## Form **990**

Department of the Treasury

Internal Revenue Service

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

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

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



2007, and ending A For the 2007 calendar year, or tax year beginning C Name of organization B Check if applicable: D Employer identification number use IRS THE OASIS INSTITUTE 43-1830354 change label or print or Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return See 7710 CARONDELET AVENUE 125 (314)862-2933Specific Termination City or town, state or country, and ZIP + 4 Cash Instruc-Amended LOUIS, Other (specify) Application H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(a)** Is this a group return for affiliates? Website: ► WWW. OASISNET. ORG **H(b)** If "Yes," enter number of affiliates ▶ **Organization type** (check only one)  $\triangleright X$  | 501(c) (3 )  $\triangleleft$  (insert no.) H(c) Are all affiliates included? Yes (If "No." attach a list. See instructions. if the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return filed by an receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Yes organization covered by a group ruling? to file a return, be sure to file a complete return. Group Exemption Number Check if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch. B (Form 990, 990-EZ, or 990-PF). 329,308 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a **b** Direct public support (not included on line 1a) 1b 2,760,658. **PUBLIC INSPECTION** 1 c 272,000. **C** Indirect public support (not included on line 1a) **d** Government contributions (grants) (not included on line 1a) 165,703. 3,198,361. noncash\$ 1 e 3,198,361. e Total (add lines 1a through 1d) (cash \$ \_\_\_\_ Program service revenue including government fees and contracts (from Part VII, line 93) 5,073. 3 Membership dues and assessments 3 4 4 125,874. Interest on savings and temporary cash investments STMT 1 Dividends and interest from securities 6 a Gross rents 6a Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a 6с 7 Other investment income (describe (B) Other 8 a Gross amount from sales of assets other (A) Securities than inventory 8a 8b **b** Less: cost or other basis and sales expenses **c** Gain or (loss) (attach schedule) 8 c d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 11 Other revenue (from Part VII, line 103) 11 12 12 3,329,308. 13 Program services (from line 44, column (B)) 13 2,864,026. Management and general (from line 44, column (C)) 14 14 335,363. 15 Fundraising (from line 44, column (D)) 15 409,932. 16 Payments to affiliates (attach schedule) 16 17 17 3,609,321. 18 Assets Excess or (deficit) for the year. Subtract line 17 from line 12 18 -280,013. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 3,887,612. Other changes in net assets or fund balances (attach explanation) STMT 2 20 20 34,282. Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . . . . . . . . . . . 3,641,881.

Form **990** (2007)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Pai	rt II					and (D) are required for s	
	Do no	Functional Expenses organi of include amounts reported on line	zations	1	(B) Program	sts but optional for others (C) Management	
		6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	( <b>D</b> ) Fundraising
22a	Grants	paid from donor advised funds (attach schedule)					
	(cash \$	noncash \$amount includes foreign grants,					
004	check	here	22a				
220	Other	grants and allocations (attach schedule)					
	(cash \$	noncash \$ amount includes foreign grants,	001				
	check	here	22b				
23		ific assistance to individuals	23				
24		h schedule) fits paid to or for members					
		•	24				
		h schedule) pensation of current officers,	-				
		tors, key employees, etc. listed in					
	Part \		25a	160 105	00 000	20 272	47 000
		/-A pensation of former officers,	2 3 a	168,185.	90,820.	30,273.	47,092.
		tors, key employees, etc. listed in					
	Part \		25b				
		ensation and other distributions, not includ-	200				
	ed abo	ove, to disqualified persons (as defined					
		section 4958(f)(1)) and persons described ion 4958(c)(3)(B)	25c				
		ies and wages of employees not					
		ded on lines 25a, b, and c	26	752,056.	499,483.	141,354.	111,219.
		ion plan contributions not					
	includ	ded on lines 25a, b, and c	27	75,412.	55,981.	10,108.	9,323.
		oyee benefits not included on		,	,	,	,
	lines	25a - 27	28				
29	Payro	oll taxes	29	63,829.	49,366.	7,523.	6,940.
30	Profe	ssional fundraising fees	30	50,835.	·		50,835.
31	Acco	unting fees	31				
32	Legal	fees	32				
33	Supp	lies	33	128,849.	113,634.	14,681.	534.
34	Telep	hone	34	17,680.	12,173.	2,838.	2,669.
35	Posta	age and shipping	35	40,217.	33,837.	2,996.	3,384.
36	Occu	pancy	36	101,475.	65,097.	18,923.	17,455.
		ment rental and maintenance	37	14,877.	8,413.	4,396.	2,068.
		ng and publications	38	133,839.	118,643.	8,370.	6,826.
			39	72,664.	66,170.	3,378.	3,116.
		rences, conventions, and meetings	40	136,386.	133,915.	900.	1,571.
		est	41				
	-	eciation, depletion, etc. (attach schedule)	42	57,672.	36,995.	10,756.	9,921.
		expenses not covered above (itemize):					
		TER_ALLOCATIONS	43a	1,250,436.	1,142,276.		108,160.
		SULTANTS	43b	· · · · · · · · · · · · · · · · · · ·	434,038.	68,299.	28,524.
		S_AND_SUBSCRIPTIONS	43c	2,005.	289.	1,485.	231.
	OTHE		43d	12,043.	2 <b>,</b> 896.	9,083.	64.
		JRANCE	43e				
	TNDI	IVIDUAL DONOR PROGRAM _	43f				
g	 Total	functional expenses. Add lines 22a	43g				
	throug colum	gh 43g. (Organizations completing ns (B)-(D), carry these totals to lines					
		)		3,609,321.	2,864,026.	335, 363.	409,932.
		if you are follow					
		nt costs from a combined educational				ogram services? ated to Program services	Yes X No
		ter (i) the aggregate amount of these junt allocated to Management and go					Ψ;
(III) t	ne am	ount allocated to Management and ge	ierai S	<b>P</b>	, and (iv) the amount a	Illocated to Fundraising \$	

JSA 7E1020 1.000

### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

AII of	clients served, publications issued, etc. Discuss achiever	EE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 4		
	(Grants and allocations \$	) If this amount includes foreign grants, check here	223,192.
b	SEE STATEMENT 4		
С	(Grants and allocations \$ SEE STATEMENT 4	) If this amount includes foreign grants, check here ▶	950,579.
d	Grants and allocations \$ SEE STATEMENT 5	) If this amount includes foreign grants, check here ▶	700,804.
е	(Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$	) If this amount includes foreign grants, check here ▶  () If this amount includes foreign grants, check here ▶	989,451.
f	Total of Program Service Expenses (should equal I	line 44, column (B), Program services)	2,864,026.

Ρ	art IV	Balance Sheets (See the instructions.)			
1	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing	1,209,478.	45	2,342,255.
	46	Savings and temporary cash investments		46	
	47-	Accounts receivable			
		Accounts receivable 47a		47-	
	D	Less: allowance for doubtful accounts		47c	
	40-	Diodesa rassiushia			
		Pledges receivable 48a 303, 396.	1 507 505	40-	202 206
		Less: allowance for doubtful accounts 48b	1,587,505.		303,396.
		Grants receivable	20,491.	49	31,826.
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	D	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
Ś	51a	Other notes and loans receivable (attach			
Assets		schedule)			
Ą		Less: allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use  Prepaid expenses and deferred charges	15 210	52	17.500
			15,312.		17,588.
		Investments - publicly-traded securities    Cost   FMV     Note		54a	
		· · · · · · · · · · · · · · · · · · ·		54b	
	ววล	Investments - land, buildings, and			
	_	equipment: basis 55a  Less: accumulated depreciation (attach			
	D	( )		550	
	E.C.	schedule) 55b	1 104 200	55c 56	1 172 000
		Investments - other (attach schedule)	1,104,328.	36	1,173,802.
		Land, buildings, and equipment: basis 57a 391, 991.			
	D	Less: accumulated depreciation (attach	105 501	570	017 001
	E 0	schedule)	125,591.	376	217,021.
	58	Other assets, including program-related investments	170 200		00 650
	59		178,380.		99,650.
_	60		4,241,085.		4,185,538.
	61	Accounts payable and accrued expenses	71,215.	61	120,588.
	62	Grants payable		62	
	_	Deferred revenue		62	
Liabilities	03			63	
ij	640	schedule)  Tax-exempt bond liabilities (attach schedule)		64a	
Ë		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►	282,258.	65	423,069.
	03	Other habilities (describe >	202,230.	03	423,009.
	66	Total liabilities. Add lines 60 through 65	353,473.	66	543,657.
		nizations that follow SFAS 117, check here ▶ X and complete lines	333, 473.		343,037.
	3-	67 through 69 and lines 73 and 74.			
es	67	Unrestricted	2,022,327.	67	2,726,975.
Š	68	Temporarily restricted	1,865,285.		914,906.
<b>Fund Balances</b>	69	Permanently restricted	, ,	69	,
Þ	Orga	inizations that do not follow SFAS 117, check here			
Ē		complete lines 70 through 74.			
<u>-</u>	70	Capital stock, trust principal, or current funds		70	
ts	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
ğ	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Ne		70 through 72. (Column (A) must equal line 19 and column (B) must			
_		equal line 21)	3,887,612.	73	3,641,881.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	4,241,085.		4,185,538.

Pa	Reconciliation of Revenue per Audited I instructions.)	Financial Stateme	nts With Revenu		e the
a	Total revenue, gains, and other support per audited finar	icial statements		a	3,379,592.
b	Amounts included on line <b>a</b> but not on Part I, line 12:				,
1	Net unrealized gains on investments		b1	34, 282.	
2	Donated services and use of facilities			16,002.	
3	Recoveries of prior year grants			,	
4	Other (specify):				
•	Cultivi (opcony).				
	Add lines <b>b1</b> through <b>b4</b>			b	50,284.
С	Subtract line <b>b</b> from line <b>a</b>				3,329,308.
d	Amounts included on Part I, line 12, but not on line a:				3,323,300.
	Investment expenses not included on Part I, line 6b		d1		
1					
2	Other (specify):		1 1		
	Add lines of and do				
е	Add lines d1 and d2				2 220 200
_	art IV-B Reconciliation of Expenses per Audited				3,329,308.
	Total expenses and losses per audited financial statemen				3,625,323.
а		15		<u>a</u>	3,023,323.
b	Amounts included on line a but not on Part I, line 17:		b1	16,002.	
1	Donated services and use of facilities			10,002.	
2	Prior year adjustments reported on Part I, line 20				
3	Losses reported on Part I, line 20				
4	Other (specify):				
	Add lines <b>b1</b> through <b>b4</b>				16,002.
С	Subtract line <b>b</b> from line <b>a</b>			C	3,609,321.
d	Amounts included on Part I, line 17, but not on line a:		1 1		
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify):				
			d2		
	Add lines d1 and d2			d	
е					3,609,321.
Pá	art V-A Current Officers, Directors, Trustees, and	• • •	•		r, director, trustee,
	or key employee at any time during the year eve		T ' ' '	· · · · · · · · · · · · · · · · · · ·	(F) F
	(A) Name and address	(B) Title and average hours pe	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		week devoted to position		compensation plans	
SE	E STATEMENT 10		168,185.	4,154.	NONE
_					
		i	1	1	i

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FUIIII 9	90 (2007)		43-183035	4			raye <b>u</b>
Par	t V-A Current Officers, Directors, Trustees, and Key	/ Employees (con				Yes	No
75a	Enter the total number of officers, directors, and trustees meetings						
b	<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business						
	relationships? If "Yes," attach a statement that identifies the	individuals and exp	plains the relation	nship(s)	75b		Χ
С	Do any officers, directors, trustees, or key employer compensated employees listed in Schedule A, Part I, independent contractors listed in Schedule A, Part II-organizations, whether tax exempt or taxable, that are re-	or highest comp -A or II-B, receive	pensated profes compensation	ssional and other from any other			
	the definition of "related organization."  If "Yes," attach a statement that includes the information do				75c		X
d	Does the organization have a written conflict of interest poli				75d	X	
	V-B Former Officers, Directors, Trustees, and Ke (If any former officer, director, trustee, or key employ the year, list that person below and enter the amour instructions.)	y Employees That	at Received Coensation or other	ompensation or (er benefits (describe	Other d bel	Ben	uring
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension Expens	other
		0 –	-0-	-0-	-0-		
		0-					
Par	Other Information (See the instructions.)		<u> </u>	I		Yes	No
76	Did the organization make a change in its activities or r	methods of conduc	cting activities?	If "Ves " attach a			
	detailed statement of each change				76		Χ
77	Were any changes made in the organizing or governing do	cuments but not rep	ported to the IRS?	?	77		X
78a	If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross incompared to the changes.	me of \$1 000 or 1	more during the	year covered by			
	this return?				78a		Χ
	If "Yes," has it filed a tax return on ${\bf Form~990\text{-}T}$ for this year?				78b	N/	A
79	Was there a liquidation, dissolution, termination, or subs				79		Х
80a	Is the organization related (other than by association will common membership, governing bodies, trustees, off	icers, etc., to an	ly other exemp	ot or nonexempt	00-	v	
b	organization?	DULT_SERVICE	AND INFORM	ATION_	80a	X	
	SYSTEM  Enter direct and indirect political expenditures. (See line 81	and check wheth	er it is 🔀 exemp	ot <b>or</b> nonexempt			
	Did the organization file Form 1120-POL for this year?	,			81b		Х
					_		

Form 99	0 (2007) 43-1830354		F	⊃age <b>7</b>
Part V	Other Information (continued)		Yes	No
<b>82a</b> Did	the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or a	t substantially less than fair rental value?	82a	Χ	
	es," you may indicate the value of these items here. Do not include this amount			
as r	evenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
	the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	A
	"Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts	s were not tax deductible?	84b	N/	A
85 a 501	(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	<u>—</u> А
<b>b</b> Did	the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	<u>—</u> А
	'Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
rece	eived a waiver for proxy tax owed for the prior year.			
<b>c</b> Due	es, assessments, and similar amounts from members 85c N/A			
	tion 162(e) lobbying and political expenditures			
	regate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	able amount of lobbying and political expenditures (line 85d less 85e)  85f $N/A$			
	es the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
	section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	s reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
	(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
	ss receipts, included on line 12, for public use of club facilities 86b N/A			
	(c)(12) orgs. Enter: a Gross income from members or shareholders  87a N/A			
	ss income from other sources. (Do not net amounts due or paid to other			
	rces against amounts due or received from them.) 87b $N/A$			
	any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	nership, or an entity disregarded as separate from the organization under Regulations sections			
•	.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		Х
	any time during the year, did the organization, directly or indirectly, own a controlled entity within the			- 21
	oning of agotion E42(b)/42)2 If "Voc." complete Dort VI	88b	ı	X
	(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			21
	tion 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE			
	(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	ng the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	atement explaining each transaction	89b		Х
c Ent	er: Amount of tax imposed on the organization managers or disqualified persons during the year under			21
d Ent	tions 4912, 4955, and 4958 er: Amount of tax on line 89c, above, reimbursed by the organization  NONE  NONE			
<b>α</b> Δ//	organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
		89e		Х
<b>f</b> ΔII	saction?  organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For	supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	031		
•	porting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
		89g	NT/	7\
	ny time during the year?  the states with which a copy of this return is filed  NONE REQUIRED	osg	N/	<u>A</u>
	nber of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	1 2	
	books are in care of ► THE OASIS INSTITUTE  Telephone no. ► (314)8			
	ated at $\triangleright$ 7710 CARONDELET AVE. ST LOUIS, MO  ZIP+4 $\triangleright$ 63105	52-2	933	
LUCa	gled at P //10 CARONDELLET AVE. ST LOUIS, MO ZIF 4 P 03103			
h ^+ ~	any time during the calendar year, did the organization have an interest in as a signature or other authority over	ſ	Yee	No
	iny time during the calendar year, did the organization have an interest in or a signature or other authority over nancial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	100	X
		310		Λ
	res," enter the name of the foreign country ►			
	Financial Accounts			

FOIII 990 (2007)			4 3	3-1830354		1 age 0
Part VI Other Information (conti	nued)					Yes No
c At any time during the calendar year	ar, did the org	anization mainta	ain an office outside	e of the United States?	91c	X
If "Yes," enter the name of the fore						
92 Section 4947(a)(1) nonexempt cha			lieu of Form 1041	- Check here		
and enter the amount of tax-exemp						N/A
Part VII Analysis of Income-Prod						. 1/ 11
		elated business inc		by section 512, 513, or 514	(E)	
<b>Note:</b> Enter gross amounts unless otherwise indicated.				Ť	Related	or
	(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	exempt fun	
93 Program service revenue:					income	
a CLASS FEES	_					5 <b>,</b> 073.
b	_					
c	_					
d	_					
е						
f Medicare/Medicaid payments						
<b>g</b> Fees and contracts from government agencie						
94 Membership dues and assessments	-					
95 Interest on savings and temporary cash investments			14	125,874.		
96 Dividends and interest from securities			11	120/071	•	
97 Net rental income or (loss) from real est						
, ,						
a debt-financed property						
<b>b</b> not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than invento	ry		18			
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue: a	_					
b						
с						
d						
e						
104 Subtotal (add columns (B), (D), and (E))	_			125,874.		5,073.
<b>105 Total</b> (add line 104, columns (B), (D), and	,	1				30,947.
Note: Line 105 plus line 1e, Part I, should equ				· · · · · · · · · · · · · · · · · · ·	Δ,	JU, J47.
Part VIII Relationship of Activitie			of Evernt Purno	ses (See the instruc	tions )	
•		•		•		
Line No. Explain how each activity for organization's exempt purposes	which income (other than by	is reported in col providing funds fo	umn (E) of Part VII r such purposes)	contributed importantly t	to the accomplishing	ient of the
· · · · · ·	•	•				
93A PROGRAM REVENUES CO	ONSIST OF	FEES FROM	WEB CLASSES 1	PROVIDED		
FOR OLDER ADULTS						
Part IX Information Regarding T	axable Subs		isregarded Entit	<b>ies</b> (See the instructi	ons.)	
<b>(A)</b> Name, address, and EIN of corporation,		(B) Percentage of	(C) Nature of activities	(D)	(E) End-of-y assets	oor
partnership, or disregarded entity		ownership interest	Nature of activities	Total income	assets	; ;
		%				
		%				
		%				
		%				
Part X Information Regarding T	ransfers Ass	, ,	Personal Benefit	Contracts (See the i	instructions.)	
(a) Did the organization, during the year, re-				•		X No
(b) Did the organization, during the year, re-					· · · · ·	X No
Note: If "Yes" to (b), file Form 8870 and				personal benefit CON	1act: 1 e3	110
Hote. II 163 to (b), the Form 6010 and		oce monucions).	•			
					Form 9	90 (2007)

	controlling organiza	ation as defined in section 512	(D)(13).		Yes	No
06	Did the reporting organize	zation make any transfers to a co	ontrolled entity as defined in s	section 512(b)(13) of	163	NO
	the Code? If "Yes," compl	ete the schedule below for each of	controlled entity.			Χ
	(A)	(B)	(C)	(5)		
	Name, address, of each	Employer Identification	Description of	(D)	.e	
	controlled entity	Number	transfer	Amount of trans	ier	
a						
b						
С						
	Totals					
		'			Yes	No
07		ation receive any transfers from a	•			
	512(b)(13) of the Code?	If "Yes," complete the schedule I	pelow for each controlled entity			Χ
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trans	fer	
a						
a b		 				
b	Totals					
b	Did the organization have	e a binding written contract in effectities described in question 107 at		ing the interest,		No X
b	Did the organization have rents, royalties, and annual Under penalties of perjure and helief it is true corre		pove?  n, including accompanying schedules	and statements, and to the best of	my know	X led
b c c sign	Did the organization have rents, royalties, and annual Under penalties of perjurand belief, it is true, corresponding to the second signature of officers.	uities described in question 107 aby, I declare that I have examined this retur	pove?  n, including accompanying schedules	and statements, and to the best of	my know	X led
b	Did the organization have rents, royalties, and annual Under penalties of perjurand belief, it is true, corresponding to the second signature of officers.	uities described in question 107 ab y, I declare that I have examined this retur rect, and complete. Declaration of prepare	pove?  In, including accompanying schedules or (other than officer) is based on all i	and statements, and to the best of	my know	X led
os Pleas Sign Here	Did the organization have rents, royalties, and annual under penalties of perjury and belief, it is true, corresponding to the first true of officer.    Signature of officer   Type or print name and preparer's signature   Preparer's signature   Preparer's properties   P	uities described in question 107 ab y, I declare that I have examined this retur rect, and complete. Declaration of prepare	pove?  In, including accompanying schedules or (other than officer) is based on all i	and statements, and to the best of	my know	X rledg
os Pleas Sign Here	Did the organization have rents, royalties, and annual under penalties of perjurand belief, it is true, correctly signature of officer  Preparer's signature  Firm's page (or yours)	uities described in question 107 ab y, I declare that I have examined this retur rect, and complete. Declaration of prepare	pove?  In, including accompanying schedules or (other than officer) is based on all in the policy of	and statements, and to the best of nformation of which preparer has a	my knowl	X rledg

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

OMB No. 1545-0047

THE OASIS INSTITUTE					43-18	330354
Compensation of the Five Highe (See page 1 of the instructions. List e	st Paid Employe each one. If there a	es Otlare non	her Than Off e, enter "None	icers, Direc e.")	tors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average if per week devoted to per		(c) Compensation	(d) Contribution employee benefit deferred compe	t plans &	(e) Expense account and other allowances
SEE STATEMENT 13						
	_					
Total number of other employees paid over \$50,000 >	3					
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List						
(a) Name and address of each independent contractor paid		I IIIGIVIC	(b) Type of ser			) Compensation
(4, 14, 14, 14, 14, 14, 14, 14, 14, 14, 1			(, .,,,		(0)	, compensation
SEE STATEMENT 14		-				
Total number of others receiving over \$50,000 for professional services	NONE					
Part II-B Compensation of the Five Higher (List each contractor who performed	d services other tha	an prof	essional servic	for Other Seces, whether	ervices individua	als or
firms. If there are none, enter "None		ne instru	uctions.)			
(a) Name and address of each independent contractor paid	more than \$50,000		(b) Type of ser	vice	(c)	) Compensation
PARKLAND_HEATH_CENTER						57,441.
		+				

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

NONE

Page 2

Pa	rt III Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		Х
b	Lending of money or other extension of credit?		X
С	Furnishing of goods, services, or facilities?		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
е	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete		
b	lines 4f and 4g	N/	X A
С	Did the organization make a distribution to a donor, donor advisor, or related person?	N/	A
d	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		NONE
a	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		NONE
ອ			

Schedule A (Form 990 or 990-EZ) 2007

Page 3

Part IV	Reason for Non-Private Fo	undation Statu	<b>is</b> (See pages 4 thr	ough 8 of the	e instructions.	.)		
I certify th	at the organization is not a private foundat	tion because it is: (Ple	ase check only ONE app	licable box.)				
5	A church, convention of churches, or ass	sociation of churches.	Section 170(b)(1)(A)(i).					
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7	A hospital or a cooperative hospital servi	ce organization. Secti	on 170(b)(1)(A)(iii).					
8	A federal, state, or local government or g	governmental unit. Sec	otion 170(b)(1)(A)(v).					
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶							
10	An organization operated for the benef (Also complete the <b>Support Schedule</b> in R	-	niversity owned or ope	rated by a gov	vernmental unit.	Section 170(b)(1)(A)(iv		
11a X	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the <b>Supp</b>	•		overnmental u	nit or from the	general public. Section		
11b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete the	e Support Schedule in F	Part IV-A.)				
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13	An organization that is not controlle requirements of section 509(a)(3). Check				managers) and	otherwise meets the		
	Type I Type II	Type III - Fur	nctionally Integrated	Type III -	- Other			
	Provide the following information	about the supported	organizations. (See pag	ge 8 of the instr	uctions.)			
(a)  Name(s) of supported organization(s)  (b)  Employer identification number (EIN)  (described in lines 5 through 12 above or IRC section)					(d) supported sion listed in pporting ization's documents?	(e) Amount of support		
				Yes	No			
Total								
	An organization organized and operated to							

Schedule A (Form 990 or 990-EZ) 2007 43-1830354 Page **4** 

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do	• •	, ,	, ,	, ,	, ,
	not include unusual grants. See line 28.)	3,842,372.	3,276,274.	3.065.288.	3.036.430.	13,220,364.
16	Membership fees received	0,012,072	0,2,0,2,1	3,000,200.	0,000,100.	10, 220, 001.
	Gross receipts from admissions, merchandise					
• •	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	•	0 500	204 600	100 110	00 470	F10 700
40	organization's charitable, etc., purpose	2,508.	294 <b>,</b> 689.	198,113.	23,470.	518,780.
18	Gross income from interest, dividends, amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income					
	from similar sources, and unrelated business					
	taxable income (less section 511 taxes) from					
	businesses acquired by the organization after					
	June 30, 1975	87 <b>,</b> 562.	56,242.	33,955.	23,527.	201,286.
19	Net income from unrelated business activities					
	not included in line 18					
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					
	behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets	NONE	NONE	NONE	NONE	NIONIE
	<u> </u>	NONE	NONE			
23	Total of lines 15 through 22			3,297,356.		
24	Line 23 minus line 17.					13,421,650.
25			36,272.			0.60 400
26	C					268,433.
	Prepare a list for your records to show the r		•			
	governmental unit or publicly supported organi	•	-	-		
	amount shown in line 26a. Do not file this li	-				7,750,348.
	: Total support for section 509(a)(1) test: Enter line 24				▶ 26c	13,421,650.
C	Add: Amounts from column (e) for lines: 18					
				<u>348.</u>		7,951,634.
	Public support (line 26c minus line 26d total)					5,470,016.
f	Public support percentage (line 26e (numerator) d	ivided by line 26c (d	enominator))		▶ 26f	40.7552 %
27	Organizations described on line 12: a For person," prepare a list for your records to sho					
	Do not file this list with your return. Enter the sum			received iii cacii	year from, each e	noquannea person.
	NOT APPLICABLE					
	(2006) (2005)		(2004)		(2003)	
b	For any amount included in line 17 that was re					
	show the name of, and amount received for each					
	(Include in the list organizations described in line the difference between the amount received an					
	amounts) for each year:	a the larger amou	in acsorbed in (1)	01 (2), Citter tile	Sum of these unit	renees (the excess
	(2006) (2005)		(2004)		(2003)	
			( ** ,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
С	Add: Amounts from column (e) for lines: 15	16	3			
	1720		1		270	
ч	Add: Line 27a total	and line 27h total	•		274	
e	Public support (line 27c total minus line 27d total)	and mic 270 total			270	
f	Total support for section 509(a)(2) test: Enter amount					
	Public support percentage (line 27e (numerator) d					%
g						
	Investment income percentage (line 18, column (or Unusual Grants: For an organization described					
-0	prepare a list for your records to show, for	each year, the na	me of the contrib	utor, the date and	d amount of the	
	description of the nature of the grant. Do not file this					

JSA 7E1221 1.000

Рa	Private School Questionnaire (See page 9 of the instructions.)  NOT APPLIC	ABLE	<u> </u>	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	1 62	NO
20	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	30		
31	programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<u> </u>		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
c	basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	20-		
č	Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b		
	Admissions policies?	330		
	Employment of faculty or administrative staff?	33c		
c	Scholarships or other financial assistance?	33d		
	'			
e	Educational policies?	33e		
f	Use of facilities?	33f		
ç	Athletic programs?	33g		
r	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 =	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
J-7 C	. 2000 the organization receive any financial aid of accidance from a governmental agency:	J-4a		
ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		
•	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	, ————————————————————————————————————			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

_	edule A (Form 990 or 99	•				830354		Page
Pa		Expenditures by Electrical Expenditures by Electrical ONLY by an						et E
Che		nization belongs to an affi						<u>ப்பு</u> trol" provisions appl
		Limits on Lobbying	gExpenditures			(a Affiliate tota	ı) d group	(b) To be completed for all electing
	•	m "expenditures" mean	<u> </u>					organizations
36		ditures to influence pub						
37	Total lobbying expen	ditures to influence a le	egislative body (direct	lobbying)	37			
38 39		ditures (add lines 36 ar						
40	Total exempt purpose expenditures (add lines 38 and 39)							
41								
	If the amount on line 40 is - The lobbying nontaxable amount is -							
	Not over \$500,000	20% of						
		er \$1,000,000 \$100,0						
	Over \$1,000,000 but not o	over \$1,500,000 \$175,0	00 plus 10% of the excess	over \$1,000,00	00 41			
		over \$17,000,000 \$225,0						
40	Over \$17,000,000	\$1,000	1,000					
42		le amount (enter 25% on line 36. Enter -0- if line						
43 44		line 38. Enter -0- if line						
	Oubtract line 41 hom	TIME OO. LINET O IT IIIN	C 41 IS MORE MAIN MILE		• • • • • • • • • • • • • • • • • • • •			
	Caution: If there is a	n amount on either line	e 43 or line 44, you mu	st file Form	4720.			
			r Averaging Period			(h)		
	(Some organiza	ations that made a sect						below.
_		See the instruction	ons for lines 45 throug	gh 50 on pa	ige 13 of th	e instructio	ns.)	
			Lobbying Expend	itures Dur	ing 4-Year	Averagin	g Period	
	Calendar year (or fiscal	(a)	(b)	(	c)	(0	d)	(e)
	year beginning in)	2007	2006	20	005	20	04	Total
	Lobbying nontaxable							
<u>45</u>	amount							
4.0	Lobbying ceiling amour							
46	(150% of line 45(e)) •	•						
47	Total lobbying expenditures	<b>.</b>						
	Grassroots nontaxable							
48	amount							
	Grassroots ceiling amount							
<u>49</u>	(150% of line 48(e))							
50	Grassroots lobbying expenditures							
_		Activity by Nonelect	ing Public Charities	<u> </u>		NOT 7	APPLICAE	
1 6		rting only by organiza			art VI-A) (S			
Dur	ing the year, did the orga	anization attempt to influe	nce national, state or loc	al legislation,	including any	,	Vaa Na	A
atte	mpt to influence public o	pinion on a legislative ma	tter or referendum, throug	gh the use of:	:		Yes No	Amount
а	Volunteers							
b	Paid staff or manage	ement (Include compen	sation in expenses rep	orted on line	es <b>c</b> throug	h <b>h</b> .)		
C	Media advertisement	S						
		, legislators, or the pub						
e f		shed or broadcast state nizations for lobbying pu						
t g		gislators, their staffs, g						
_		ons, seminars, conventi						
i		ditures (Add lines <b>c</b> thro						
	If "Yes" to any of the	above, also attach a s	tatement giving a deta	ailed descri	ption of the	lobbying act	ivities.	

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 43-1830354 Page 7 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.) Part VII

			owing with any other organization describe	ed in sec	ction
	· · · · · · · · · · · · · · · · · · ·	=	n 527, relating to political organizations?	74.	
		ation to a noncharitable exempt organiz			s No
(I) C	asii		512		X
			<u>a</u> (	ii)	X
	ransactions:	with a nancharitable averant arganization		/:\	3.7
(1) 5	ales or exchanges of assets v	with a noncharitable exempt organization	b(		X
(II) P	urchases of assets from a noi	ncharitable exempt organization	<u>b(</u>		X
(III) R	ental of facilities, equipment, o	or other assets	b(		X
(iv) R	eimbursement arrangements		b(i		X
(v) L	oans or loan guarantees				X
		mbership or fundraising solicitations			X
		ing lists, other assets, or paid employee			X
goods,	other assets, or services giver	•	olumn (b) should always show the fair mark organization received less than fair marke assets, or services received:		
(a)	(b)	(c)	(d)		
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing	arrangem	nents
N/A					
descri	· ,	ctly affiliated with, or related to, one or ode (other than section 501(c)(3)) or in edule:		Yes	X No
	(a) Name of organization	(b) Type of organization	(c) Description of relationship		
N/A					
IV/ FI					

### Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Employer identification number

THE OASIS INSTITUT	'E		43-1830354
Organization type (check of	one):		43-1030334
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( $3$ ) (enter number) or	ganization	
	4947(a)(1) nonexempt charita	able trust <b>not</b> treated as a private	foundation
	527 political organization		
Form 990-PF	501(c)(3) exempt private four	ndation	
	4947(a)(1) nonexempt charita	able trust treated as a private four	ndation
	501(c)(3) taxable private four	ndation	
General Rule -  For organizations	es for both the General Rule and a Special I filing Form 990, 990-EZ, or 990-PF that r y one contributor. (Complete Parts I and II.	received, during the year, \$5,000	or more (in money or
Special Rules -			
under sections 50	(c)(3) organization filing Form 990, or For 9(a)(1)/170(b)(1)(A)(vi), and received from 2% of the amount on line 1 of these for	m any one contributor, during the	
during the year, a	(c)(7), (8), or (10) organization filing Form ggregate contributions or bequests of mo or educational purposes, or the prevention	re than \$1,000 for use exclusively	for religious, charitable,
during the year, s not aggregate to the year for an ex applies to this org	(c)(7), (8), or (10) organization filing Formome contributions for use exclusively for remore than \$1,000. (If this box is checked, clusively religious, charitable, etc., purpose anization because it received nonexclusive	eligious, charitable, etc., purposes enter here the total contributions e. Do not complete any of the Part rely religious, charitable, etc., con	s, but these contributions did s that were received during ts unless the <b>General Rule</b> atributions of \$5,000 or more
_	nt are not covered by the General Rule and/ y <b>must</b> check the box in the heading of th		
	of do not meet the filing requirements of Sch		
For Paperwork Reduction Act No	tice, see the Instructions	Sched	lule B (Form 990, 990-EZ, or 990-PF) (2007)

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

of Part I

Name of organization

THE OASIS INSTITUTE

Employer identification number

of

43-1830354

Part I Contributors (See Specif	fic Instructions.)
---------------------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_		\$ 2,017,000.	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
2		\$ 283,880.	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		\$ 272,000.	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		\$ 205,628.	Person X 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
5			
(a) No.		Aggregate contributions	Person X Payroll Noncash (Complete Part II if there is

of Part I

Name of organization

THE OASIS INSTITUTE

Employer identification number 43-1830354

of

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$85,000.	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
8_		\$69,150.	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
9		\$ 84,249.	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
		Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No.	Name, address, and ZIP + 4	\$(c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	\$	Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

FORM 990,	PART	I	-	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS

DESCRIPTION AMOUNT

-----

INTEREST ON INVESTMENTS 125,874.

TOTAL 125,874.

43-1830354 THE OASIS INSTITUTE

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION AMOUNT

\_\_\_\_\_ \_\_\_\_\_

INCREASE IN MARKET VALUE OF

34,282. INVESTMENTS

> 34,282. TOTAL =========

#### FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE \_\_\_\_\_\_

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 CENTERS IN 25 COMMUNITIES.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

#### PROGRAM SERVICE ACCOMPLISHMENT A

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EDUCATION - THE INSTITUTE DEVELOPS NATIONAL EDUCATION PROGRAMS ON A VARIETY OF TOPICS FOR A BROAD AUDIENCE OF LIFELONG LEARNERS. EXAMPLES OF PROGRAMS INCLUDE SEVERAL FUNDED THROUGH THE NATIONAL ENDOWMENT FOR THE HUMANITIES, THE MOST RECENT A 5-COURSE SERIES ON THE IMMIGRANT EXPERIENCE, WHICH WAS DEVELOPED IN 2007 AND HAS PARTICIPATION OF 5,000 ACROSS THE COUNTRY. PREVIOUSLY, THE INSTITUTE CO-AUTHORED AN ANTHOLOGY OF 10 ESSAYS BY SCHOLARS ON LEWIS AND CLARK WHICH WAS USED AS THE TEXT FOR A 6-COURSE SERIES ON THE LEWIS AND CLARK EXPEDITION. OTHER COURSES INCLUDE REEMERGING RUSSIA: SEARCH FOR IDENTITY AND THE PEOPLES OF RUSSIA AND CHINA.

### PROGRAM SERVICE ACCOMPLISHMENT B

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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.

### PROGRAM SERVICE ACCOMPLISHMENT C

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VOLUNTEERISM - THE INSTITUTE COOPERATES WITH 108 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 5,000

### FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS \_\_\_\_\_

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.

### PROGRAM SERVICE ACCOMPLISHMENT D

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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 AT&T 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 IN 2005 AND WAS FURTHER EXPANDED WITH ANOTHER GRANT AWARDED AT THE END OF 2006.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

**ENDING** DESCRIPTION

BOOK VALUE

TOTALS

17,588. ========== FORM 990, PART IV - INVESTMENTS - OTHER

**ENDING** DESCRIPTION BOOK VALUE

1,173,802. MUTUAL FUNDS \_\_\_\_\_

TOTALS 1,173,802. ========== FORM 990, PART IV - OTHER ASSETS

**ENDING** DESCRIPTION BOOK VALUE

PROMISES TO GIVE - LONG TERM 99,650.

TOTALS 99,650. \_\_\_\_\_

# FORM 990, PART IV - OTHER LIABILITIES ----

DESCRIPTION		ENDING BOOK VALUE
DUE TO OASIS - CHICAGO  DUE TO OASIS - LAKEWOOD  DUE TO OASIS - ALBUQUERQUE  DUE TO OASIS - EUGENE  DUE TO OASIS - HOUSTON		3,500. -31,079. NONE 215,684. 12,000.
DUE TO BJH  DUE TO OASIS - BEVERLY HILLS  DUE TO OASIS - ESCONDIDO  DUE TO OASIS - OKLAHOMA CITY  DUE TO OASIS - PHOENIX  DUE TO OASIS - PITTSBURGH  DUE TO OASIS - ST. LOUIS  DUE TO OASIS - SAN DIEGO		121,366907. 77,809. 1,8112,260. 18,665. 7,5281,048.
	TOTALS	423,069. =========

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_\_

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
MARYLEN MANN 7710 CARONDELET AVE, STE 125 ST. LOUIS, MO 63105	CHAIRMAN 1.00	NONE	NONE	NONE
SR. MARY JO ANDERSON 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
FRANKLIN A. JACOBS 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
FRAN E. KAISER, MD 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
JAN R. KNIFFEN 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
CAROLYN W. LOSOS 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
STEVEN B. MILLER, MD 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105	DIRECTOR 1.00	NONE	NONE	NONE
DAVID J. NEWBURGER 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_\_

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
SAMUEL R. NUSSBAUM, MD 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
MAXINE L. ROCKOFF, PH D. 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
SANFORD J. ZIMMERMAN 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
MARCIA KERZ 7710 CARONDELET AVENUE 125 ST. LOUIS, MO 63105	PRESIDENT 50.00	168,185.	4,154.	NONE
PRISCILLA HILL-ARDOIN 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105	DIRECTOR 1.00	NONE	NONE	NONE
JO ANN ARNOLD 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105	DIRECTOR 1.00	NONE	NONE	NONE
STEVEN N. BLAIR, P.E.D. 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105	DIRECTOR 1.00	NONE	NONE	NONE
J. PER BRODIN	DIRECTOR 1.00	NONE	NONE	NONE

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_\_

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105				
DAVID CLARK 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105	DIRECTOR 1.00	NONE	NONE	NONE
THOMAS G. CODY 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
ANDREW A. ZISKIND, M.D. 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
STEVEN P. WALLACE, PH.D. 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
EDWARD LAWLOR, PH.D. 7710 CARONDELET AVENUE, STE 125 ST. LOUIS, MO 63105		NONE	NONE	NONE
	GRAND TOTALS	168,185.	4,154.	NONE

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## SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JANICE BRANHAM 7710 CARONDELET AVE, STE 125 ST. LOUIS, MO 63105	COMMUNICATION DIR. 45.00	80,878.	11,023.	NONE
PATRICIA GILBERT 7710 CARONDELET AVE, STE 125 ST. LOUIS, MO	INTERGEN DIRECTOR 45.00	78,938.	9,140.	NONE
BRET HEINRICH 7710 CARONDELET AVE, STE 125 ST. LOUIS, MO	DEVELOPMENT 45.00	73,516.	10,171.	NONE
JOCELYN TOBNICK 7710 CARONDELET AVE STE 125 ST. LOUIS, MO	DIRECTOR 45.00	62,183.	407.	NONE
DAWN ANDERSON 7710 CARONDELET AVE STE 125 ST. LOUIS, MO	CONTROLLER 45.00	80,688.	3,869.	NONE
	TOTAL COMPENSATION	376 <b>,</b> 203.	34,610. =======	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS TYPE OF SERVICE COMPENSATION

ROOT CAUSE 144,575.

DEVELOPMENT OF STRATEGIC BUSINESS PLAN AND LOCAL ACTION PLANS

TOTAL COMPENSATION 144,575.

TAL COMPENSATION 144,5/5.

STATEMENT 14

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SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990 PART V.