

OPEN TO PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization THE OASIS INSTITUTE D Employer identification number 43-1830354 E Telephone number 3148622933 G Gross receipts \$ 8,139,488. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: OASISNET.ORG K Form of organization: L Year of formation: 1982 M State of legal domicile: MO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO ENRICH THE LIVES OF MATURE ADULTS THROUGH LIFELONG LEARNING AND SERVICE. 2-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer PAUL WEISS, PRESIDENT Date. Paid: Preparer's name JEANNE M. DEE, CPA Preparer's signature Date Check if self-employed PTIN P01082093 Preparer Use Only: Firm's name ANDERS MINKLER HUBER & HELM LLP Firm's EIN 43-0831507 Firm's address 800 MARKET STREET, SUITE 500 ST. LOUIS, MO 63101-2501 Phone no. (314) 655-5500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OASIS IS A NATIONAL EDUCATIONAL ORGANIZATION DESIGNED TO EMPOWER THE LIVES OF OLDER ADULTS, AND INCLUDES A NATIONAL NETWORK OF OASIS PROGRAMS IN MORE THAN 250 COMMUNITIES THROUGH SEVEN EDUCATION CENTERS AND A NATIONAL NETWORK OF OVER 800 PARTNERS IN 47 STATES. OASIS OFFERS

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

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

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

4a (Code:) (Expenses \$ 4,673,850. including grants of \$) (Revenue \$ 132,284.) HEALTH - THE INSTITUTE'S HEALTH EDUCATION PROGRAMS PROVIDE BEHAVIOR-CHANGE WORKSHOPS EMPHASIZING INCREASING AWARENESS, KNOWLEDGE AND SKILLS FOR OLDER ADULTS TO ADDRESS THEIR HEALTH NEEDS AND MANAGEMENT. OASIS BOTH CREATES HEALTH PROGRAM CONTENT AND HOLDS LICENSES FOR NATIONALLY RECOGNIZED EVIDENCE-BASED WORKSHOPS. THESE PROGRAMS ARE IMPLEMENTED BY THE SUPPORTING ORGANIZATIONS AS WELL AS NON-SUPPORTING ORGANIZATION CENTERS AND PROGRAM SITES. PROGRAM CONTENT INCLUDES TOPICS ON NUTRITION, EXERCISE, CHRONIC DISEASE MANAGEMENT, DIABETES MANAGEMENT, FALLS PREVENTION, REDUCING SOCIAL ISOLATION AND GENERAL HEALTH PROMOTION. THE HEALTH EDUCATION PROGRAMS PRIORITIZE EVIDENCE-BASED HEALTH PROGRAMS SUCH AS THE SELF-MANAGEMENT RESOURCE CENTER'S CHRONIC DISEASE

4b (Code:) (Expenses \$ 941,920. including grants of \$ 0.) (Revenue \$ 0.) VOLUNTEER SERVICE - OASIS COOPERATED WITH 78 SCHOOL DISTRICTS AND PARTNER SITES TO OFFER THE OASIS INTERGENERATIONAL TUTORING PROGRAM IN THE 2023-2024 SCHOOL YEAR. THIS RESEARCH-BASED PROGRAM MATCHES TRAINED VOLUNTEER TUTORS WITH PRIMARY GRADE CHILDREN TO BUILD READING SKILLS, CONFIDENCE, SELF-ESTEEM AND A POSITIVE ATTITUDE TOWARD LEARNING. , THE PROGRAM OPERATES IN 20 MAJOR CITIES AND INVOLVED MORE THAN 2,000 TRAINED TUTORS. VOLUNTEER PARTICIPATION IS SHOWING A STEADY INCREASE IN RESPONSE TO THE GROWING NEED FOR ACADEMIC AND MENTORING TUTORS. WITH THE DECLINE OF THE COVID-19 PANDEMIC, MANY SCHOOL DISTRICTS HAVE RETURNED TO HOSTING OASIS TUTORS IN PERSON. SOME HAVE UTILIZED ALTERNATIVE PROGRAMMING DEVELOPED DURING THE PANDEMIC AS A SUPPLEMENT TO TRADITIONAL TUTORING AS WELL. TUTOR

4c (Code:) (Expenses \$ 477,877. including grants of \$) (Revenue \$ 409,921.) EDUCATION - THE NETWORK CENTERS DESIGN AND IMPLEMENT LOCAL EDUCATIONAL PROGRAMS IN THE AREAS OF THE ARTS, HUMANITIES AND A BROAD RANGE OF OTHER INTEREST AREAS. TOPICS RANGE FROM CREATIVE WRITING AND POETRY, ART HISTORY, PERFORMING AND VISUAL ARTS, INTERNATIONAL STUDIES, AMERICAN AND WORLD HISTORY AND CURRENT EVENTS. THE INSTITUTE SUPPORTS THE NETWORK IN DEVELOPING EDUCATIONAL PROGRAMS THAT ADDRESS TECHNOLOGY LITERACY THROUGH THE OASIS CONNECTIONS TECHNOLOGY TRAINING PROGRAM AND INCLUDE TOPICS ON HOW TO USE IPADS, IPHONES, INTERNET, EMAIL, FACEBOOK, ACCESSIBILITY FOR HANDHELD DEVICES AND FRAUD AND SCAM PROTECTION. THE INSTITUTE WORKS WITH THE SUPPORTING ORGANIZATIONS AND OTHER PROGRAM LOCATIONS THROUGHOUT THE COUNTRY TO IMPLEMENT THESE PROGRAMS. PARTICIPATION IN OASIS PROGRAMS HAS GROWN BY DOUBLE DIGIT PERCENTS EACH

4d Other program services (Describe on Schedule O.) (Expenses \$ 212,781. including grants of \$) (Revenue \$)

4e Total program service expenses 6,306,428.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAWN ANDERSON - 3148622933
500 NORTHWEST PLAZA, SUITE 425, ST. ANN, MO 63074

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL WEISS PRESIDENT	40.00			X				179,329.	0.	35,866.
(2) DAWN ANDERSON CHIEF OPERATING OFFICER	40.00 3.00			X				122,702.	0.	24,540.
(3) ROBERT CLARK CHIEF INFORMATION OFFICER	40.00			X				121,375.	0.	24,274.
(4) LYNDSEY REICHARDT CHIEF ADVANCEMENT OFFICER	40.00			X				107,778.	0.	21,556.
(5) JULIET SIMONE CHIEF PROGRAM OFFICER	40.00			X				96,182.	0.	19,236.
(6) STEPHANIE MCCREARY CHIEF PURPOSE OFFICER	40.00			X				63,923.	0.	12,784.
(7) RICHARD H. MILES CHAIRMAN	1.00	X		X				0.	0.	0.
(8) JORDAN D. CALLAHAN FINANCIAL ADVISOR	1.00	X						0.	0.	0.
(9) LORNA WIGGINS SECRETARY	1.00	X		X				0.	0.	0.
(10) MARVIN ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(11) JEFFERY L. BALIBAN DIRECTOR	1.00	X						0.	0.	0.
(12) CINDY BRINKLEY DIRECTOR	1.00	X						0.	0.	0.
(13) STEVE MILLER, MD SVP AND CHEIF MEDICAL OFFICER	1.00	X		X				0.	0.	0.
(14) JACOB CEDERGREEN DIRECTOR	1.00	X						0.	0.	0.
(15) JOHN DANAHY DIRECTOR	1.00	X						0.	0.	0.
(16) MATTHEW W. GEEKIE DIRECTOR	1.00	X						0.	0.	0.
(17) MAHENDRA GUPTA DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHERINE HENDERSON, M.D. DIRECTOR	1.00	X						0.	0.	0.
(19) DEBRA HOLLINGSWORTH DIRECTOR	1.00	X						0.	0.	0.
(20) FRANKLIN JACOBS DIRECTOR	1.00	X						0.	0.	0.
(21) IRA KODNER, M.D. DIRECTOR	1.00	X						0.	0.	0.
(22) EDWARD LAWLOR, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(23) MARYLEN MANN DIRECTOR	1.00	X						0.	0.	0.
(24) WILLIAM POWDERLY, M.D. DIRECTOR	1.00	X						0.	0.	0.
(25) CHRIS LEE NICASTRO EDUCATION CONSULTANT	1.00	X						0.	0.	0.
(26) MAXINE L. ROCKOFF, PH.D. DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								691,289.	0.	138,256.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								691,289.	0.	138,256.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: (27) PATRICK WHITE, M.D. DIRECTOR, 1.00, X, 0., 0., 0.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,460,319.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,621,961.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 23,990.				
	h	Total. Add lines 1a-1f		7,082,280.				
Program Service Revenue	2 a	EDUCATION	Business Code					
			611710	298,966.	298,966.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		298,966.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,933.			22,933.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					492,070.			
	b	Less: cost or other basis and sales expenses	7b	399,882.				
	c	Gain or (loss)	7c	92,188.				
d	Net gain or (loss)		92,188.			92,188.		
8 a	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							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	FEEES FOR SERVICES	Business Code	541200	132,284.	132,284.		
	b	PARTNER REVENUE		541900	110,955.	110,955.		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		243,239.				
12	Total revenue. See instructions		7,739,606.	542,205.	0.	115,121.		

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	816,762.	460,018.	246,043.	110,701.
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	1,590,696.	890,263.	490,948.	209,485.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	365,503.	216,639.	87,671.	61,193.
10 Payroll taxes	163,527.	99,480.	39,225.	24,822.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,514.	2,811.	211.	492.
c Accounting	75,000.	60,000.	4,500.	10,500.
d Lobbying				
e 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 Sch O.)	3,934,153.	3,898,359.	29,632.	6,162.
12 Advertising and promotion	53,860.	43,440.	10,420.	
13 Office expenses	94,898.	84,567.	6,353.	3,978.
14 Information technology				
15 Royalties				
16 Occupancy	139,237.	90,349.	46,350.	2,538.
17 Travel	60,038.	55,858.	3,665.	515.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,314.	6,553.	4,811.	950.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,871.	18,041.	1,897.	933.
23 Insurance	21,679.	13,655.	5,624.	2,400.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM MATERIALS/SPLY	135,156.	127,522.	7,634.	
b INSTRUCTOR STIPENDS	94,344.	94,344.		
c VOLUNTEERS	80,884.	52,903.	9,967.	18,014.
d DUES AND SUBSCRIPTIONS	35,337.	35,337.		
e All other expenses	113,991.	56,289.	40,064.	17,638.
25 Total functional expenses. Add lines 1 through 24e	7,811,764.	6,306,428.	1,035,015.	470,321.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	246,261.	1	236,472.
	2 Savings and temporary cash investments	3,560.	2	5,282.
	3 Pledges and grants receivable, net	1,276,949.	3	1,223,487.
	4 Accounts receivable, net	98,337.	4	101,356.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	98,096.	9	46,550.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 220,010.		
	b Less: accumulated depreciation	10b 161,299.		
	11 Investments - publicly traded securities	395,068.	11	515,729.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	142,204.	15	724,615.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,357,635.	16	2,912,202.	
Liabilities	17 Accounts payable and accrued expenses	3,043,568.	17	3,169,495.
	18 Grants payable		18	
	19 Deferred revenue	148,369.	19	116,592.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	90,166.	25	729,594.
	26 Total liabilities. Add lines 17 through 25	3,282,103.	26	4,015,681.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,233,512.	27	-1,722,713.
	28 Net assets with donor restrictions	309,044.	28	619,234.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-924,468.	32	-1,103,479.
33 Total liabilities and net assets/fund balances	2,357,635.	33	2,912,202.	

Part XI Reconciliation 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	7,739,606.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,811,764.
3	Revenue less expenses. Subtract line 2 from line 1	3	-72,158.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-924,468.
5	Net unrealized gains (losses) on investments	5	-82,405.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-24,448.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-1,103,479.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3306153.	6157164.	6293002.	6105856.	7082279.	28944454.
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 Total. Add lines 1 through 3	3306153.	6157164.	6293002.	6105856.	7082279.	28944454.
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.						28944454.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3306153.	6157164.	6293002.	6105856.	7082279.	28944454.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,817.	29,171.	18,643.	26,705.	22,933.	135,269.
9 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 10						29079723.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.53	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.33	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
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 the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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	
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):		
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):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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 - <i>provide details in Part VI</i>)	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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

Multiple horizontal lines for supplemental information.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	225,000.				
c Net investment earnings, gains, and losses	-7,766.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	217,234.				

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		197,726.	139,757.	57,969.
e Other		22,284.	21,542.	742.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				58,711.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM NETWORK	78,700.
(2) DUE FROM VENDOR	31.
(3) ROU ASSETS - FINANCING	23,825.
(4) OTHER ASSETS	11,375.
(5) ROU ASSETS - OPERATING	610,684.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	724,615.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCING LEASE LIABILITY	5,296.
(3) DUE TO OASIS/OASIS PROGRAMS	53,517.
(4) OPERATING LEASE LIABILITY	44,149.
(5) LONG TERM FINANCE LEASE LIABILITIES	18,907.
(6) LONG TERM OPERATING LEASE LIABILITIES	607,725.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	729,594.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,779,661.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-82,405.	
b	Donated services and use of facilities	2b	146,911.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-24,451.	
e	Add lines 2a through 2d	2e		40,055.
3	Subtract line 2e from line 1	3		7,739,606.
4	Amounts included on Form 990, Part VIII, line 12, 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		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,739,606.

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

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

1	Total expenses and losses per audited financial statements		1	7,958,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	146,910.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		146,910.
3	Subtract line 2e from line 1	3		7,811,764.
4	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		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,811,764.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE. ACCORDINGLY, THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION. THE SUPPORTING ORGANIZATIONS OF THE INSTITUTE ARE ALSO EXEMPT AS ORGANIZATIONS DESCRIBED IN THE CODE UNDER THE GROUP EXEMPTION GRANTED TO THE INSTITUTE. THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS FOR TAX YEARS 2021 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF GIFT ANNUITY	-408.
BENEFIT REIMBURSEMENT REVENUE	-24,043.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-24,451.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE OASIS INSTITUTE	Employer identification number 43-1830354
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL WEISS PRESIDENT	(i)	179,329.	0.	0.	10,760.	25,106.	215,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

PROTOCOLS FOR COMPENSATION INCREASES ARE DETERMINED BY BARNES JEWISH COUNTY HEALTHCARE (BJC). OUR PRESIDENT'S COMPENSATION IS APPROVED BY THE DIRECTOR OF COMMUNITY HEALTH INITIATIVES OF BJC'S COMMUNITY HEALTH IMPROVEMENT (CHI) DEPARTMENT. IN THE PAST THE DIRECTOR OF FINANCE AT OASIS DID PULL COMPS FROM OTHER NFP ORGANIZATION'S 990'S FOR REVIEW BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (OASIS) AND THEN THE BOARD'S RECOMMENDATIONS WERE PRESENTED TO BJC FOR FINAL APPROVAL, IF THE BOARD WAS PUSHING FOR A HIGHER INCREASE THAN WHAT BJC WAS RECOMMENDING FOR ALL IT'S EMPLOYEES (TYPICALLY 3-3.5 PERCENT). FOR ALL OTHER KEY EMPLOYEES, INCREASES ARE GIVEN IN ACCORDANCE WITH BJC MERIT INCREASE PROTOCOLS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization THE OASIS INSTITUTE	Employer identification number 43-1830354
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 CHALLENGING PROGRAMS IN THE ARTS, HUMANITIES, HEALTH, TECHNOLOGY
 LITERACY AND VOLUNTEER SERVICE AND CREATES OPPORTUNITIES FOR OLDER
 ADULTS TO CONTINUE THEIR PERSONAL GROWTH AND PROVIDE MEANINGFUL SERVICE
 TO THE COMMUNITY. OASIS WAS ESTABLISHED IN ST. LOUIS IN 1982.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 SELF-MANAGEMENT AND DIABETES SELF-MANAGEMENT PROGRAMS, AGING MASTERY
 PROGRAM, AND A MATTER OF BALANCE THROUGH MAINEHEALTH. THE INSTITUTE
 COLLABORATES WITH COMMUNITY PARTNERS TO PROVIDE EFFECTIVE HEALTH
 BEHAVIOR CHANGE PROGRAMS IN COMMUNITY LOCATIONS TO IMPROVE LONG-TERM
 HEALTH OUTCOMES. PROGRAMS FOCUSED ON BEHAVIOR CHANGE ARE MULTI-SESSION
 WORKSHOPS WHILE MANY HEALTH EDUCATION PROGRAMS ARE ONE-TIME SESSIONS.
 OASIS IS ANALYZING THE DATA FROM THE THREE-YEAR GRANT FROM THE
 ADMINISTRATION FOR COMMUNITY LIVING TO STUDY THE IMPACT OF OASIS'
 PROPRIETARY PROGRAM, VIRTUAL HEALTHY HABITS. OASIS IMPLEMENTED AND
 COLLECTED DATA FROM PARTICIPANTS ENROLLED IN THE RESEARCH STUDY. THE
 ANALYSIS OF PROGRAMMATIC OUTCOMES IS VERY PROMISING. OASIS EXPECTS
 VIRTUAL HEALTHY HABITS WILL BECOME A PROGRAM THAT WILL BE LICENSED
 THROUGHOUT THE COUNTRY AND SERVE AS A SUSTAINABLE REVENUE STREAM IN THE
 NEXT 1-3 YEARS. IN 2019, THE INSTITUTE WAS AWARDED A COOPERATIVE
 AGREEMENT WITH THE ADMINISTRATION FOR COMMUNITY LIVING, PART OF THE
 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO DEVELOP A NEW
 NATIONAL PROGRAM, COMMUNITY CARE CORPS. AS A RESULT, THE INSTITUTE IS A
 NATIONAL FUNDER DISCOVERING EFFECTIVE MODELS FOR NON-MEDICAL VOLUNTEER
 CAREGIVING PROGRAMS TO MAINTAIN THE INDEPENDENCE OF OLDER ADULTS. SINCE
 2020, OASIS HAS AWARDED 109 GRANTS TO ORGANIZATIONS ACROSS THE COUNTRY.
 IN 2020, OASIS WAS ALSO AWARDED A MULTI-YEAR GRANT THROUGH THE
 ADMINISTRATION FOR COMMUNITY LIVING FOR INNOVATIONS IN NUTRITION
 PROGRAMS AND SERVICES. THROUGH THIS GRANT, OASIS IS RESEARCHING THE
 EFFECTIVENESS OF THE NEWLY DEVELOPED VIRTUAL HEALTHY HABITS PROGRAM AS
 AN INNOVATIVE APPROACH TO NUTRITION EDUCATION, HANDS-ON MEAL
 PREPARATION AND SOCIALIZING FOR OLDER ADULTS. OASIS WAS AWARDED ANOTHER
 FIVE-YEARS OF FUNDING TO CONTINUE THIS WORK IN 2024.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 TRAINING IS PROVIDED THROUGHOUT THE YEAR TO NEW SCHOOL DISTRICTS
 JOINING THE PROGRAM AND FOR NEW TUTORS IN EXISTING PROGRAMS. OASIS
 TUTORING IS CURRENTLY SERVING IN PARTNERSHIP WITH SCHOOL DISTRICTS IN
 THE ST. LOUIS METROPOLITAN AREA, MISSOURI COUNTIES OF ST. LOUIS COUNTY,
 JEFFERSON, FRANKLIN, ST. CHARLES, AUDRAIN, CALLAWAY, LINN, AND
 LIVINGSTON. THE OASIS TUTORING NETWORK INCLUDES PROGRAMMING IN
 ALBUQUERQUE, LOS ANGELES, PORTLAND, PITTSBURGH, DENVER, PHOENIX,
 ROCHESTER, SAN DIEGO, SAN ANTONIO, SYRACUSE, TAMWORTH, WADSWORTH, AND
 WASHINGTON D.C. METROPOLITAN AREA TO PROVIDE TUTORING..
 UTILIZING KEY MENTORING ASPECTS OF THE OASIS TUTORING PROGRAM, A NEW
 INTERGENERATIONAL MENTORING PROGRAM HAS BEEN DEVELOPED. OASIS GRAND
 CHAMPIONS GIVES OLDER ADULTS THE OPPORTUNITY TO MENTOR ADOLESCENTS
 RESIDING IN FOSTER CARE AND TO PROVIDE THEM GUIDANCE ON NECESSARY LIFE
 SKILLS.
 OASIS ALSO PROVIDES INFORMATION AND TRAINING FOR OTHER VOLUNTEER
 OPPORTUNITIES ON A REGULAR BASIS AND ENCOURAGES ALL ASPECTS OF

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VOLUNTEERISM ESPECIALLY THOSE OPPORTUNITIES THAT CAN ENGAGE OLDER ADULTS IN CONTRIBUTING THEIR TIME, TALENT AND EXPERIENCE TO HELP OTHERS. DURING 2023, 2,259 OASIS VOLUNTEERS PROVIDED SIGNIFICANT SERVICE IN THEIR COMMUNITIES. IN ADDITION TO TUTORING, VOLUNTEERS ALSO SERVE AS PROOFREADERS, ADMINISTRATIVE SUPPORT PERSONNEL, INSTRUCTORS, CLASS COORDINATORS, COMPUTER INSTRUCTORS, HEALTH FACILITATORS, AND PEER DISCUSSION LEADERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
YEAR SINCE THE PANDEMIC BEGAN. GROSS REVENUE GREW BY 50% BETWEEN 2022 AND 2023 AND AN ADDITIONAL 40% BETWEEN 2023 AND 2024. OASIS STILL OFFERS MOST PROGRAMS IN A HYBRID FORMAT AND AROUND 50% OF PARTICIPANTS ARE STILL LOGGING ON, EVEN IF THEY LIVE IN THE SAME CITY IN WHICH THE PROGRAM IS HOSTED. OASIS EVERYWHERE, THE VIRTUAL EDUCATION CENTER THAT SOURCES CONTENT FROM OASIS NETWORK CENTERS ACROSS THE COUNTRY AND PROVIDES AN ADDITIONAL REVENUE STREAM AND GROWING AUDIENCE FOR LOCALLY DEVELOPED AND DELIVERED LIFELONG LEARNING, HEALTH/EXERCISE, AND SOCIAL CONNECTION PROGRAMS, IS STILL OPERATING AND A CRITICAL COMPONENT OF OASIS OPERATIONS. OASIS EVERYWHERE, THE SOLELY VIRTUAL 'CENTER' GREW BY ABOUT 17% BETWEEN 2022 AND 2023, WITH REVENUE TOTALING \$103,000 IN 2022 AND \$121,000 IN 2023. OASIS ALSO STARTED OFFERING CONTENT IN 2023 FROM PARTNERS OUTSIDE OF THE OASIS NATIONAL NETWORK, AS WELL AS EXPANDING OUR PARTICIPANT BASE THROUGH PARTNERSHIP WITH OTHER NON-PROFITS, MARKET RATE AND SUBSIDIZED SENIOR LIVING COMMUNITIES, AND PUBLIC AND PRIVATE CORPORATE PARTNERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TECHNOLOGY LITERACY - THE INSTITUTE HAS DEVELOPED A BROAD LIBRARY OF TECHNOLOGY LITERACY CURRICULA THAT IS OFFERED UNDER THE OASIS CONNECTIONS PROGRAM CATEGORY. THESE COURSES TEACH ADULTS HOW TO USE TECHNOLOGY IN ORDER TO STAY CONNECTED WITH FRIENDS AND FAMILY TO DECREASE SOCIAL ISOLATION, ADD DIGITAL TOOLS TO THEIR LIVES, PROVIDE THEM WITH CONFIDENCE TO LEARN NEW TECHNOLOGY SKILLS ON THEIR OWN, AND NAVIGATE THE INTERNET SAFELY. PARTICIPANTS ALSO GAIN OR IMPROVE SKILLS TO ENGAGE IN ONLINE ACTIVITIES SUCH AS MANAGING BENEFITS AND HEALTHCARE/HEALTH MONITORING. THE CURRICULUM IS COMPOSED OF MORE THAN 30 COURSES THAT ARE RELEVANT TO PEOPLE IN THE OASIS DEMOGRAPHIC. THESE INCLUDE INTRODUCTION TO THE COMPUTER, INTRODUCTION TO EMAIL, GOOGLE PHOTOS, INTRODUCTION TO THE INTERNET, IPAD, IPHONE, MOBILE ACCESSIBILITY, SAFETY AND PRIVACY ONLINE, WINDOWS 10, WINDOWS 11, MAC OS AND ANDROID DEVICES. ALL COURSES ARE TRANSLATED INTO SPANISH. THE SUPPORTING ORGANIZATIONS AND OTHER LOCAL PROGRAM SITES OFFER A WIDE RANGE OF TECHNOLOGY COURSES TO PARTICIPANTS USING THE OASIS TECHNOLOGY CURRICULUM. ENROLLMENT IN CONNECTIONS CLASSES HAS EXCEEDED 155,000 SINCE THE PROGRAM BEGAN IN 2001. OASIS CONNECTIONS YOUTUBE INSTRUCTIONAL VIDEOS HAVE RECEIVED MORE THAN 213,000 VIEWS. EXPENSES \$ 212,781. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:
FRANK JACOBS AND MARYLEN MANN ARE FAMILY.

FORM 990, PART VI, SECTION A, LINE 3:
BARNES JEWISH HOSPITAL (BJH) ACTS AS THE HUMAN RESOURCES DEPARTMENT OF THE OASIS INSTITUTE. THE EVIDENCE-BASED HEALTH FACILITATORS AND OTHER PER DIEM EMPLOYEES ARE EMPLOYED BY THE INSTITUTE. ALL OTHER EMPLOYEES ARE EMPLOYEES OF BJH. THE INSTITUTE RETAINS THE RIGHT TO RECOMMEND AND PRESENT QUALIFIED

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CANDIDATES AS EMPLOYEES BUT BJH RESERVES THE RIGHT TO FINAL APPROVAL.

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

THE FORM 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM AND PRESENTED TO MANAGEMENT. THE FORM 990 IS REVIEWED BY THE PRESIDENT, AND THE CHIEF OPERATING OFFICER AND ACCOUNTING MANAGER OF THE OASIS INSTITUTE. THE FINANCE COMMITTEE IS THEN PROVIDED A COPY OF THE FORM 990 AND QUESTIONS OR CONCERNS ARE DISCUSSED VIA AN IN-PERSON MEETING OR VIA EMAIL. ONCE THE FINANCE COMMITTEE APPROVES THE 990, IT IS SENT TO THE ENTIRE BOARD FOR DISCUSSION PRIOR TO FILING. ANY QUESTIONS OR COMMENTS ARE DIRECTED TO THE CHIEF OPERATING OFFICER OR THE PRESIDENT OF THE ORGANIZATION.

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

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY EACH YEAR AND DISCLOSE ANY POTENTIAL ISSUES. THOSE FORMS ARE REVIEWED FOR POTENTIAL CONFLICTS AND ISSUES ARE HANDLED ON A CASE BY CASE BASIS. HISTORICALLY THERE HAVE BEEN NO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

PROTOCOLS FOR COMPENSATION INCREASES ARE DETERMINED BY BJC. OUR PRESIDENT'S COMPENSATION IS APPROVED BY THE DIRECTOR OF COMMUNITY HEALTH INITIATIVES OF BJC'S COMMUNITY HEALTH IMPROVEMENT (CHI) DEPARTMENT. IN THE PAST THE DIRECTOR OF FINANCE AT OASIS DID PULL COMPS FROM OTHER NFP ORGANIZATION'S 990'S FOR REVIEW BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (OASIS) AND THEN THE BOARD'S RECOMMENDATIONS WERE PRESENTED TO BJC FOR FINAL APPROVAL, IF THE BOARD WAS PUSHING FOR A HIGHER INCREASE THAN WHAT BJC WAS RECOMMENDING FOR ALL IT'S EMPLOYEES (TYPICALLY 3-3.5 PERCENT). FOR ALL OTHER KEY EMPLOYEES, INCREASES ARE GIVEN IN ACCORDANCE WITH BJC MERIT INCREASE PROTOCOLS.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. OTHER ORGANIZATIONAL DOCUMENTS, SUCH AS THE ARTICLES OF INCORPORATION AND BYLAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

SUBRECIPIENT PAYMENTS:

PROGRAM SERVICE EXPENSES	3,453,165.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,453,165.

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	445,194.
MANAGEMENT AND GENERAL EXPENSES	29,632.
FUNDRAISING EXPENSES	6,162.
TOTAL EXPENSES	480,988.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,934,153.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF GIFT ANNUITY	-408.
BENEFIT REIMBURSEMENT REVENUE	-24,040.
TOTAL TO FORM 990, PART XI, LINE 9	-24,448.

FORM 990, PART XII, LINE 2C:

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE OASIS INSTITUTE** Employer identification number **43-1830354**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALBUQUERQUE OASIS - 32-0081580 3301 MENAUL BOULEVARD NE, SUITE 18 ALBUQUERQUE, NM 87107	OASIS PROGRAM	NEW MEXICO	501(C)(3)	LINE 12A, I	OASIS INSTITUTE	<input checked="" type="checkbox"/>	
SAN ANTONIO OASIS - 26-2243879 700 BABCOCK ROAD SAN ANTONIO, TX 78201	OASIS PROGRAM	TEXAS	501(C)(3)	LINE 7	OASIS INSTITUTE	<input checked="" type="checkbox"/>	
OASIS ROCHESTER - 86-3542366 259 MONROE AVENUE ROCHESTER, NY 14607	OASIS PROGRAM	MISSOURI	501(C)(3)	LINE 12A, I	OASIS INSTITUTE	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

