance	4,493	3,155	947	391
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)				
а	Consultants	82,762	81,055	858	849
b	Printing and Publications	6,252	6,136	41	75
c	Telephone and Internet	4,783	3,896	521	366
d	Program Events	4,020	4,020		
е	All other expenses	2,870	2,295	256	319
25	Total functional expenses. Add lines 1 through 24e	384,075	319,310	39,310	25,455
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)				

 Form 990 (2015)
 Page 11

 Page 11

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

 Beginning of year
 End of year

 1
 Cash-non-interest-bearing
 139,357
 1
 70,709

 2
 Savings and temporary cash investments
 370,519
 2
 601,191

Assets

Liabilities

| Net Assets or Fund Balances

				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			139,357	1	70,709
2	Savings and temporary cash investments			370,519	2	601,191
3	Pledges and grants receivable, net			0,0,010	3	0
4	Accounts receivable, net			18,867	4	0
5	Loans and other receivables from current and former officer			10,007	_	, and the second
	key employees, and highest compensated employees Com					
	Schedule L					
					5	0
6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)	•				
	contributing employers and sponsoring organizations of sec	tion 50	1(c)(9)			
	voluntary employees' beneficiary organizations (see instru II of Schedule L	ctions) (Complete Part			
	11 of Schedule L				6	0
7	Notes and loans receivable, net				7	0
8	Inventories for sale or use				<u>,</u> 8	0
9	Prepaid expenses and deferred charges			5,987	9	4,362
10a	Land, buildings, and equipment cost or other basis	i		3,53.		,,552
200	Complete Part VI of Schedule D	10a	5,832			
b	Less accumulated depreciation	10b	2,459	862	10 c	3,373
11	Investments—publicly traded securities				11	0
12	Investments—other securities See Part IV, line 11 \cdot \cdot				12	0
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	1,500
16	Total assets. Add lines 1 through 15 (must equal line 34)			535,592	16	681,135
17	Accounts payable and accrued expenses			4,577	17	1,050
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of S				21	
22	Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disq					
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third pa	rties			23	
24	Unsecured notes and loans payable to unrelated third parti	es .			24	
25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related t	hird parties,			
					25	11,750
26	Total liabilities. Add lines 17 through 25			4,577	26	12,800
	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	► V a	nd complete			
27	Unrestricted net assets			531,015	27	668,335
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck here l	► ┌─ and			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building or equipment fur				31	
32	Retained earnings, endowment, accumulated income, or oth				32	
33	Total net assets or fund balances			531,015	33	668,335
34	Total liabilities and net assets/fund balances			535,592	34	681,135
			-	,		Farma 000 (2015)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493202011086

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public

Inspection

Employer identification number Name of the organization The Oakland Institute 42-1626352 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

Pa	Support Schedule for (Complete only if you Part III. If the organiz	checked the bo	x on line 5, 7, d	or 8 of Part I or	r if the organiza	ition failed to qi	
S	ection A. Public Support	-					
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f)Total
-	fiscal year beginning in) 🕨	(4)2011	(5)2012	(6)2013	(4)2011	(0)2013	(1)1 otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	397,717	389,395	369,434	383,862	541,193	2,081,601
2	Tax revenues levied for the organization's benefit and either						0
3	paid to or expended on its behalf The value of services or facilities furnished by a governmental unit						0
	to the organization without charge						
4	Total. Add lines 1 through 3	397,717	389,395	369,434	383,862	541,193	2,081,601
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)						0
6	Public support. Subtract line 5 from line 4						2,081,601
S	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f)Total
-	fiscal year beginning in)	397,717	` '				
7	A mounts from line 4	397,717	389,395	369,434	383,862	541,193	2,081,601
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67	79	31	36	642	855
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					-20,440	-20,440
11	Total support. Add lines 7						2,062,016
	through 10						2,002,010
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is check this box and stop here	<u> </u>	<u> </u>) organızatıon, ————
	ection C. Computation of Pu						
14	Public support percentage for 201			11, column (f))		14	100 000 %
15	Public support percentage for 201	4 Schedule A, Par	t II, line 14			15	
b	33 1/3% support test—2015. If the and stop here. The organization qu 33 1/3% support test—2014. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization of the organization is 10% or more, and if the organization is 10% or more	alifies as a public organization did on qualifies as a pu :— 2015. If the orga	ly supported orga not check a box o ublicly supported nization did not c	nization n line 13 or 16a, organization heck a box on lin	and line 15 is 33 e 13, 16a, or 16b	1/3% or more, ch	▶✓
b 18	in Part VI how the organization me organization me organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part VI how the organization private foundation. If the organizationstructions	ets the "facts-and: :— 2014. If the orga nization meets the ation meets the "fa	d-circumstances" nization did not c e "facts-and-circi acts-and-circums	test The organi heck a box on lin umstances" test, tances" test Th	zation qualifies a: e 13, 16a, 16b, c check this box a e organization qu	s a publicly suppo or 17a, and line nd stop here. alifies as a public	▶ ┌

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

مو	ction	Λ	ΔΠ	Sunna	rtina	Orga	nizations	
361	CUUII	м.	~11	Suppu	71 UIIG	Olua	IIIZALIUIIS	

	ction A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	2		
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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		
I	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.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
l	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	4b		
	by or in connection with its supported organizations.			
•	: 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		
1	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		
•	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? If "Yes," complete Part II 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		
ı	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•	Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
ı	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).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
ŧ	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?	11a		
ı	A family member of a person described in (a) above?	11b		
	: 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		

Pai	rt IV Supporting Organizations (continued)			
Se	ection 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		
Se	ection 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) 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		
ŀ	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.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally	, Integrated 509(a)(:	3) Supporting	Organization
	I TO III I GIICGOIGII)	Tillegiatea 303(a)(J/ Juppoi tilly	OI Gailleadol

Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions)	1 2 3 4 5 6 7 8 8	(A) Prior Year	(B) Current Yea (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	2 3 4 5		
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	3 4 5 6 7		
Add lines 1 through 3 Depreciation and depletion 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)	4 5 6 7		
Depreciation and depletion 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		
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		
gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	7		
Other expenses (see instructions)			
o the expenses (see methanis)	8		l
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)			
	<u> </u>	(A) Duan Varu	(B) Current Yea
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		- Carrona Four
Enter 85% of line 1	2		
F-	3		
Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
Enter greater of line 2 or line 3	5		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-in	6		

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppor	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
A pplied to underdistributions of prior years			
b Applied to 2015 distributions of prior years			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493202011086

OMB No 1545-0047

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.

Open to Public

ame of the organization	ED (Form 990) and its instructions is at <u>www.r</u>	Employer identification number
ne Oakland Institute		42-1626352
	nor Advised Funds or Other Similar I ered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year	r)	
Aggregate value at end of year		
Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor, or for	
rt II Conservation Easements. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 7.
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizati	creation or education) Preservation of a	a certified historic structure
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation ease	ements	2b
Number of conservation easements on a certification	2c	
Number of conservation easements included in historic structure listed in the National Regist	2d	
Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ted by the organization during the
Number of states where property subject to co	onservation easement is located 🕨	
	garding the periodic monitoring, inspection, ha	ndling of Yes No
Staff and volunteer hours devoted to monitoring	ng, inspecting, handling of violations, and enfor	cing conservation easements during the
<u> </u>		
	specting, handling of violations, and enforcing	conservation easements during the year
\$		
(B)(ı) and section 170(h)(4)(B)(ıı)?	n line 2(d) above satisfy the requirements of se	☐ Yes ☐ No
	ports conservation easements in its revenue a ext of the footnote to the organization's financinessements	
t III Organizations Maintaining Col		, or Other Similar Assets.
·	ered "Yes" on Form 990, Part IV, line 8.	
	r SFAS 116 (ASC 958), not to report in its rev ilar assets held for public exhibition, education potnote to its financial statements that describ	n, or research in furtherance of public
If the organization elected, as permitted unde works of art, historical treasures, or other sim service, provide the following amounts relating	ılar assets held for public exhibition, education	
i) Revenue included on Form 990, Part VIII, lii	ne 1	▶ \$
i) Assets included in Form 990, Part X		- \$
If the organization received or held works of a	rt, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these item	
Revenue included on Form 990, Part VIII, line	e 1	▶ - \$

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of Art,	His	tori	cal ⁻	Treas	sures,	or Ot	her Si	milar A	sset	ts	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other records	, ch	neck a						ıfıcant us	e of i	ts	
а	┌ P	ublic exhibition		d	Г	Loa	norex	change	progra	ms				
b	Γs	cholarly research		e	Γ	Oth	er							
c	┌ P	reservation for future generations												
4	Provi Part >	de a description of the organization's	s collections and explain	hov	v the	/ furt	her the	e organız	zation's	exemp	t purpose	ın		
5		g the year, did the organization solic s to be sold to raise funds rather tha									┌ Yes	Г	No	
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		m s	990,	Part	: IV, l	ıne 9, o	r repo	orted ai	n amoun	ıt on	Form	า 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intermed	ary	for c	ontril	outions	s or othe	erasse	ts not	┌ Yes	Γ	No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete the	fol	lowin	g tab	le				Am	ount		
С		jinning balance	·			_			1c					
d		ditions during the year							1d					
e		tributions during the year							1e					
f		ding balance							1f					
2a	Did th	e organization include an amount oi	n Form 990, Part X, line 2	21,	fores	crow	orcus	stodial a	ccount	liability	/ʔ ☐ Yes	Г	No	
		•	, ,	•						•	·			
b	If"Y∈	s," explain the arrangement in Part	XIII Check here if the e	xpla	anatio	on ha	s beer	provide	d in Pa	art XIII				Γ
Pa	rt V	Endowment Funds. Comple	te if the organization a	ans	were	ed "Y	'es" to	o Form	990, I	Part IV,	, lıne 10.			
			(a)Current year (I	b) Pri	or yea	ir	b (c) T	wo years	back (d) Three y	ears back	(e)F	our ye	ars back
1a	Begir	nning of year balance												
b	Cont	ributions												
c	Netı losse	nvestment earnings, gains, and s												
d	Gran	ts or scholarships												
e		r expenditures for facilities rograms												
f	A dmi	nistrative expenses												
g		of year balance												
2	Provi	de the estimated percentage of the o	current year end balance	(lın	e 1 g,	colu	mn (a))) held as	<u>_</u>					
а	Board	designated or quasi-endowment ►	·											
b		anent endowment ►												
c	Temp	orarily restricted endowment 🕒												
	Thep	ercentages on lines 2a, 2b, and 2c	should equal 100%											
3a		nere endowment funds not in the pos	ssession of the organizati	on t	that a	re he	eld and	dadmınıs	stered	for the		_		
		ızatıon by related organızatıons									22	(i)	Yes	No_
		lated organizations			•	•		•			—	(ii)		
ь		s" on 3a(II), are the related organiza										Bb	- 	
4	Desc	ribe in Part XIII the intended uses o	of the organization's endo	wm	ent fu	ınds								
Pai	rt VI	Land, Buildings, and Equip		_										,
		Complete if the organization a Description of property	inswered 'Yes' to Forn	n 99			[V, lın er basıs		See Fo		0, Part X ccumulated			k value
		Description of property		(a)		vestm		Cost or o	ther bas		lepreciation		(u)boc	r value
1-	Land			\vdash				(otl	ier)			+		
		gs		-								+		
		old improvements		\vdash								+		
		nent	. 	\vdash								+		
	Other								5,83	2	2 /	159		3,373
		ines 1a through 1e (Column (d) mus			mn (B	s), line	= 10(c)	.)						3,373

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organiza	ation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	»		
Part VIII Investments—Program Related. Complete if the organization answered "	Yes' on Form 990, F	Part IV, line 11c.sa	e Form 990 Part V June 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on For	m 990 Part IV line 1	1d See Form 990 Part X June 15
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.		'es' on Form 990, P	eart IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	1	
Federal income taxes		1	
Accreud Expenses	9,334		
Credit Card Payable	40		
Passthroughs	2,375		
		1	
Rounding	1	1	
		1	
		-	
		-	
]	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11,750		Construction of the control of the c

Par		venue per Audited Financial Sta zation answered 'Yes' on Form 990, I			per R	eturn
1		support per audited financial statements			1	
2	A mounts included on line 1 but	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) or	n investments	2a			
b	Donated services and use of fac	ilities	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 ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990,	, Part VIII, line 12, but not on line 1				
а	Investment expenses not includ	ded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4 c	
5	Total revenue Add lines 3 and 4	4c. (This must equal Form 990, Part I, line	12)		5	
Part		penses per Audited Financial Sta zation answered 'Yes' on Form 990, I			es per	Return.
1		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 fac	ilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990,	, Part IX, line 25, but not on line 1:				
а	Investment expenses not includ	led 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	l 4c. (This must equal Form 990, Part I, lii	ne 18)		5	
Pari	XIII Supplemental Info	rmation				
Part	ide the descriptions required for P V , line 4 , Part X , line 2 , Part XI , li mation	art II, lines 3, 5, and 9, Part III, lines 1a nes 2d and 4b, and Part XII, lines 2d and	and 4, I 4b A	Part IV , lines 1b and so complete this part	2b, to provid	de any additional
	Return Reference	Explanation				

Part XIII Supplemental Information (continued)					
Return Reference	Explanation				

Schedule D (Form 990) 2015

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DLN: 93493202011086

SCHEDULE 0 (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization The Oakland Institute	Employer identification number
- CONMIN INSTRUCE	42-1626352

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Organization's process to Review Form 990 Form 990 is reviewed and approved by the Board before filing with the various tax authorities
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Enforcement of Conflict of Interest Policy Discussion at every Board meeting
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Compensation Process for Top Officials Compensation for key employees is compared to compensation of nonprofit organizations in the area
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation Process for Officers Compensation for key employees is compared to compensation of nonprofit organizations in the area
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Governing Documents Disclosure Explanation Public documents are available upon request