Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	e 2009	calen		ar year,		_						, 2	009, an	d endir	ıg	_			,	20		
B c	heck if app	plicable:	Please	С	Name of	organiza	ation [THE (DASIS	INST	ITUTE	3					D E	mployer	identifi	cation	numbe		
	Addre	ss	use IRS label or		Doing B	usiness A	\s										4	3-183	3035	4			
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			7710	_					r Lou:	IS, M	.0 631	105					H(b)	Are all aff	iliates inc	luded?	Y	s	No
I	Tax-ex	empt sta	itus:	Х	501(c)(3)	_ 【	(insert r	no.)	4947(a	a)(1) or		527					If "No," at	tach a list	t. (see ins	tructions)	
J	Websi	te: 🕨 🕽	WWW.	OA	ASISNI	ET.OR	.G										H(c)	Group exe	mption n	umber	>	37	91
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<u>ح</u>	3	Numbe	er of vo	oting	g memb	ers of th	ie gov	erning	body (Pa	art VI, lin	าe 1a)								. 3				18
es	4	Numbe	er of inc	idep	pendent	voting n	nembe	ers of the	he gover	ning boo	dy (Part	VI, li	ne 1b)						4			-	18
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		0 4 1				(D = -t) (I	II Baa	46)										371,3					825.
Revenue	l .	Contribution and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) COPY FOR											$\neg \vdash$	0,									
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	11	Other r	evenue	ıe (F	Part VIII	, columr	า (A), I	ines 5,	6d, 8c,	9c, 10c,	and 11	e) _							0.				0.
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	13	Grants	and si	simila	lar amoı	ınts paid	l (Part	t IX, co	lumn (A)	, lines 1	-3)						1,	521,3	327.		1,31	9,	486.
	14	Benefit	s paid	to d	or for m	embers	(Part	IX, colu	umn (A),	line 4)		• •				•			0.				0.
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			•				•		l Part IX,		. ,.	,				•							
. 0	19	Reveni	ue less	s ex	rpenses	. Subtra	ct line	18 froi	m line 12	<u> </u>	<u></u>							412,1			1,16		
Net Assets or Fund Balances																		ning of			End of		
set	20	Total a	ssets ((Par	ırt X, line	: 16)										. L		476,3					527.
AB	21	Total li	abilities	s (P	Part X, li	ne 26)												694,	733.				761.
F.E	22	Net as	sets or	r fun	nd balar	ices. Su	btract	line 21	I from lin	e 20 .							5,	781 , 5	94.		4,73	3,	766.
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May	the IF	RS disci	uss this	is re	eturn wit	h the pr	eparer	r show	n above	? (See in	structio	ns)								X	Yes		No

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Pa	rt III	Statement of F	Program Servic	e Accomplis	hments					
1		describe the ord		sion:						
3	the pri If "Yes Did th service If "Yes Descri Sectio	ior Form 990 or s," describe these the organization of es? s," describe these tibe the exempt por 501(c)(3) and	990-EZ? e new services of cease conduction e changes on So ourpose achieve 501(c)(4) organ	on Schedule g, or make chedule O. ments for ea nizations and	rogram services O. significant change ach of the organiza section 4947(a)(inue, if any, for each	es in how it ation's three the trusts are	conducts,	any program gram services by report the amou	Yes Yes expenses.	X No
4a	(Code	n:) (Expenses \$	1 069 991	including grants	of \$	397 072	(Revenue \$	26 887)
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4b		:)(Expenses\$	994,666.	including grants	of \$	486,156.	(Revenue \$	1,066.)
	ATT	rachment :	5							
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4C	(Code	::)(FACHMENT		737,162.	ncluding grants o	ш ъ	284,741.	(Revenue \$	0.)
	_A1.	IACHMENI (0							
	Other	nrogram services	s (Describe in S	chedule ())	ATTACHI	MENT 7				
-tu			, 886. including	•) (Revenue	e \$	o.)		
4e		program service			131,317.	, (1.15 volide	· +	· , ,		
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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; 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	Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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.			
•	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.			
	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated inflatical statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes,"			
12	complete Schedule D. Parts XI, XII, and XIII.	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	12	21	
12 A	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	42		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		21
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	4.46		Χ
45		14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		3.7
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,		3.7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

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Part IV **Checklist of Required Schedules** (continued) Did the organization report more than \$5.000 of grants and other assistance to governments and organizations 21 Χ in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 22 Χ 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 Χ 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 Χ 24b through 24d and complete Schedule K. If "No," go to question 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Χ 25b 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 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): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Χ 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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Part	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Lu	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
2.0	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja		3a		Х
h	this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
		35		
4 a	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	4a		Х
L	account)?	4a		21
D	If "Yes," enter the name of the foreign country: See the instructions for executions and filling requirements for Form TD F 00 33.1. Penert of Foreign Bank			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	Eo		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		21
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	F		
•	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٥-		Х
	organization solicit any contributions that were not tax deductible?	6a		Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C la		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		Х
_	and services provided to the payor?	7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Х
	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		37
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	71.		
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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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 in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
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	Х	
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	Χ	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	9a		Χ
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11 A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE REQUIRED NONE REQUIRED			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20				
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ DAWN ANDERSON 7710 CARONDELET AVE. ST LOUIS, MO 63105			
	(314) 862–2933			

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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. Use Schedule J-2 if additional space is needed.
- 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. 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, 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.

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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posit	(C) Position (check all that					(D) Reportable	(E) Reportable	(F) Estimated
Nume and Time	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARYLEN MANN										
CHAIRMAN	1.00	Х		Χ				0.	0.	0
FRANKLIN A. JACOBS DIRECTOR	1.00	Х						0.	0.	0
FRAN E. KAISER, MD										
DIRECTOR	1.00	Х						0.	0.	0
CINDY BRINKLEY										
DIRECTOR	1.00	Х						0.	0.	0
CAROLYN W. LOSOS										
DIRECTOR	1.00	Х						0.	0.	0
STEVEN B. MILLER, MD										
DIRECTOR	1.00	Х						0.	0.	0
DAVID J. NEWBURGER										
DIRECTOR	1.00	Х						0.	0.	0
SAMUEL R. NUSSBAUM, MD										
DIRECTOR	1.00	Х						0.	0.	0
MAXINE ROCKOFF, PH.D.										
DIRECTOR	1.00	Х						0.	0.	0
SANFORD J. ZIMMERMAN										
DIRECTOR	1.00	Х						0.	0.	0
SHARON BRANGMAN										
DIRECTOR	1.00	Х						0.	0.	0
JO ANN ARNOLD										
DIRECTOR	1.00	Х						0.	0.	0
STEVEN N. BLAIR, P.E.D.										
DIRECTOR	1.00	Х						0.	0.	0
JEFFREY BALIBAN										
DIRECTOR	1.00	Х						0.	0.	0
STEVEN P. WALLACE, PH.D.										
DIRECTOR	1.00	X						0.	0.	0
EDWARD LAWLOR, PH.D.										
DIRECTOR	1.00	Х						0.	0.	0

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(A)	(B)	J		_	C)	unu		(D)	(E)) (F)				
Name and title	Average hours per week	P or director	nstitutional trustee	Officer	all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensati from relate organizatio (W-2/1099-M	on ed ns	am comp fro orga and	timated ount of other oensation the inization related inization	f on on d	
JIM HINTERLONG, PH.D. DIRECTOR	1.00	Х						0.		0.			0	
KARYNE JONES														
DIRECTOR MARCIA KERZ PRESIDENT	50.00	X		X				169,931.		0.		15,2	0 294	
DAWN ANDERSON CONTROLLER	45.00			Х				85,619.		0.			300	
	-													
	-													
	-													
	-													
1b Total							>	255,550.		0.		23,5	594.	
2 Total number of individuals (including but not lin reportable compensation from the organization	nited to thos	se liste 1		bov	e) w	ho re	ceiv	ed more than \$100	,000 in					
												Yes	No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X	
4 For any individual listed on line 1a, is the the organization and related organizations	e sum of	repor	table	e c	om	oensa	tion	and other com	pensation fro	om				
individual											4	Х		
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"											5		Х	
Section B. Independent Contractors	oomprote t	<i>50110</i> u	<u> </u>	, 101	<u> </u>	οι <i>ι</i> ροι								
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	lent	cont	rac	tors that received	d more than	\$10	0,000	of		
(A) (B) Name and business address Description of services									vices	C	(C) compens	ation		
							\perp							
							\pm							
							\bot							
Total number of independent contractors (ir more than \$100,000 in compensation from the contractors)				nitec	d to	thos	e I	isted above) who	received					

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Par	t VIII	Statement of Revenue			43-1830354		. 3
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	2,644,825.				
Cor	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		2,644,825.			
nue			Business Code				
Program Service Revenue	2a b c d	CLASS FEES FEES FOR SERVICES		27,953. 82,810.	27,953. 82,810.		
rograr	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		110,763.			
	3	Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond proc	ceeds	63,848.			63,848.
	5	Royalties (i) Real	.	0.			
	6a b c	Gross Rents		0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
		and sales expenses					
	d	Net gain or (loss)		0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
돌	c	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances		3.			
	b c	Less: cost of goods sold		0.			
			Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total Revenue. See instructions		2,819,436.	110,763.		63,848.

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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) but are not required to complete columns (B), (C), and (D).

Do	All other organizations must comp not include amounts reported on lines 6b 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,319,486.	1,319,486.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	0			
	U.S. 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	255,550.	72,319.	89,704.	93,527.
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	915,351.	699,234.	109,168.	106,949.
8	Pension plan contributions (include section 401(k)				<u> </u>
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	136,434.	94,753.	20,757.	20,924.
10	Payroll taxes	81,914.	57,592.	12,112.	12,210.
11	Fees for services (non-employees):				
	Management	0.			
	Legal	16,211.		16,211.	
	Accounting	25,000.		25,000.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	0.			
12	Advertising and promotion	135,066.	113,887.	10,018.	11,161.
13	Office expenses	143,233.	126,443.	9,197.	7,593.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	102,041.	67,239.	17,331.	17,471.
17	Travel	64,503.	55,159.	4,284.	5 , 060.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	30,942.	5,931.	1,594.	23,417.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	84,157.	55,454.	14,294.	14,409.
23	Insurance	0.			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	CONSULTANTS	492,426.	436,202.	10,429.	45,795.
	FUND-RAISING EXPENSE	124,861.		216.	124,645.
-	OTHER	15,833.	6,725.	8,738.	370.
	FACILITY & EQUIPMENT	25,669.	12,242.	10,246.	3,181.
е	SPECIAL EVENTS	8,819.	8,819.		
	All other expenses	6,363.	220.	5,864.	279.
	Total functional expenses. Add lines 1 through 24f	3,983,859.	3,131,705.	365,163.	486,991.
26	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2009) Part X Balance Sheet

Pai	τX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,670,910.	1	1,387,550.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,821,531.	3	839,440.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	14,459.	9	14,380.
	10 a	Land, buildings, and equipment: cost or 10a 536,682.			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	225,704.	10c	202,825.
	11	Investments - publicly traded securities	938,194.		1,090,045.
	12	Investments - other securities. See Part IV, line 11	982,284.	12	1,829,136.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	823 , 245.	15	28,151.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,476,327.	16	5,391,527.
	17	Accounts payable and accrued expenses	208,185.	17	147,406.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iab		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	486,548.	25	510,355.
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	694,733.	26	657,761.
		Organizations that follow SFAS 117, check here			
Ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	2,689,844.	_	3,256,262.
Bal	28	Temporarily restricted net assets	3,091,750.	28	1,477,504.
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	5,781,594.	33	4,733,766.
	34	Total liabilities and net assets/fund balances	6,476,327.	34	5,391,527.
					Farm 990 (2000

Form **990** (2009)

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Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За				
	the Single Audit Act and OMB Circular A-133?	3a		X
b				†
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
_		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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.

► See separate instructions.

Inspection

Name of t	he organizatio	n						Employe	r identificat	ion num	oer	
THE OF	ASIS INSTI	TUTE							43-18	30354		
Part I	Reason fo	or Public Chari	ity Status (All organi	izations m	ust compl	ete this p	oart.) Se	e instruc	tions.			
The orga	nization is no	t a private founda	ation because it is: (For	lines 1 thro	ugh 11, ch	eck only c	ne box.)					
1 🖳	A church, co	onvention of chur	ches, or association of	churches d	escribed in	section	n 170(b)(ʻ	I)(A)(i).				
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)							
3	A hospital o	r a cooperative h	ospital service organiza	ation descril	bed in se	ction 170	(b)(1)(A)(iii).				
4	A medical	research organiz	zation operated in co	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)(A)(iii).	Enter	· the
		ame, city, and sta										
5	An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	rnmental	unit de	scribe	ed in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)									
6			ernment or government									
7 X	=		lly receives a substan	-	its support	from a g	governme	ntal unit	or from t	he gene	ral p	ublic
			1)(A)(vi). (Complete F	-								
8		=	in section 170(b)(1)(-	-						
9	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
	=		ted to its exempt fun		=		-					
		-	ment income and un				-		511 tax)	from b	usine	sses
\Box		=	after June 30, 1975.			-		-				
10	=	=	nd operated exclusively	-		=						
11	_	-	and operated exclusi	=		-					-	
		=	ublicly supported orga					-	-		e sec	tion
		_	at describes the type of		g organiza e III - Func)than	
е		_	Type II			-	•		d Ty			lifiod
e	-	=	on managers and oth				-				-	
	-	r section 509(a)(2	-	er than on	e or more	publicly 3	supported	organiza	ations de	scribed	11 300	Juon
f	` ,` ,	` ' '	l a written determinat	ion from t	he IRS tha	at it is a	Type I 3	vne II o	r Tyne III	sunnort	ina	
•	_	n, check this box				at it io u	Type I,	ypc 11, 0	i Type III	оарроп	9	
g			he organization accept	ed any gift	or contribut	ion from a	nv of the				!	ш
9	following pe		o.gaa accopt		0. 00		, 00					
			or indirectly controls	. either ald	one or tog	ether witl	n person	s describ	ed in (ii)		Yes	No
			erning body of the sup						()	11g(i)		
		_	erson described in (i) at	-						11g(ii)	\Box	
	• •	•	of a person described in		bove?					11g(iii)		
h	Provide the	following informa	tion about the supporte	ed organizat	tion(s).							
(i) Name	e of supported	(ii) EIN	(iii) Type of organization			(v) Did y	ou notify	(vi) l	s the	(vii) Ar	nount	of
org	anization		(described on lines 1-9 above or IRC section	in col. (i) lis governing		the organ	ization in of your		ion in col. zed in the	sur	port	
			(see instructions))	governing	accument:	sup	ort?	U.	S.?			
				Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support		, ,	,			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,276,274.	3,842,372.	3,198,361.	6,371,301.	2,644,825.	19,333,133.
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	3,276,274.	3,842,372.	3,198,361.	6,371,301.	2,644,825.	19,333,133.
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)						12,921,291.
6	Public support. Subtract line 5 from line 4.						6,411,842.
	tion B. Total Support	(-) 2005	(h) 2006	(-) 2007	(4) 2000	(=) 2000	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,276,274. 56,242.	3,842,372. 87,562.	3,198,361. 125,847.	6,371,301. 81,744.	2,644,825. 63,848.	19,333,133. 415,243.
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 IV.)	0.	0.	0.	0.	0.	0.
11	Total support. Add lines 7 through 10						19,748,376.
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for					12	443,376.
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (line		<u>-</u>	column (f))		14	32.47 %
15	Public support percentage from 2008 So	chedule A, Part	II, line 14			15	41.33 %
16a	33 1/3 % support test - 2009. If the o	•					
	this box and stop here . The organization						
b	33 1/3 % support test - 2008. If the o	· ·			•		
	check this box and stop here . The orga						
17a	10%-facts-and-circumstances test - 2	_					
	or more, and if the organization me						-
	Part IV how the organization meets t			=	-	· · · · · ·	
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organization						-
	Explain in Part IV how the organization supported organization				_	-	
18	Private foundation. If the organization	n did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u></u> ▶⊔

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 43-1830354 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

Sec	tion A. Public Support			,			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		. ,		. ,		.,
-	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						🕨 🔼
	tion C. Computation of Public Sup	•					
15	Public support percentage for 2009 (line 8, co		•			15	%
16	Public support percentage from 2008 Schedu					16	%
	tion D. Computation of Investment					T 1	0'
17	Investment income percentage for 2009 (lin		,	. ,,,		17	%
18	Investment income percentage from 2008 S					18	%
19 a	33 1/3 % support tests - 2009. If the org	_					
	17 is not more than 33 1/3 %, check th			•		• • •	
b	33 1/3 % support tests - 2008. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	JIU NOT CNECK	a box on line	14, 19a, or 19b), cneck this b	ux and see inst	ructions 🟲

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Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization		Employer identification number				
THE OASIS INSTITUTE						
		43-1830354				
Organization type (check one):	:					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n				
	501(c)(3) taxable private foundation					
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See				
General Rule						
_	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or me contributor. Complete Parts I and II.	ore (in money or				
Special Rules						
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes d 170(b)(1)(A)(vi), and received from any one contributor, during the year, a c 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	contribution of the greater				
the year, aggregate c	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II, and	e, scientific, literary, or				
the year, contributions aggregate to more that year for an exclusivel applies to this organize	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Schett answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of to certify that it does not meet the filing requirements of Schedule B (Form 99)	its Form 990-EZ,				
For Privacy Act and Paperwork Reduc	tion Act Notice, see the Instructions Schedule I	B (Form 990, 990-EZ, or 990-PF) (2009)				

JSA

for Form 990, 990-EZ, or 990-PF.

Page_____ of ____ of **Part I**

Name of organization THE OASIS INSTITUTE

Employer identification number 43-1830354

Part I	Contributors ((see instructions))
--------	----------------	--------------------	---

	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1		\$1,900,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2		\$186,495.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		Aggregate contributions	Person X
		\$	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	Noncash (Complete Part II if there is a noncash contribution.) (d)
(a) No. 5	(b) Name, address, and ZIP + 4	<u> </u>	Noncash (Complete Part II if there is a noncash contribution.)
No.		(c) Aggregate contributions	Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions

OMB No. 1545-0047

2009
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section	501(c)(4).	(5).	or (6) c	rganizations:	Complete	Part III.

	ne of organ		ganizations. Complete Fait III.		Employer ident	ification number
	J				* *	
		Complete if the	avenimation is avenuet under a	naction FO1/a) ar i	43-18	
			organization is exempt under s			ization.
1		•	organization's direct and indirect po			
2						
3	Volunte	er hours				
Par	t I-B	Complete if the	organization is exempt under s	section 501(c)(3).		
1	Enter th	e amount of any ex	cise tax incurred by the organization	under section 4955	▶ \$	
2	Enter th	e amount of any ex	cise tax incurred by organization ma	nagers under section	n 4955 ▶ \$	
3	If the or	ganization incurred	a section 4955 tax, did it file Form 4	720 for this year?		Yes No
4a		correction made? ' describe in Part IV.				Yes No
b Par			organization is exempt under s	section 501(c) ex	cent section 501(c)(3)	
1			expended by the filing organization			<u>'</u>
•		•			'	
2	Enter th	e amount of the fili	ng organization's funds contributed	to other organization	ons for section	
	527 exe	empt function activi	ties		▶ \$	
3	Total ex	kempt function exp	enditures. Add lines 1 and 2. En	iter here and on Fo	rm 1120-POL,	
	line 17b					
4			e Form 1120-POL for this year?			
5			s and employer identification numb	, ,		
			anization listed, enter the amount			
			ived that were promptly and direct			
	segrega	ited fund or a politic	cal action committee (PAC). If addit	ionai space is neede	ed, provide information in	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
					Turius. Il fiorie, effici -o	delivered to a separate
						political organization. If none, enter -0
						Hone, enter -o
						
			<u> </u>			

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

JSA 9E1264 1.000 Schedule C (Form 990 or 990-EZ) 2009

Sch	nedule C (Form 990 or 990-EZ) 2009			43-18	30354	Page	e 2
P	art II-A Complete if the orga under section 501(h)		pt under section &	501(c)(3) and fil	ed Form 5768 (elect	ion	
			an affiliated group ox A and "limited c		ns apply.		
	Limits o (The term "expenditu	on Lobbying Expen res" means amoun			(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to infl	luence public opinio	n (grass roots lobbyir	ng)			
b	Total lobbying expenditures to infl	luence a legislative l	oody (direct lobbying)	·			
С	Total lobbying expenditures (add	lines 1a and 1b)					
d	d Other exempt purpose expenditur	res					
е	 Total exempt purpose expenditure 	es (add lines 1c and	1d)				
f	Lobbying nontaxable amount. Ent columns.	ter the amount from	the following table in	both			
	If the amount on line 1e, column (a)	or (b) is: The lobbyin	g nontaxable amount i	s:			
	Not over \$500,000	20% of the a	mount on line 1e.				
	Over \$500,000 but not over \$1,000,00	00 \$100,000 plu	us 15% of the excess ov	ver \$500,000.			
	Over \$1,000,000 but not over \$1,500,0	000 \$175,000 plu	us 10% of the excess ov	ver \$1,000,000.			
	Over \$1,500,000 but not over \$17,000	0,000 \$225,000 plu	us 5% of the excess over	er \$1,500,000.			
	Over \$17,000,000	\$1,000,000.					
g	•						
h	Subtract line 1g from line 1a. If ze						
i							
j							_
	section 4911 tax for this year?					Yes N	ю
		ons that made a sec ons below. See the	instructions for line	do not have to co s 2a through 2f o			
		Lobbying Exper	nditures During 4-Ye	ar Averaging Per	lod		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2 a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
c	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 43-1830354 Page **3**

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

		(4	a)		(D	<u>) </u>	
		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
-	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Voluntoors?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х				
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х	<u> </u>			
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				15 <i>,</i>	000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities? If "Yes," describe in Part IV		Х			1 -	000
j	Total. Add lines 1c through 1i		37			15,	000.
² a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Х				
d		\/F\					
rai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or se	ction			
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	163	NO
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	\vdash	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					\vdash	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I						
	"Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	politic	al				
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	-		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political experiorities (see instructions)			5			
	• • • •						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	, line	5; and	d Part	II-B, li	ne 1i.	
Also	, complete this part for any additional information.						
<u> </u>	TAGE 4						

43-1830354

SCHEDULE D (Form 990)

Supplemental Financial Statements

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

\mathtt{THE}	OASIS INSTITUTE	43-1830354
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	AccountsComplete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Total number at end of year	
3		
ა 4	Aggregate grants from (during year)	
	Aggregate value at end of year	4: a al
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing the property of the prope	
c		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
Dor	<u> </u>	2000 Part IV line 7
Par	Purpose(s) of conservation easements held by the organization (check all that apply).	1 990, Part IV, line 7.
1		
		n historically important land area
		certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	rm of a conservation
	easement on the last day of the tax year.	Held at the End of the Year
а		2a
b		26
С	(1)	20
d	(0)	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the organization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	s during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements dur	ing the year
_	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expe	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	ements that describes
Par	the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
rai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Sillilai Assets.
	, , ,	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research.	ement and balance sheet works of rch in furtherance of public service
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	S.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	ch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	 \$

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

Schedule D (Form 990) 2009

43-1830354 Schedule D (Form 990) 2009 Page 2

Par	t III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures,	or Other Similar	Assets(continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the fo	llowing that are a sig	gnificant use of its
а	Public exhibition	d	Loan or exch	ange programs	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's	collections and explain	how they further the	organization's exem	npt purpose in
	Part XIV.				
5	During the year, did the organization soliciet assets to be sold to raise funds rather than				
Par		ments. Complete if the	ne organization a		
	Is the organization an agent, trustee, custo of included on Form 990, Part X?				Yes X No
D	If "Yes," explain the arrangement in Part XI \	and complete the folio	owing table.		Amount
•	Beginning balance		-		Amount
c d	Additions during the year			d d	
e	Distributions during the year			e	
f	Ending balance		_		
2a	Did the organization include an amount on				Yes X No
	If "Yes," explain the arrangement in Part XI \				
Par			red "Yes" to Form	990. Part IV. line	: 10.
		rent Year (b) Prior ye			
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities .				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the y ex	ar end balance held as	• •		
а	Board designated or quasi-endowment _	%			
b	Permanent endowment ▶ %				
С	Term endowment ▶%				
3a	Are there endowment funds not in the pos	session of the organiza	tion that are held ar	d administered for th	
	organization by:				Yes No
	(i) unrelated organizations				
L	(ii) related organizations				` '
-	If "Yes" to 3a(ii), are the related organizati or				3b
4	Describe in Part XIV the intended uses of the			V line 10	
Par		T		i	/ n =
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		488,617		173,036.
е	Other		48,065	· ·	29,789.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10(c).) ▶	202,825.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 43-1830354 Page **3**

Part VII Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
Financial derivatives			
Closely-held equity interests			
Other CERTIFICATES OF DEPOSIT	1,579,509.		
SHORT TERM INVESTMENTS	249,627.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,829,136.		
Part VIII Investments - Program Related. See F		e 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year mark	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li			
(a)	Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
ATTACHMENT 1			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	510,355.		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

PAGE 26

43-1830354 Schedule D (Form 990) 2009

scriedui	e D (Form 990) 2009			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	. 1		2,819,436.
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 2		3,983,859.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. 3		-1,164,423.
4	Net unrealized gains (losses) on investments	. 4		116,595.
5	Donated services and use of facilities	. 5		
6	Investment expenses	l _		
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			116,595.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			-1,047,828.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return		
1	Total revenue, gains, and other support per audited financial statements	[1	2,953,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a 116,	595.		
b	Donated services and use of facilities 2b 17,	236.		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	133,831.
3	Subtract line 2e from line 1		3	2,819,436.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,819,436.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		rn	
1	Total expenses and losses per audited financial statements		1	4,001,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		236.		
b	Prior year adjustments 2b			
C	Other leades			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	17,236.
3	Subtract line 2e from line 1	• • •	3	3,983,859.
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			
b	Other (Describe in Part XIV.) 4b			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)	• • •	5	3,983,859.
_	XIV Supplemental Information		<u> </u>	3,303,003.
Compl and 2b	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pact V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Aurt to provide any additional information.	lso con	nplete	
SEE	PAGE 5			

Schedule D (Form 990) 2009 43-1830354 Page **5**

Part XIV Supplemental Information (continued)

CUSTODIAL ACCOUNTS

SCHEDULE D, PART IV

THE OASIS INSTITUTE ASSISTS SEVERAL UNRELATED TAX EXEMPT ENTITIES IN SPONSORING OASIS INSTITUTE PROGRAMS IN CITIES ACROSS THE UNITED STATES.

OCCAISIONALLY THESE UNRELATED PARTIES REQUEST THAT OASIS INSTITUTE ACT AS CUSTODIAN OF CERTAIN FUNDS AND MAKE DISBURSEMENTS FROM THESE FUNDS ON BEHALF OF THE OTHER ENTITY.

UNCERTAIN TAX POSITIONS FOOTNOTE (FORMERLY FIN 48)

PART X, LINE 2

ON JANUARY 1, 2009, THE INSTITUTE ADOPTED RECENTLY ISSUED ACCOUNTING RULES FOR UNCERTAIN TAX POSITIONS. THESE RULES REQUIRE FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSITION IF A POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. ADDITIONALLY, THESE RULES PROVIDE GUIDNACE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, TRANSITION, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS, INCLUDING THOSE RELATED TO UNRELATED BUSINESS INCOME. THE ADOPTION OF THE NEW RULES HAD NO IMPACT ON THE FINANCIAL STATEMENTS. THE INSTITUTE'S FEDERAL TAX RETURN FOR TAX YEARS

2006 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

ATTACHMENT 1

SCHEDULE D, PART X - OTHER LIABILITIES

DESCRIPTION

DUE TO OASIS - CHICAGO

DUE TO OASIS - LAKEWOOD

DUE TO OASIS - ALBUQUERQUE

-7,670.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 43-1830354 Page **5**

Part XIV Supplemental Information (continued)

Supplemental information (continued)		ATTACHMENT 1 (CONT'D)
SCHEDULE D, PART X - OTHER LIABILITIES	<u> </u>	
DESCRIPTION		BOOK VALUE
DUE TO OASIS - EUGENE		188,494.
DUE TO OASIS - HOUSTON		24,026.
DUE TO BJH		111,629.
DUE TO OASIS - BEVERLY HILLS		0.
DUE TO OASIS - ESCONDIDO		48,125.
DUE TO OASIS - OKLAHOMA CITY		1,811.
DUE TO OASIS - PHOENIX		-2,260.
DUE TO OASIS - PITTSBURGH		9,829.
DUE TO OASIS - ST. LOUIS		38,278.
DUE TO OASIS - SAN DIEGO		-10,251.
DUE TO OASIS - SYRACUSE		0.
DUE TO OASIS - SAN ANTONIO		-1,153.
DUE TO OASIS - AKRON		-3,500.
DUE TO OASIS - TUSCON		-24,949.
OBLIGATION UNDER CAPITAL LEASE		19,106.
DUE TO OASIS - BALDWIN HILLS		4,256.
DUE TO OASIS - HYATTSVILLE		14,500.
DUE TO CENTERS - FRIENDS CAMPAIGN		50,446.
	TOTALS	510,355.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

name of the organization						42 10202E	
THE OASIS INSTITUTE						43-1830354	
 Part I General Information on Grants Does the organization maintain records to the selection criteria used to award the grants Describe in Part IV the organization's process. 	substantiate th	e amount of the					Yes No
Part II Grants and Other Assistance t Form 990, Part IV, line 21, for a Part IV and Schedule I-1 (Form	ny recipient th	at received r	nore than \$5,000. C	Check this box if no	one recipient rece	ived more than \$5	5,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY OASIS UNIVERSITY AT ALBANY ALBANY, NY 12222	_		90,134.				PROVIDE OASIS PROGRA
SYRACUSE OASIS 3649 ERIE BLVD EAST DEWITT, NY 13214	1		14,294.				PROVIDE OASIS PROGRA
PITTSBURG OASIS 400 FIFTH AVENUE PITTSBURGH, PA 15219	1		109,331.				PROVIDE OASIS PROGRA
HYATTSVILLE OASIS PRINCE GEORGE'S PLAZA HYATTSVILLE, MD 20782	_		15,082.				PROVIDE OASIS PROGRA
CLEVELAND OASIS			105,220.				PROVIDE OASIS PROGRA
INDIANAPOLIS OASIS 6101 N KEYSTONE AVENUE	-		90,203.				PROVIDE OASIS PROGRA
CHICAGO OASIS 2040 NORTHBROOK CT NORTHBROOK, IL 60062	-		41,957.				PROVIDE OASIS PROGRA
ST LOUIS REGIONAL OASIS 50 GAY AVENUE ST LOUIS, MO 63105	_		225,798.				PROVIDE OASIS PROGRA
HOUSTON OASIS 100 NORTHWEST MALL HOUSTON, TX 77092	_		17,559.				PROVIDE OASIS PROGRA
SAN ANTONIO OASIS 6161 NORTHWEST LOOP 410			61,007.				PROVIDE OASIS PROGRA
TUSCON OASIS 2099 EAST RIVER ROAD TUSCON, AZ 85718			80,316.				PROVIDE OASIS PROGRA
ALBUQUERQUE OASIS 6600 MENAUL NE, #500 ALBUQUERQUE, NM 87110	_		40,763.				PROVIDE OASIS PROGRA
 Enter total number of section 501(c)(3) an Enter total number of other organizations 	•	<u> </u>					

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

Schedule I (Form 990) 2009

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Co	mplote this part to	provide the infe	rmation required	in Part Lline 2, and any o	ther additional information
Supplemental Information. Co	implete triis part to	provide trie irric	imation required	in Fart i, line 2, and any 0	ther additional information.

SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection

Name of the organization

THE OASIS INSTITUTE

43-1830354

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)												
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
PACIFIC REGION OASIS												
P.O. BOX 506 LAKEWOOD, CA 90712			233,816.				PROVIDE OASIS PROGRA					
LOS ANGELES - WESTSIDE OASIS												
10730 WEST PICO, 3RD FLOOR			34,380.				PROVIDE OASIS PROGRA					
ESCONDIDO OASIS												
280 E VIA RANCHO PARKWAY			57,069.				PROVIDE OASIS PROGRA					
SAN DIEGO OASIS												
1702 CAMINO DEL RIO NORTH			38,294.				PROVIDE OASIS PROGRA					
PORTLAND OASIS												
621 SW FIFTH AVENUE PROTLAND, OR 97204			40,433.				PROVIDE OASIS PROGRA					
EUGENE OASIS												
100 VALLEY RIVER CENTER EUGENE, OR 97401			31,000.				PROVIDE OASIS PROGRA					

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

Schedule I-1 (Form 990) 2009

Part II	Continuation of Grants and Other A	ssistance to Individuals in the United States (Schedule I (Form 990), Part III.)								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of va luation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions. OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 43-1830354 THE OASIS INSTITUTE **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 in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
~	If any of the boxes on line 1a is 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	4.		
_	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		
2	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any person listed in Form 000. Part VII. Section A line 13, with respect to the filing			
7	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		37
a	The organization?	5a		X
b	Any related organization?	5b		Λ
6	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Χ
b	Any related organization?	6b		X
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Χ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	169,931.	0.	0.	0.	15,294.	185,225.	0.
MARCIA KERZ	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)			T				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			T				
	(i)							
	(ii)			T				
	(i)							
	(ii)			T				
	(i)							
	(ii)			T				
	(i)							
	(ii)			T				
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)					†		

Part III	Supplem	entai into	rmation																				
Completor any a	e this part idditional ir	to providenformation	e the info	rmation,	explana	tion, o	r descri	iptions	requir	ed for	Part I	, lines	1a,	1b, 40	c, 5a	, 5b,	6a, 6	b, 7,	and 8	Also	complet	e this	part

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE OASIS INSTITUTE

Employer identification number 43-1830354

ATTACHMENT 2

REGULATING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12

ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY
ANNUALLY WHICH IS THEN REVIEWED FOR ANY CONFLICTS. ANY ISSUES WILL BE
DEALT WITH ON A CASE BY CASE BASIS. HISTORICALLY THE INSTITUTE HAS NOT
HAD ISSUES WITH VIOLATIONS OF THE CONFLICT OF INTEREST POLICY.

EXECUTIVE COMPENSATION

PART VI

THE DIRECTOR OF FINANCE AND ADMINISTRATION COMPILES DATA REGARDING

COMPARABLE SALARIES FOR SIMILAR POSITIONS AS THE EXECUTIVE DIRECTOR AND

PROVIDES THAT INFORMATION TO THE COMPENSATION COMMITTEE OF THE BOARD OF

DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS THAT DATA, PERFORMANCE

REVIEWS AND ORGANIZATIONAL RESULTS. BASED ON THIS REVIEW THE

COMPENSATION COMMITTEE DETERMINES THE COMPENSATION. THE COMPENSATION

AMOUNT IS ALSO REVIEWED BY BARNES JEWISH HOSPITAL, WHO PROVIDES PAYROLL

PROCESSING SERVICES, EMPLOYEE BENEFITS, ETC. TO OASIS INSTITUTE.

ALL OTHER EMPLOYEES' COMPENSATION IS RECOMMENDED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND ADMINISTRATION. BECAUSE ALL EMPLOYEES ARE LEASED FROM BARNES JEWISH HOSPITAL IT ALSO REVIEWS AND APPROVES THE COMPENSATION OF ALL EMPLOYEES FOR REASONABLENESS OF THE AMOUNTS PAID.

Name of the organization

Employer identification number

THE OASIS INSTITUTE 43-1830354
ATTACHMENT 2 (CONT'D)

DIRECTOR RELATIONSHIPS

FORM 990, PART VI, LINE 2

MARLEN MANN - FAMILY RELATIONSHIP

FRANKLIN JACOBS - FAMILY RELATIONSHIP

990 REVIEW PROCESS

PART VI

THE FINANCE COMMITTEE IS PROVIDED A COPY OF THE FORM 990 AND A MEETING IS HELD TO DISCUSS ANY QUESTIONS OR CONCERNS. ONCE THE FINANCE COMMITTEE APPROVES THE 990, IT IS SENT TO THE ENTIRE BOARD. ANY QUESTIONS OR COMMENTS ARE DIRECTED TO THE DIRECTOR OF FINANCE AND ADMINISTRATION OR THE PRESIDENT OF THE ORGANIZATION.

PUBLIC INSPECTION OF GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 19

ORGANIZATIONAL DOCUMENTS SUCH AS THE ARTICLES OF INCORPORATION AND BYLAWS, AS WELL AS THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REASONABLE REQUEST.

DELEGATION OF MANAGEMENT DUTIES

PART VI, LINE 2

BARNES JEWISH HOSPITAL ACTS AS THE HUMAN RESOURCES DEPARTMENT OF THE OASIS INSTITUTE. ALL OF THE ORGANIZATION'S EMPLOYEES ARE EMPLOYEES OF BJC. THE INSTITUTE RETAINS THE RIGHT TO RECOMMEND AND PRESENT QUALIFIED CANDIDATES AS EMPLOYEES BUT BJC RESERVES THE RIGHT TO FINAL APPROVAL.

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

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE OASIS INSTITUTE IS A NATIONAL EDUCATION ORGANIZATION THAT

STRENGTHENS COMMUNITIES BY PROVIDING LIFELONG LEARNING AND SERVICE

OPPORTUNITIES THAT INSPIRE DIVERSE AUDIENCES OF MATURE ADULTS TO

PURSUE VIBRANT, HEALTHY, PRODUCTIVE AND MEANINGFUL LIVES. PROGRAMS

IN THE ARTS, HUMANITIES, HEALTH, TECHNOLOGY AND VOLUNTEER SERVICE

PROVIDE STIMULATING OPPORTUNITIES FOR MATURE ADULTS TO CONTINUE THEIR

PERSONAL GROWTH AND SERVE THEIR COMMUNITIES. HEADQUARTERED IN ST.

LOUIS, THE OASIS INSTITUTE DIRECTS A NATIONAL NETWORK OF OASIS

PROGRAMS IN 27 COMMUNITIES. THROUGH LOCAL OASIS PROGRAMS AT SCHOOLS,

AFFORDABLE HOUSING SITES, LIBRARIES, SENIOR CENTERS, AND OTHER

LOCATIONS, OASIS ENROLLED OVER 40,000 OLDER ADULTS IN ITS CLASSES,

FILLING OVER 180,000 CLASS SLOTS ANNUALLY. MORE THAN 6,400 OASIS

VOLUNTEERS PROVIDED OVER 485,000 HOURS OF COMMUNITY SERVICE DURING

2009.

ATTACHMENT 4

4A PROGRAM SERVICE

TECHNOLOGY - THE INSTITUTE HAS DEVELOPED A BROAD CURRICULUM TITLED CONNECTIONS THAT PROVIDES A WIDE VARIETY OF COMPUTER COURSES FOR ITS PARTICIPANTS INCLUDING MICROSOFT WORD, EXCEL, QUICKEN, INTRODUCTION TO THE COMPUTER, AND INTRODUCTION TO THE INTERNET TO NAME A FEW. ADDITIONALLY, THE INSTITUTE EMBARKED ON AN EXCITING PROJECT WITH FUNDING FROM THE ATT FOUNDATION FOCUSING ON ASSISTING OLDER ADULTS IN IMPROVING THEIR TECHNOLOGY SKILLS TO MAKE IT POSSIBLE TO ENTER OR RE-ENTER THE WORKFORCE. THIS PROGRAM WAS NEW

Name of the organization
THE OASIS INSTITUTE

Employer identification number
43-1830354

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

IN 2005 AND WAS FURTHER EXPANDED WITH ANOTHER GRANT AWARDED AT THE END OF 2006. IN 2008, THE ATT FOUNDATION CONFIRMED THEIR SUPPORT WITH A THIRD GRANT OVER 2 YEARS. THE PROGRAM CONTINUES TO EXPAND AND MORE THAN 35,000 OLDER ADULTS ACROSS THE COUNTRY HAVE TAKEN A COMPUTER CLASS.

ATTACHMENT 5

4B PROGRAM SERVICE

HEALTH - THE INSTITUTE HEALTH EDUCATION PROGRAM PROVIDES BEHAVIOR-CHANGE CLASSES EMPHASIZING INCREASING AWARENESS, KNOWLEDGE AND SKILLS FOR OLDER ADULTS TO ADDRESS THEIR INDIVIDUAL HEALTH NEEDS. THE CURRICULUM CONSISTS OF NATIONALLY DEVELOPED PROGRAMS IN THE AREAS OF NUTRITION, EXERCISE, DISEASE MANAGEMENT, SENSORY CHANGES, MENTAL HEALTH, MEMORY AND GENERAL HEALTH PROMOTION, AS WELL AS LOCALLY-OFFERED COURSES. THE HEALTH EDUCATION PROGRAMS HAVE EXPANDED BY OFFERING EVIDENCE-BASED HEALTH PROGRAMS SUCH AS ACTIVE LIVING EVERY DAY AND HEALTHY EATING EVERY DAY, TWO BEHAVIOR-CHANGE CLASSES THAT WERE DEVELOPED THROUGH THE COOPER INSTITUTE AND HUMAN KINETICS; ACTIVE START, THE NATIONAL AWARD-WINNING PROGRAM DEVELOPED BY OASIS; CHRONIC DISEASE SELF-MANAGEMENT DEVELOPED THROUGH STANFORD UNIVERSITY; AND MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS DEVELOPED AT BOSTON UNIVERSITY'S ROYBAL CENTER. OASIS' ACTIVE GENERATIONS ADDRESSES NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND OLDER ADULTS BY

Name of the organization

THE OASIS INSTITUTE

Employer identification number

43-1830354

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5 (CONT'D)

TRAINING OLDER ADULT VOLUNTEERS AS INSTRUCTORS IN AN EIGHT-WEEK EVIDENCE-BASED AFTER-SCHOOL CURRICULUM FOR CHILDREN IN THIRD THROUGH FIFTH GRADE.

ATTACHMENT 6

4C PROGRAM SERVICE

VOLUNTEER SERVICE - THE INSTITUTE COOPERATES WITH 101 SCHOOL DISTRICTS TO OFFER THE OASIS INTERGENERATIONAL TUTORING PROGRAM. THIS PROGRAM MATCHES TRAINED VOLUNTEER TUTORS WITH PRIMARY GRADE CHILDREN TO BUILD READING SKILLS, CONFIDENCE AND POSITIVE ATTITUDES TOWARD LEARNING. THE PROGRAM OPERATES IN 21 CITIES AND INVOLVES OVER 5,750 TRAINED TUTORS. TUTOR TRAINING IS PROVIDED THROUGHOUT THE YEAR TO NEW SCHOOL DISTRICTS JOINING THE PROGRAM AND FOR NEW TUTORS IN EXISTING PROGRAMS. THE INSTITUTE ALSO PROVIDES INFORMATION AND TRAINING FOR OTHER VOLUNTEER OPPORTUNITIES ON A REGULAR BASIS AND ENCOURAGES ALL ASPECTS OF VOLUNTEERISM ESPECIALLY THOSE OPPORTUNITIES THAT CAN ENGAGE OLDER ADULTS IN CONTRIBUTING THEIR TIME, TALENT AND EXPERIENCE TO HELP OTHERS. DURING 2009 AND 2008, NEARLY 6,443 AND 6,508 VOLUNTEERS, RESPECTIVELY, PROVIDED SERVICES THROUGHOUT THE OASIS NETWORK. DURING 2009, THE INSTITUTE'S VOLUNTEERS CONTINUED TO PROVIDE SIGNIFICANT SERVICE IN THEIR COMMUNITIES.

ATTACHMENT 7

Name of the organization

THE OASIS INSTITUTE

Employer identification number

43-1830354

ATTACHMENT 7 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE

EDUCATION 151,517. 329,886. 0.

TOTALS 151 517 329 886 0

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION ENDING
BOOK VALUE

PREPAID EXPENSES 14,380.

TOTALS 14,380.

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE

MUTUAL FUNDS 1,090,045.

TOTALS 1,090,045.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. Attach to Form 990. ▶ See separate instructions.

Name of the organization Employer identification number THE OASIS INSTITUTE 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 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						

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.) Part II

(a) Name, address, and EIN			(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
ST LOUIS OLDER ADULT ENRICHMEN	r program	82-0574147					
50 GAY AVENUE	ST LOUIS, MO	63105	OASIS PROGRAM	MO	501(C)3	7	THE OASIS IN
ALBUQUERQUE OASIS							
6600 MENAUL N.E	ALBUQUERQUE,	NM 87110	OASIS PROGRAM	NM	501(C)3	11	THE OASIS IN
HOUSTON OASIS		13-4258815					
7710 CARONDELET AVE, STE 125	ST LOUIS, MO	63105	OASIS PROGRAM	MO	501(C)3	11	THE OASIS IN
PACIFIC REGION OASIS		13-4242159					
P.O. BOX 506	LAKEWOOD, CA	90712	OASIS PROGRAM	CA	501(C)3	11	THE OASIS IN
TUCSON OASIS		26-2952416					
2099 EAST RIVER ROAD	TUCSON, AZ 8	5718	OASIS PROGRAM	AZ	501(C)3	11	THE OASIS IN
SAN DIEGO OASIS		30-0403895					
1702 CAMINO DEL RIO NORTH	SAN DIEGO, C	A 92108	OASIS PROGRAM	CA	501(C)3	11	THE OASIS IN
SAN ANTONIO OASIS		26-2243879					
6161 NORTHWEST LOOP 410	SAN ANTONIO,	TX 78238	OASIS PROGRAM	TX	501(C)3	11	THE OASIS IN

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

Schedule R (Form 990) 2009

43-1830354 Page 2

Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year.) (b) Primary activity (d) (e) Predominant (h) (j) Name, address, and EIN of Lègal Direct controlling Share of total income Share of end-of-year Code V-UBI General or Disproportionate income (related, domicile amount in box 20 of related organization entity assets managing allocations? unrelated. (state or Schedule K-1 partner? excluded from foreign tax under (Form 1065) country) sections 512-514) Yes No Yes No 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.) Part IV (c) (d) (g) (h) Name, address, and EIN of related organization Primary activity Type of entity Share of total income Share of Legal domicile Direct controlling Percentage (state or entity (C corp, S corp, end-of-year assets ownership foreign country) or trust)

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 43-1830354 Page **3**

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in F	Parte II_I\/2	[
' a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		Χ
				1b	Х	
b	Gift, grant, or capital contribution to other organization(s)			1c		Х
С	Gift, grant, or capital contribution from other organization(s)					X
d	Loans or loan guarantees to or for other organization(s) $\dots \dots \dots$			1d		
е	Loans or loan guarantees by other organization(s)			1e		Х
f	Sale of assets to other organization(s)			1f		Χ
g	Purchase of assets from other organization(s)			1g		Χ
h	Exchange of assets			1h		Х
."	<u> </u>			1i		X
ı	Lease of facilities, equipment, or other assets to other organization(s)					
						37
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k	Х	
1	Performance of services or membership or fundraising solicitations by other organization(s)			11		Χ
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		Χ
	Sharing of paid employees			1n		Х
n	Sharing or paid employees					
				4.		Х
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			1p	Х	
а	Other transfer of cash or property to other organization(s)			1q		X
r	Other transfer of cash or property from other organization(s)			1r		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relative					
	·	(b) Transaction	(c Amount i	:)		
	(a) Name of other organization	Transaction type (a-r)	Amount i	nvolve	d	
		туре (а-г)				
(1)						
(2)						
(3)						
(-)						
(4)						
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity			(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No	(1 0 1000)	Yes	No

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