** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A F	or the	2015 calendar year, or tax year beginning $$	JUN 30	0, 2016			
B C	heck if oplicable:	C Name of organization	D Emp	loyer identific	cation number		
	Address change	OASIS CENTER, INC.					
	Name change	Doing business as		62-0	968273		
	Initial return	,	uite E Telep	ohone number			
	Final return/	1704 CHARLOTTE AVENUE #200) 327-4455		
	termin- ated □Amende	City or town, state or province, country, and ZIP or foreign postal code		receipts \$	4,998,513.		
	return Applica-	NASHVILLE, IN 3/203	H(a) Is t		eturn		
	tion pending	F Name and address of principal officer: NORMA BURGESS	I		Yes X No		
		SAME AS C ABOVE			Yes No		
					list. (see instructions)		
		E ► WWW.OASISCENTER.ORG		>∪ _xemption			
			<u>ear</u> of formatic	<u>, 1969 v</u>	1 State of legal domicile: ${f TN}$		
Pa		Summary	NIMED TO	ONE OF	2 MIII2		
ě		Briefly describe the organization's mission or most significant activities: OASIS CE					
Activities & Governance	_	NATION'S LEADING YOUTH-SERVING ORGANIZATIONS,					
ern		Check this box if the organization discontinued its operations or disposer		1 1	sets.		
Š		lumber of voting members of the governing body (Part VI, line 1a)		1 1	20		
8		lumber of independent voting members of the governing body (Part VI, line 1b)			131		
ies		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			200		
ti	6 T	otal number of volunteers (estimate if necessary)			27,225.		
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			-14,266.		
_	D IV	let unrelated business taxable income from Form 990-T, line 34		Year			
	• 6	Contributions and grants (Dort VIII line 1b)		34,331.	Current Year 4,244,498.		
ne		Contributions and grants (Part VIII, line 1h)		19,006.	79,800.		
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		33,677.	-23,314.		
Re		Other revenue (Part VIII, column (A), lines 5, 4, and 7d		50,341.	143,224.		
		otal revenue - add lines 8 through 11 (must equal Par, line 12)		27,355.	4,444,208.		
		Grants and similar amounts paid (Part IX, column (A nes 3)		05,214.	274,664.		
		Benefits paid to or for members (Part IX, column (A), .		0.	0.		
	45 0	Salaries, other compensation, employee benefits ¬¬ IX, — In (A), lines 5-10)	2.91	L5,183.	3,233,447.		
ses	16a P	Professional fundraising fees (Part IX, column (A), line 3)		0.	0.		
Expenses	h T	otal fundraising expenses (Part IX, column line 25)			<u> </u>		
Ĕ	17 (Other expenses (Part IX, column (A), lin 14-1 4-e)	1.08	37,210.	1,203,978.		
		otal expenses. Add lines 13-17 (mu equa 'art IX, column (A), line 25)		7,607.	4,712,089.		
		Revenue less expenses. Subtract III. 3 f n line 12		L9,748.			
or			Beginning of		End of Year		
ets	20 T	otal assets (Part X, line 16)		09,070.	7,326,006.		
Ass I Ba	21 T	otal liabilities (Part X, line 26)		L1,590.	271,998.		
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20		7,480.	7,054,008.		
Pa	rt II	Signature Block					
Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to	the best of my	knowledge and belief, it is		
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any kn	nowledge.			
Sigr	۱	Signature of officer		Date			
Her	е	NORMA BURGESS, CHAIR					
		Type or print name and title	In .				
		Print/Type preparer's name Preparer's signature	Date	Check if	X PTIN		
Paid -		SARA G. MOON		self-employ			
Prep		Firm's name FRASIER, DEAN & HOWARD, PLLC		Firm's EIN 🕨	62-1073578		
Use Only Firm's address 3310 WEST END AVE STE 550							
		NASHVILLE, TN 37203		Phone no. 6 1	5-383-6592		
May	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OASIS CENTER TARGETS UNDESERVED YOUTH, FAMILIES, SCHOOLS, AND
	NEIGHBORHOODS WITH A MISSION TO HELP YOUTH GROW, THRIVE AND CREATE
	POSITIVE CHANGE IN THEIR LIVES AND IN OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, and by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a responses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$908,700 •including grants of \$33,874 •
	RESIDENTIAL AND CRISIS SERVICES - PROVIDES IMMEDIATE RESPONSE TO YOUTH
	IN CRISIS, HAVE RUN AWAY, OR ARE EXPERIENCING HOMELESSNESS. THESE
	SERVICES INCLUDE AN EMERGENCY SHELTER FOR YOUTH AGES 13-17 YEARS OLD,
	PROJECT SAFE PLACE, TRANSITIONAL LIVING FOR YOUTH AGES 18-22 YEARS OLD,
	AND STREET OUTREACH AND DROP IN CENTER FOR HOMELESS YOUTH AGES 18-22
	YEARS OLD.
4b	(Code:) (Expenses \$
	YOUTH ENGAGEMENT SERVICES - ENGAGING YOUTH AND FOCUSES PRIMARILY ON THE
	DEVELOPMENT OF INDIVIDUAL IDENTITIES AND GROUP CONNECTIONS. THE
	STRATEGIES FOR THIS WORK ARE SERVICE AND SERVICE LEARNING AS TOOLS TO
	BUILD RELATIONSHIPS. THESE SERVICES INCLUDE THE TEEN OUTREACH PROGRAM,
	R.E.A.L., AND THE OASIS BIKE WORKSHOP.
4c	(Code:) (Expenses \$
	YOUTH ACTION SERVICES - HELPING YOUTH DEVELOP LIFE SKILLS AND WORK ON
	SYSTEMIC ISSUES THAT THEY DEEM CRITICAL TO THEIR LIVES AND TO OTHER
	YOUTH IN THE COMMUNITY. YOUTH TAKE RESPONSIBILITY FOR CREATING CHANGE
	ON THESE ISSUES. YOUTH ACTION SERVICES INCLUDE OASIS YOUTH COUNCIL,
	COMMUNITY NASHVILLE'S BUILDING BRIDGES, JUST US, AND THE MAYOR'S YOUTH
	COUNCIL.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,803,015. including grants of \$ 199,735.) (Revenue \$)
4e	Total program service expenses ► 3,702,588.

			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, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	├ -		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6		-		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rest to			- v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Co	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	_		3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? ,, complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability erve custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or continegotia on services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarilistic incided encowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete S. adule D. arts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part V line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in rt X, line that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part `'II	11b		x
С	Did the organization report an amount for investments - program relate. Part A, in e 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part Y in a 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е		11e		X
f	Did the organization's separate or consolidated financia' later and or the tax year include a footnote that addresses	1		
•	the organization's separate or consolidated illustrate tates with the tax year include a roothete that addresses the organization's liability for uncertain tax positions unde 48 (' .C 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120			25	
ıZd	Did the organization obtain separate, independent ac. d finc. statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, penden udited financial statements for the tax year?	105		v
40	If "Yes," and if the organization answered "\" line en completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in .ctioi 70(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a		14a		X
b	Did the organization have aggregate revenue expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1 37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comp			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the sar?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in all xcess be fit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqual prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 99 or 990-E. If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or per to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		Х
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, directory, trustee, sy employee, substantial			
	contributor or employee thereof, a grant selection committee member. or to 5% cc. rolled entity or family member	07		Х
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the follow parties (see Schedule L, Part IV			
•	instructions for applicable filing thresholds, conditions, and exc tions): A current or former officer, director, trustee, or key employee? If the line of the schedule L, Part IV	28a		х
	A family member of a current or former officer, director, true or key ployee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trace. A mployee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," corr. • Sc* Jule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in number of short	29		X
30	Did the organization receive contributions of art historica. asures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or alve use operations?	55		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispersion of transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) OASIS CENTER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check it Schedule O contains a response or note to any line in this Part V	<u></u>			
		_		Yes	No
		_			
	Enter the hamber of Forms W Za moladed in line 14. Enter 6 in Not applicable	븨			
С				77	
		1	С	X	
2a	1 2	,			
	, , , , , , , , , , , , , , , , , , , ,	_	_	37	
b			b.	X	
_				v	
			a	X	
		3	b		
4a	the Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? The the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 131 131 131 131 131 131 131 1		_		х
L	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply, with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) b If Yes, 1is if filed a Form 990-T for this year? If You, 1 to line 3b, provide an explanation in Schedule O at At any time during the calendar year, did the organization have an interest in, or a signature or other authority in If Yes, 1 the sum of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial ^oou. ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬		а		Λ
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J		6	b		
7					
		, 7	a	Х	
			b a	Х	
		7	'c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to premiums on a personal benefit contract?	7	e		X
f	Did the organization, during the year, pay premiums, directly or inc. +ly, / a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intel' prope did the organization file Form 8899 as required?	. 7	'g		
h	If the organization received a contribution of cars, boats urpla , other vehicles, did the organization file a Form 1098-C?	7	'n		
8	Sponsoring organizations maintaining donor advised Dir . donor advised fund maintained by the				
	sponsoring organization have excess business hold at an, and during the year?	LE	В		
9					
а	Did the sponsoring organization make any taxa. istributi s under section 4966?	9	a		
b	, , , , , , , , , , , , , , , , , , , ,	9	b		
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11	And the same from a supplication and the same supplications.				
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о 13	,	\dashv			
		15	3a		
а			Ju		
h	•				
J					
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	4a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4b		
~			_	aan	/001E)

Form 990 (2015) OASIS CENTER, INC.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct superv			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w and add a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes to its governing documents since the prior Form 990 w and a significant changes the significant changes are significant changes and a significant changes are significant changes and a significant changes are significant changes and a significant changes are significant changes are significant changes and a significant changes are significant changes and a significant changes are si	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) memt s, stockh lers, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaker y the year sy the following:			
а	0 0 ,	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schodule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			I
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures gove the activities of such chapters, affiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization empty purposes? Has the organization provided a complete copy of this Form 99' in all members of its governing body before filing the form?	10b		Х
	Describe in Schedule O the process, if any, used by the organization provided a complete copy of this point 99° of all membras of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization provided a complete copy of this point 99° of all membras of its governing body before filling the form?	11a		22
	Did the organization have a written conflict of interest polic "No." 5 3 line 13	12a	Х	
	Were officers, directors, or trustees, and key employees require to discussion nually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor at a corce pmpliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy'?	13	X	
14	Did the organization have a written document reasonable astruction policy?	14	Х	
15	Did the process for determining compensation of the language and approval by independent			
	persons, comparability data, and contemed as substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Directory op management official	15a	Х	
	Other officers or key employees of the organ.	15b	X	
	If "Yes" to line 15a or 15b, describe the process Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIMBERLY REESE - (615) 327-4455 1704 CHARLOTTE AVE. STE 200, NASHVILLE, TN 37203			
	I/U# CHARLUIIE AVE. SIE ZUU, NASHVILLE, TN 3/ZU3			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 trustees 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; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; higher trustees or directors; institutional trustees; officers; key employees; and former such persons.

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer	recto or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compens on	c npensation	amount of			
	week		cer an	a a a	recto	r/trus	tee)	- fro	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organizat. (V / 1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	mpen		(* 7103314.00)		and related
	below	Individual trustee or director	In stit utio nal tru stee	-	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) BILL PURCELL	1.00									
BOARD MEMBER		Х				1		0.	0.	0.
(2) CHARLES BELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) COLLIE DAILY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DAVE MAZUR	1.00							_		_
BOARD MEMBER		Х		F	Ų	V Z		0.	0.	0.
(5) DR. NORMA BURGESS	1.00					1				•
VICE-CHAIR	100	X	<u>ا</u> ا	X	_			0.	0.	0.
(6) FABIAN BEDNE	1.00	1	4		ĺ					•
BOARD MEMBER	1.00	<u>x</u>	+	_				0.	0.	0.
(7) HEATHER STEELE	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(8) JENNY BARKER	1.00									•
BOARD MEMBER	1 20	Х						0.	0.	0.
(9) JIMMY BYNUM	1.00	٠,,								0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) KENDALL MUSGROVE TREASURER	1.00	Х		х				0.	0.	0.
(11) KENDRA BROWN	1.00	Λ		Δ				0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) KENT EARLS	1.00							•	•	<u>.</u>
BOARD MEMBER	1100	х						0.	0.	0.
(13) LAURA CREEKMORE	1.00								•	
BOARD MEMBER		Х						0.	0.	0.
(14) LAURA PROCTOR	1.00							-	-	
BOARD MEMBER		Х						0.	0.	0.
(15) LAVONA RUSSELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MELISSA EADS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(17) ROGER CUNNINGHAM	1.00									
CHAIR		Х		X				0.	0.	<u>0.</u>

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hi	ghe	st C	compensated Employee	s (continued)				
(A)	(B)		(C) Position (do not check more than one			_		(D)	(E)			(F)	
Name and title	Average					than		Reportable	Reportable		Es		
	hours per week	box, unless person is both an officer and a director/trustee)						compensation	compensation	an	of		
	(list any	tor						from the	from related organization		l .	other pensa	tion
	hours for	direc				, ,		organization	(W-2/1099-MI		l .	om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC)		1	org	anizati	on
	organizations	al trus	nal tr		loyee	comp					l .	d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	วทร
(18) SHERYL RIMRODT	1.00	드	드	5	₹ e	물 등	요						
FORMER CHAIR	1.00	х		x				0.		0.			0.
(19) SISSY WILSON	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) STEPHANIE INGRAM	1.00	↓								•			^
BOARD MEMBER	40 00	Х				-	_	0.		0.			0.
(21) KIMBERLY REESE VP OPERATIONS	40.00	1		x				83,468.		0.	1.	י כי	75
(22) MARK DUNKERLEY	40.00			^		 	-	03,400.		<u> </u>	1 1.	3,2	15.
VP DEVELOPMENT	40.00	1		x				84,237.	1	0.		9,50	02.
(23) TOM WARD	40.00								1			, -	
PRESIDENT & CEO				Х				125,000.		0.	10	0,03	38.
						-	_						
		1											
						† :	\vdash						
		1											
1b Sub-total	1							292,705.		0.	3:	2,83	15.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)				· <u></u>			▶	292,705.		0.	3:	2,82	15.
2 Total number of individuals (including but r	ot limited to th	ose	liste		nve) ، (د	io re	eceived more than \$100	,000 of reportable	е			_
compensation from the organization		6-	٦.			_					1	Yes	1 No
3 Did the organization list any former officer	director or to		ko		anla	N/00	or	highest compensated er	mplovoo on			res	NO
line 1a? If "Yes," complete Schedule J for s			. KE	į I	пріс	уее	, OI	riigriest compensated ei	ripioyee ori		3		Х
4 For any individual listed on line 1a, is the su			 ompe	ensa	tion	anc	 I oth	ner compensation from t	he organization				
and related organizations greater than \$150								•	•		4		Х
5 Did any person listed on line 1a receive or		tiء	on fi	rom	any	unre	elate	ed organization or indivi	dual for services				
rendered to the organization? If "Yes." c	plet chedul	e J f	or su	ıch <u>ı</u>	oers	son					5		X
Section B. Independent Contractors	Y												
1 Complete this table for your five highest co								hat received more than		pensa	tion fro	m	
the organization. Report compensation for (A)	ine calendar y	eare	eriair	ig w	ILII C	or wi	ıtrıır	(B)	ear.		(C	2)	
Name and business	address	N	INC	3				Description of s	services	С	Comper		า
										<u> </u>			
-													
										İ			
2 Total number of independent contractors (i	ncludina but n	ot lir	nited	d to	thos	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organi)		,					
			_	_		_		·		_	E	aan "	204 E/

62-0968273

Form 990 (2015) OASIS CENTER, INC.
Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonee	or note to any lir	ne in this Part VIII			
		Officer if Goffeddie G Coffic	anis a response	or riote to arry iii	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or	Unrelated	Revenué excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					012 011
ant	h.	Membership dues			-			
ទ្ធ	c			27,121.	-			
fts, r A	d				-			
ig'ë	e			990,293.				
Sin	f	All other contributions, gifts, grant		330,2330	-			
ĘĘ	•	similar amounts not included abov		227,084.				
e	g					'		
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f			4,244,498.	I		
<u> </u>		Totali Add IIIIos Ta Ti		Business Code			· · · · · · · · · · · · · · · · · · ·	
•	2 a	TRAINING REVENU	E	900099	79,800.	79,800.		
Nice	2 u b			30003	757000	1575		
Ser	c						<u> </u>	
m S	d						*	
gra Re	u _	-						
Program Service Revenue	f	All other program service reve	nue					
	a a			•	79,800.			
	3	Investment income (including			12,00			
	_	other similar amounts)			62,377.			62,377.
	4	Income from investment of tax						,,,,,,
	5	Royalties		_				
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	(1) 1156.	(1) 1 01001141				
					-			
	c							
		Not worth in a consecutive						
		Gross amount from sales of	(i) Securities	(ii) Other				
			410,301.	(.,, 5 ; 5	ĭ			
	b	Less: cost or other basis	,		4			
	-	and sales expenses	495,992.					
	c	Gain or (loss)	-85,691.		1			
		Net gain or (loss)			-85,691.			-85,691.
		Gross income from fundraising			, ,			
nιe	-	including \$ 27,1	,					
Other Revenu		contributions reported on line						
æ		Part IV, line 18		153,685.				
iper	b	Less: direct expenses		58,313.				
δ		Net income or (loss) from fund			95,372.			95,372.
		Gross income from gaming ac			·			•
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
İ		Miscellaneous Revenue		Business Code				
ļ	11 a	ACCOUNTING SERV		541200	27,225.		27,225.	
	b	MISCELLANEOUS I	NCOME	900099	20,627.			20,627.
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	47,852.			
	10	Total revenue See instructions			4 444 208.	79.800.	27.225.	92 685.

Form 990 (2015) OASIS CENTER, INC. Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		•	nplete column (A).	
Do r	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	_ (D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	144,702.	144,702.		
2	Grants and other assistance to domestic	100 000	400.050		
	individuals. See Part IV, line 22	129,962.	129,962.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 506	005 100	27 246	0.5.50
	trustees, and key employees	292,706.	227,138.	37,846.	27,722.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 420 100	1 000 016	245 045	020 001
7	Other salaries and wages	2,438,182.	1,892,016	315,245.	230,921.
8	Pension plan accruals and contributions (include	20 072	22 005	E 000	0 755
	section 401(k) and 403(b) employer contributions)	30,873. 269,551.	23,095.	5,023.	2,755. 24,050.
9	Other employee benefits	∠69,551.	201,641.	43,860.	44,050.
10	Payroll taxes	202,135.	151,209.	32,890.	18,036.
11	Fees for services (non-employees):				
а	Management				
b	Legal	12 077		12 077	
С	Accounting	13,977.		13,977.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	334,303.	267,450.	57 569	0 284
40	column (A) amount, list line 11g expenses on Sch O.)	65,270.	38,215.	57,569. 5,587.	9,284.
12	Advertising and promotion	150,128.	111,223.	21,154.	17,751.
13	Office expenses	130,120.	111,225•	21,134.	17,751.
14	Information technology				
15 16	Royalties Occupancy	114,476.	95,333.	13,836.	5,307.
17	Travel	95,043.	92,770.	1,220.	1,053.
18	Payments of travel or entertainment expens	70,70131	3271100	2/2200	
10	for any federal, state, or local public offices				
19	Conferences, conventions, and meeting.	71,720.	67,134.	3,722.	864.
20	Interest	345.	,	345.	
21	Payments to affiliates	7 = 2 0			
22	Depreciation, depletion, and amortization	182,006.	157,747.	19,279.	4,980.
23	Insurance	46,092.	36,814.	6,606.	2,672.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	97,263.	56,946.	8,326.	31,991.
b	MISCELLANEOUS	33,230.	9,068.	15,573.	8,589.
С	EVENT COSTS	125.	125.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,712,089.	3,702,588.	602,058.	407,443.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 990 (2245)

Form 990 (2015)
Part X Balance Sheet

Pai	τ χ	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		329,208.	1	263,929.
	2	Savings and temporary cash investments		86,089.	2	310,234.
	3	Pledges and grants receivable, net	289,150.	3	414,516.	
	4	Accounts receivable, net		·	4	,
	5	Loans and other receivables from current and former			_	
		trustees, key employees, and highest compensated e				
		Part II of Schedule L	·		5	
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of section 5	` ' ' ' '			
w		employees' beneficiary organizations (see instr). Com	·		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	D		22,840.	9	16,307.
		Land buildings and equipment cost or other	1			,
		basis. Complete Part VI of Schedule D	5,995,217.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10b	1,496,549.	4,657,171.	10c	4,498,668.
	11	Investments - publicly traded securities		1,855,987.	11	4,498,668. 1,718,564.
	12	Investments - other securities. See Part IV, line 11			12	, ,
	13				13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	168,625.	15	103,788.	
	16	Total assets. Add lines 1 through 15 (must equal line	7,409,070.	16	7,326,006.	
	17	Accounts payable and accrued expenses		211,590.	17	271,998.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I'			21	
Ø	22	Loans and other payables to current and former offir	irecto ustees,			
<u>i</u>		key employees, highest compensated employees in	d d ^{r.} ₁ uc ed persons.			
Liabilities		Complete Part II of Schedule L	<u> </u>		22	
=	23	Secured mortgages and notes payable to unre.	nirc les		23	
	24	Unsecured notes and loans payable to unrelated true	narties		24	
	25	Other liabilities (including federal income . ayable				
		parties, and other liabilities not include a line	+). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 thrc 2'		211,590.	26	271,998.
		Organizations that follow SFAS 117 , 958), che	eck here $ ightharpoonup$ X and			
Se		complete lines 27 through 29, and lines 3 and 34.				
Š	27	Unrestricted net assets		7,006,131.	27	6,988,143.
3ala	28	Temporarily restricted net assets		191,349.	28	65,865.
ğ	29	Permanently restricted net assets		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 99)	58), check here 🕨 🔲 📗			
P		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipm			31	
et/	32	Retained earnings, endowment, accumulated income		F 405 400	32	F 054 000
Z	33	Total net assets or fund balances		7,197,480.	33	7,054,008.
	34	Total liabilities and net assets/fund balances		7,409,070.	34	7,326,006.

Form	990 (2015) OASIS CENTER, INC.	62-09	68273	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,444	1,2	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,712		
3	Revenue less expenses. Subtract line 2 from line 1	3	-267		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,197		
5	Net unrealized gains (losses) on investments	5			09.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	_ [0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,054	1,0	08.
Pai	rt XII Financial Statements and Reporting	12	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exc n in Sche lile	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accounta.		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year we applied on eviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and arate by s				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the waar were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an incondent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process ing the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to dergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a	Х	
b	If "Yes," did the organization undergo the required audit or \$3? If ti. ganization did not undergo the required.				
-	or audits, explain why in Schedule O and describe any says to an undergo such audits		3h	X	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization OASIS CENTER 62-0968273 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Inter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or fro. e general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contribut. The preship fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no han 30 ... 3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busine es acqu. 1 by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See se-An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) sectior 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organizat and core lete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled its supervised organization(s), typically by giving the supported organization(s) the power to regularly appoint or e. a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or control in connection with its supported organization(s), by having control or management of the supporting organization ves. The time persons that control or manage the supported organization(s). You must complete Part IV, Sectiand and c Type III functionally integrated. A supporting c anize on erated in connection with, and functionally integrated with, its supported organization(s) (see instructions). Yu ust complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supplying one ation operated in connection with its supported organization(s) that is not functionally integrated. The organization nerally must satisfy a distribution requirement and an attentiveness mplete art IV, Sections A and D, and Part V. requirement (see instructions). You mus Jetermination from the IRS that it is a Type I, Type II, Type III Check this box if the organization re rd a functionally integrated, or Type III un-ful tionally integrated supporting organization. f Enter the number of supported organiza Provide the following information about the orted organization(s) (iv) Is the organization (v) Amount of monetary (i) Name of supported (iii) Type of organization (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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

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

Secti	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 G	Gifts, grants, contributions, and						
m	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	4686055.	3977671.	3949925.	4134331.	4244498.	20992480.
2 T	ax revenues levied for the organ-						
iz	ation's benefit and either paid to						
0	r expended on its behalf						
3 T	he value of services or facilities						
	urnished by a governmental unit to						
th	ne organization without charge						
4 T	otal. Add lines 1 through 3	4686055.	3977671.	3949925.	4134331.	4244498.	20992480.
5 T	he portion of total contributions						
b	y each person (other than a						
g	overnmental unit or publicly						
SI	upported organization) included						
0	n line 1 that exceeds 2% of the						
a	mount shown on line 11,						
C	olumn (f)						89,893.
	ublic support. Subtract line 5 from line 4.						20902587.
	ion B. Total Support						
Calend	ar year (or fiscal year beginning in)	(a) 2011	(b) 2012	/n\ 2013	(d) 2014	(e) 2015	(f) Total
7 A	mounts from line 4	4686055.	3977671.	3949925.	4134331.	4244498.	20992480.
8 G	Gross income from interest,						
d	ividends, payments received on						
S	ecurities loans, rents, royalties	225	2.52	2.5			60 500
a	nd income from similar sources	826.	363.	365.	5,789.	62,377.	69,720.
	let income from unrelated business						
a	ctivities, whether or not the						
	usiness is regularly carried on		-/				
	other income. Do not include gain						
	r loss from the sale of capital	22 552	45 544	TO 400	00 100	45 050	056 545
	ssets (Explain in Part VI.)	33,572.	<u>17</u> ,5 <u>11.</u>	79,400.	98,180.	47,852.	
	otal support. Add lines 7 through 10						21338715.
	cross receipts from related activities,	,				12	432,265.
	irst five years. If the Form 990 is for				x year as a section		
	rganization, check this box and stop ion C. Computation of Publi		centage				P
	bublic support percentage for 2015 (li			olumn (fl)		14	97.96 %
						15	20 50
	Public support percentage from 2014						
	16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	nore, and if the organization meets th	_					
	rganization meets the "facts-and-circ		•				.
	rivate foundation. If the organizatio			•	,		· · · · · · · · · · · · · · · · · · ·

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, piedde cerrip	note i dit ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	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	 -			4		
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b		^				
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I .	_	Т	T	T
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 12	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	Q					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2015 (li					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves			10 1 (0)		14=1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2	•		on line 14 and line		18	%
198	a 33 1/3% support tests - 2015. If the						▶ □
	more than 33 1/3%, check this box an	=	-		· · · · · ·		
ľ	o 33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (^r and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how a organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for sect 170, YB purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure sucl se.
- 4a Was any supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization")?

 "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to t. foreign supported organization? If "Yes," describe in Part VI how the organization had such co. I and corretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI who controls the organization used to ensure that all support to the foreign supported organization was used expressed by usively for ection 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organiza. during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including the names and EIN numbers of the supported organizations added, substituted, or reasons for each such action; (iii) the authority under the organization's organizing document auting the action; and (iv) how the action was accomplished (such as by amendment to the organizing to the action).
- **b Type I or Type II only.** Was any added or substituted so portroop iization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result cever ond the organization's control?
- Did the organization provide support (whether in the form arants or the provision of services or facilities) to anyone other than (i) its supported organization. Individual saturation of the charitable class benefited by one or more of its supported organization. In all of the charitable class support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compasation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI*.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Var	NIA
		Yes	No
	1		
	2		
,			
	3a		
	2h		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5h		
	5b 5c		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		
~ O	an or ac	いーヒン	2015

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ribe how the powers to appoint and/or remove directors or trustees were allocated among the suppor			
	organ	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	/I how providing such benefit carried out the purposes of the supported organization(s) the superaction (s)			
		vised, or controlled the supporting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a mority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in art VI f v control			
	or ma	nagement of the supporting organization was vested in the same persons that control			
		upported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the least of the day of the least of the			
	-	nization's tax year, (i) a written notice describing the type and amount provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date o. 'ification, and (iii) copies of the			
		nization's governing documents in effect on the date of not realization, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees eithe. ``npc' .ed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a sure of orgulation? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous wor' q re' on p with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the org. ion's upported organizations have a			
	-	icant voice in the organization's investment poil and ecting the use of the organization's			
		ne or assets at all times during the tax year? If "Yes, scribe in Part VI the role the organization's			
Sact	suppo	orted organizations played in this regarding Organizations	3		
_					
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Actuary St. Complete line 2 below.			
b	H	• • • • • • • • • • • • • • • • • • •			
C	H	The organization is the parent of each supported organizations. Complete line 3 below. The organization supported a government entity. Describe in Part VI how you supported a government entity (see instructions).	untions\		
2		ities Test. Answer (a) and (b) below.	uctions).	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ŭ		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ins for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.	_~		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
_			_	_	_

Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must com-	plete S	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5	A		
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prio	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1 (
d	Total (add lines 1a, 1b, and 1c)	_1(T			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	िर			
3	Subtract line 2 from line 1d				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amour.	\Box			
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, II. Coic 4)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Sec. 9, line 8 Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 . Iir 4, unless subject to				
	emergency temporary reduction (see instruc.	6			
7	Check here if the current year is the organization's first as a non-functionally	integrat	ed Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 OASIS CENTER,			52-0968273 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	T
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(* Underd. 'hut' is Pre-z.	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
ī	Carryover from 2010 not applied (see instructions)			
一	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years	· — —		
	Applied to 2015 distributable amount	· — —		
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amu			
	greater than zero, see instructions).	1		
6	Remaining underdistributions for 2015. Stractures 3h			
•	and 4b from line 1 (if amount greater the recommendations of 2013).			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
<u>-</u> а	DIGARGOWITOT IIIO 7.			
<u>a</u> _				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A Part VI	(Form 990 or 990-EZ) 2015 OASIS CENTER, Supplemental Information. Provide the explar	INC.	62-0968273 Page 8
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9	9b, 9c, 11a, 11b, ar n E, lines 1c, 2a, 2b	nd 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, o, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
		,	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

Name of the organization

Employer identification number

OMB No. 1545-0047

(DASIS CENTER, INC.	62-09682/3				
Organization type (check	c one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda n					
	501(c)(3) taxable private foundation					
· · ·	n is covered by the General Rule or a Special Rule.	la Cara in about there				
Note. Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
-	ion filing Form 990, 990-EZ, or 990-PF that received, ing the year, contributions totaling ny one contributor. Complete Parts I and II. See instruction for determining a contributor's	• •				
Special Rules						
sections 509(a)(any one contribu	cion described in section 501(c)(3) filir Forr 35, 1990-EZ that met the 33 1/3% support of 1) and 170(b)(1)(A)(vi), that checked Sc. 4 (e A / 3rm 990 or 990-EZ), Part II, line 13, 16a, autor, during the year, total contrib. 3 or 2 eater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from				
year, total contri	For an organization described in section (r), (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than 000 xclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children contributions of more than 300 xclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children contributors.					
year, contributio is checked, ente purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a constant section section section sections, charitable, etc., purposes, but no such contributions totaled metric here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because in the contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., t received <i>nonexclusively</i>				
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo					

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OASIS	CENTER,	INC
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62-0968273

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s <u>1,448,310</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total con. +ic	(d) Type of contribution
2		\$85, <u>000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP 4	Total contributions \$ 395,674.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, ad ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

OASIS CENTER, INC.

62-0968273

(a) No. 1 Description of noncash property given	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. Part I (b) Description of noncash property given (c) FMV (or est. (see stion.) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) No. Tom Description of noncash property given (f) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions)	No. from		FMV (or estimate)	I .
No. from Description of noncash property given (a) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			\$	
No. from Part I Description of noncash property given FMV (or estimate) (see instructions) Date received (a) No. (b)	No. from		FMV (or est.	I .
No. from Part I Description of noncash property given FMV (or estimate) (see instructions) Date received (a) No. from Description of noncash property en FMV (or estimate) (see instructions) Date received (b) FMV (or estimate) (see instructions) Date received (a) No. from Description of noncash property given FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) Date received (c) FMV (or estimate) (see instructions) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) Date received (d) Date received (e) FMV (or estimate) (see instructions) Date received (f) FMV (or estimate) (see instructions) Date received (g) FMV (or estimate) (see instructions) Date rece				
(a) No. from Description of noncash propert, en FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (d) Date received	No. from		FMV (or estimate)	I .
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No. from Part I (a) No. (b) (b) (c) FMV (or estimate) (see instructions) (a) No. (b) (b) FMV (or estimate) (see instructions) (b) (c) FMV (or estimate) (c) FMV (or estimate) (d) Date received			\$	
(a) No. from Part I (b) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	
No. from Description of noncash property given (see instructions) C			\$	
	No. from		FMV (or estimate)	
			\$	

Name of org	anization			Employer identification number		
01676				60 0060000		
Part III	CENTER, INC. Exclusively religious, charitable, etc., conti	ihutions to organizations described	in section 501(c)(7) (8) or (62-0968273		
r art iii	the year from any one contributor. Complete of	columns (a) through (e) and the follo	wing line entry. For organizations	s .		
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona		less for the year. (Enter this info. once	.) ►\$		
(a) No.	Ose duplicate copies of Part III if additions	ai space is fleeded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Faiti						
		(e) Transfer of git	it			
	Transferee's name, address, ar	nd ZIP + 4	Relationship tran	eror to transferee		
	-					
(a) Na						
(a) No. from	(b) Purpose of gift	(c) Use of gift	esc	ription of how gift is held		
Part I	., .	., .		·		
		-				
		-				
-		(e) Transf of git	# A			
		(c) Irans or gi	`			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	nsferor to transferee		
			1			
(a) No. from	(b) Purpose of gift	'se ur gift	(d) Desc	ription of how gift is held		
Part I	(4) - 3 - 1 - 2 - 3 - 3 - 1	—	(-7	3		
		-	— I 			
			— I 			
-		(a) Transfer of gif				
	(e) Transfer of gift					
	Transferee's name, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Part I	(S) i dipose oi giit	(6) 656 51 911	(4) 5000	- Input of New gire to held		
		(a) T * **				
		(e) Transfer of git	τ			
	Transferente name address so	ad 7 ID + 4	Polotionahin of tree	referente transferes		
	Transferee's name, address, ar	1U ZIP + 4	neiationship of trar	nsferor to transferee		
	-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OASIS CENTER, INC. **Employer identification number** 62-0968273

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Part	impermissible private benefit?		Yes No
	Somplete in the si		, r ¹ V, lin e 7.
1	Purpose(s) of conservation easements held by the organization		atani Arima atantina da ara
	Preservation of land for public use (e.g., recreation or e		stori ıly important land area
	Protection of natural habitat	Preser 1 of a Co	cimed historic structure
•	Preservation of open space		
	Complete lines 2a through 2d if the organization held a quali	iffied conservation contribution in the sin	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired listed in the National Register.		2d
	listed in the National Register		
	year	sleased, extinguit of terminated by the	le organization during the tax
-	Number of states where property subject to conservation ea	iseme₁ ¹oca 」▶	
	Does the organization have a written policy regarding the		_ f
	violations, and enforcement of the conservation easeme s i		
	Staff and volunteer hours devoted to monitoring, inspect.		
ì	b	diran , or violations, and emercing con	noorvation cacomonic daring the year
7 /	Amount of expenses incurred in monitoring, inspecting, n.	"ling of violations, and enforcing conserv	ration easements during the year
	> \$	ing of violations, and emercing concerv	ation outsine daming the year
		ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170/h\(4\/P\(ii\)2		□ Voc □ No
	In Part XIII, describe how the organization of s conservation		
	include, if applicable, the text of the footnot he organiza	· ·	,
	conservation easements.		
Part		f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
ŀ	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b I	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
t	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1		<u> </u>
	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		_

	t III Organizations Maintaining C	ollections of Art, I	listorical '	Treasures, o	r Other Sim	ilar Asse	ets (continue	ed)
3	Using the organization's acquisition, accession	on, and other records, o	heck any of t	he following tha	t are a significa	nt use of its	s collection ite	ems
	(check all that apply):							
а	Public exhibition	d [Loan or	exchange progr	ams			
b	Scholarly research	e [Other_					
С	Preservation for future generations		_					
4	Provide a description of the organization's co	llections and explain ho	ow they furth	er the organization	on's exempt pu	rpose in Pa	art XIII.	
5	During the year, did the organization solicit or	r receive donations of a	rt, historical t	reasures, or oth	er similar assets	3		
	to be sold to raise funds rather than to be ma	intained as part of the	organization's	collection?		[Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Complete	if the organiz	ation answered	"Yes" on Form	990, Part I	V, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermediary	for contribut	ions or other as	sets not include	ed		
	on Form 990, Part X?				4		Yes	No
b	If "Yes," explain the arrangement in Part XIII a						,	
							Amount	
С	Beginning balance					С		
d	Additions during the year					d		
е	Distributions during the year					e		
f	Ending balance					lf		
	Did the organization include an amount on Fo					. [Yes	No
	If "Yes," explain the arrangement in Part XIII.	· · ·						
Par		f the organization answ	ered "Yes" or	For 990, Pa	/, line 10.			
		(a) Current year	(b) Prior year			ree years bad	ck (e) Four ye	ars back
1a	Beginning of year balance	` '	` ' '					
	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance	1a Jum	n (a)) held as:	l			
a	Board designated or quasi-endowment	9		(4)) 11014 401				
b	Permanent endowment	%						
	Temporarily restricted endowment							
·	The percentages on lines 2a, 2b, and 2c show	ıld eque ``2%						
3а	Are there endowment funds not in the posses		n that are hel	d and administe	red for the orga	nization		
	by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						···	
b	If "Yes" on line 3a(ii), are the related org	ti s listed as required	on Schedule	D0			1 0. 1	
4	Describe in Part XIII the intended uses of the							
Par								
	Complete if the organization answered	d "Yes" on Form 990. P	art IV. line 11	a. See Form 990). Part X. line 10).		
	Description of property	(a) Cost or othe		Cost or other	(c) Accumu		(d) Book v	alue
	2 000 (p. 10 (r. 0 p. 0 p. 1)	basis (investmen		isis (other)	deprecia		(4, 200	
1a	Land	- 	,	290,000.			290.	000.
	Buildings			$\frac{230,0001}{105,240.}$	1,002	951.	4,102,	
	Leasehold improvements			, -	,		= , = + = ,	
d	Equipment			581,477.	493	598.	87.	879.
	Other			18,500.				500.
	. Add lines 1a through 1e. (Column (d) must ea		column (R) lir		ı	•	4,498,	

Schedule D (Form 990) 2015 OASIS CENTER,	INC.		62	2-0968273	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" on F	orm 990. Part IV. line	e 11b. See Form 990.	Part X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or en	d-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11c. See Form 990	Part X, II. 13.		
(a) Description of investment	(b) Book value	(c) Method	aıu، عن Cc ، or en	d-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" on F	Form 990, Part IV, II.	1d. See Form 990,	Part X, line 15.		
(a) Des	criptior			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part)		>		
Part X Other Liabilities.					
Complete if the organization answered "1.s" on F	orm 990, Part IV, line		990, Part X, line 25	5.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2015 OASIS CENTER, INC.				0968273 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,626,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	124,409.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	58,313.		
е	Add lines 2a through 2d			2e	182,722.
3	Subtract line 2e from line 1			3	4,444,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIII.)	4b		_	
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,444,208.
Par	t XII Reconciliation of Expenses per Audited Financial Stater		Expe as ar F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	4,770,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments			-	
С	Other losses			_	
d	Other (Describe in Part XIII.)	L _	58,313.		
е	Add lines 2a through 2d			2e	58,313.
3	Subtract line 2e from line 1			3	4,712,089.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	a		_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line)	·····		5	4,712,089.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, line and , Pa			l; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete thiso provany ac	dditional inforn	nation.		
PAF	T X, LINE 2:				
m	A CHAMED IN DAMPE EDON INCOME MAY INDED	TECETON.	E01/G\/3\	Ω Π. Γ	
THE	CENTER IS EXEMPT FROM INCOME TAX UNDER S	SECTION	501(C)(3)	OF 1	rhe:
T 3.T/II	TENNAL DEVENUE CODE AND TO NOW A DETVAME		OM MILEDE	ו ת אם ו	- NO
T IV.1	ERNAL REVENUE CODE AND IS NOT A PRIVATE I	OUNDATI	ON. THERE	FORI	E, NO
חחר	VITCION FOR INCOME HAVEC HAC DEEN MADE IN	mii: 3.00	OMENTAL	TO T NT 7	NICT A T
PRC	VISION FOR INCOME TAXES HAS BEEN MADE IN	THE ACC	OMPANTING	LIME	ANCIAL
cm z	MEMENIA C				
SIF	TEMENTS.				
mitt	CENTED FOLLOWS FINANCIAL ASSOCIATIONS SERVING	י אם מענים	20200 30001	ראדווו די א	TC
THE	CENTER FOLLOWS FINANCIAL ACCOUNTING STAN	NUARUS E	SOARD ACCOU	M.T. T.	NG
am z	NDADDG CODIETCAMION CUIDANCE MUAM CLADIES		A COCITATE TATO		,
o.T.₽	NDARDS CODIFICATION GUIDANCE THAT CLARIF	LES THE	ACCOUNTING	, FOF	1
TTNTC	THE THE THE THE THE THE THE THE THE THE	י ביאוחדותי	T'C DININICI	ът.	
OTAC	ERTAINTY IN INCOME TAXES RECOGNIZED IN A	и стидтал	. p rinanci	.дп	
сшл	THIS GUIDANCE PRESCRIBES A MIN	TMIIM DE		тип	TCHOLD
DIF	TIEMENIO. IIIID GOIDANCE FRESCRIDES A MIL	NIMOM Pr	COUDILLI	TIIVI	חחחויטי

THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS

Part XIII | Supplemental Information (continued) MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE CENTER HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE THE YEARS ENDED JUNE 30, 2013 THROUGH JUNE 30, 2016. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE 58,313. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE 58,313.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OASIS CENTER, INC.

Employer identification number 62-0968273

Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Post of the solicitations b If "Yes," list the ten highest paid indiction compensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includ rofession uant to	non-g gover ising ing of onal fo agree	overnment grants rnment grants events fficers, directors, trus undraising services ements under whice	Yes 'e idraiser is to b	e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundra fundra have cu or con contribu	ustody trol of	from a 'tv	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			_			
			,			
	_	+		+)———		
Total			-			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contribu	utions	or has been notified	it is exempt from re	gistration

Schedule G (Form 990 or 990-EZ) 2015 OASIS CENTER, INC. 62-0968273 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ONLY IN NONE (add col. (a) through NASHVILLE col. (c)) (event type) (event type) (total number) 180,806. 180,806. 1 Gross receipts 27,121. 27,121. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 153,685 153,685. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 25,508. 25,508. 17,217. 17,217. 7 Food and beverages 8 Entertainment 15,588. 15,588. 9 Other direct expenses 58,313. **10** Direct expense summary. Add lines 4 through 9 in column (d) 95,372. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 95 Fart IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Pull to instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue hingu, پ. عssive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 3 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 OASIS CENTER, INC. 62-0	סספנ	4/3	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Inoc ident contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make c. "able outions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	∟ No
b	Enter the amount of distributions required under the law to expenditure distributed to other exempt organizations or spent in the			
<u> </u>	organization's own exempt activities during * x y. \$			
Ра	Supplemental Information. Pro Leth Explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. vide any additional information (see instructions).			

Schedule G	(Form 990 or 990-EZ)	OASIS (CENTER,	INC.	62-0968273	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(con}	tinued)			<u> </u>
		,	,			
				-		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOLSTON HOMES PO BOX 188 GREENVILLE, TN 37744 62-0515531 501(C)(3) 14,000. 0. TEEN OUTREACH PROGRAM MADISON OAKS ACADEMY 49 OLD HICKORY BLVD JACKSON, TN 38305 20-5504314 501(C)(3) 13,942. 0. TEEN OUTREACH PROGRAM MONROE HARDING INC. 1120 GLENDALE LN NASHVILLE, TN 37204 62-0476670 501(C)(3) 14,000. 0. TEEN OUTREACH PROGRAM	OASIS CEN	TER, INC.						62-0968273
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered in recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (c) IRC section if applicable (d) Amount of cash grant non-cash assistance (e) Amount of received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant non-cash assistance (e) Amount of replicable (e)	Part I General Information on Grants ar	nd Assistance						
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section of gaphicable (d) Amount of cash grant (f) Method of ca	1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and e selection	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Teciplent that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation or government (f) Method of valuation or government (f) Purpose of grant or assistance (f) Purpose of grant or	criteria used to award the grants or assis	tance?						X Yes No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of cash grant (f) Method of valuating address of organization or government (h) Purpose of grant or assistance (h) Purpose of grant or astitute or assistance (h) Purpose of grant or assistanc		cedures for monit	oring the use of grant	funds in the United	l States.			
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1120 GLENDALE LN NASHVILLE, TN 37204 62-0476670 501(C)(3) 14,000. 0. TEEN OUTREACH PROGRAM	JACKSON, TN 36305	20-5504514	501(C)(3)	13,942.	0.			TEEN OUTREACH PROGRAM
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	NASHVILLE, TN 37204	62-0476670	501(C)(3)	14,000.	0.			TEEN OUTREACH PROGRAM
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	OMNIVISIONS							
301 S. PERIMETER, #210	301 S. PERIMETER, #210							
NASHVILLE, TN 37204 62-1456150 501(C)(3) 21,519. 0. TEEN OUTREACH PROGRAM	NASHVILLE, TN 37204	62-1456150	501(C)(3)	21,519.	0.			TEEN OUTREACH PROGRAM
	20000							
	PORTER-LEATH							
	868 N. MANASSAS STREET	E0 140020E	E01/G)/3)	10 000				MEEN OUMDEACH DROOPAN
	MEMPHIS, TN 38107			•	U .			I .
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table		-						

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Par	rt II.)	T
(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
JCHRA							
580 S. JEFFERSON AVE							
COOKEVILLE, TN 38501	62-0906260	501(C)(3)	25,200.	0.			TEEN OUTREACH PROGRAM
OUTH VILLAGES							
3310 PERIMETER HILL DR.							
NASHVILLE, TN 37211	58-1716970	501(C)(3)	14,811.	0.			TEEN OUTREACH PROGRAM
G4S YOUTH SERVICES 279 STEWARTS FERRY							
NASHVILLE, TN 37214	54-1859903	501(C)(3)	6,339.	0.			TEEN OUTREACH PROGRAM
METRO NASHVILLE AND DIVIDSON CO. JUVENILE COURT - 100 WOODLAND ST -							
NASHVILLE, TN 37213	62-0694743	501(C)(3)	6,193.	0.			TEEN OUTREACH PROGRAM

Schedule I (Form 990) (2015) OASIS CENTER,	NC.				62-0968273	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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
YOUTH TRANSPORTATION, RECREATION & MISCELLANEOUS						
ASSISTANCE	3177	129,962.	0.		<u> </u>	
				O		
			O			
Part IV Supplemental Information. Provide the information re-	quired in Part I, lir	Pa ", colur	(b), and any other ac	dditional information.		
PART I, LINE 2:						
PART II:						
AWARD SELECTION IS BASED ON INDEPE	NDENT PAN	EL REVIEW	OF APPLICA	TIONS AND		
PROGRAM MONITORING OF AWARDS OCCUR	S THROUGH	MONTHLY F	REVIEW OF R	EIMBURSABLE		
EXPENDITURES PRIOR TO PAYMENT, SIT	E-VISITS	AND BI-ANN	JUAL PERFOR	MANCE		
REPORTING.						
WHI OWI TING.						

Part IV Supplemental Information
ASSISTANCE IS PROVIDED TO YOUTH/CLIENTS IN THE FORM OF BUS PASSES AND TAXI
FARES. GOODS ARE ALSO PURCHASED FOR INDIVIDUALS BY THEIR ASSIGNED COUNSELOR
AND CERTAIN BILLS ARE PAID DIRECTLY TO VENDORS ON THE INDIVIDUAL'S BEHALF.
NO DIRECT FUNDS ARE GIVEN TO INDIVIDUALS THEREFORE, THERE IS NO NEED TO
MONITOR SPENDING BY OASIS CENTER, INC.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Name of the organization

INC. OASIS CENTER,

Employer identification number 62-0968273

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERVENTION TO NASHVILLE'S MOST VULNERABLE YOUTH, WHILE SEEKING TO
ALSO TEACH YOUNG PEOPLE HOW TO TRANSFORM THE CONDITIONS THAT CREATE
PROBLEMS FOR THEM IN THE FIRST PLACE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COUNSELING SERVICES - FAMILY, INDIVIDUAL AND GROUP COUNSELING DESIGNED
TO BRING HOPE AND HEALING FOR TEENS AND FAMILIES; BUILD STRONGER,
HEALTHIER RELATIONSHIPS; DISCOVER PERSONAL STRENGTHS AND RESOURCES; AND
FIND SOLUTIONS THAT NURTURE ONGOING POSITIVE GROWTH. THESE SERVICES
INCLUDE COUNSELING, COMMUNITY EDUCATION AND THERAPEUTIC GROUPS.
COLLEGE CONNECTION - A 100% MOBILE COLLEGE COUNSELING PROGRAM PROVIDING
ADMISSIONS AND FINANCIAL AID EXPERTISE, COLLEGE RESOURCES, AND
ASSISTANCE TO STUDENTS TO FIND THEIR MOST APPROPRIATE "FIT" IN ORDER TO
BE SUCCESSFUL.
STATEWIDE TOP - PROVIDES TRAINING AND SUPPORT TO TENNESSEE CONGREGATE
CARE STAFF IN THE IMPLEMENTATION OF THE TEEN OUTREACH PROGRAM ("TOP")
TO DECREASE PREGNANCY AND INCREASE LIFE SKILLS AMONG TENNESSEE FOSTER
YOUTH LIVING IN CONGREGATE CARE SETTINGS.
TRANSITION INITIATIVE - PROVIDES WORKFORCE DEVELOPMENT AND JOB

PREPAREDNESS TRAINING FOR LOW-INCOME AND AT-RISK YOUTH, AGES 14-24

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization **Employer identification number** 62-0968273 OASIS CENTER, INC. PLANNING AND MANAGEMENT. EXPENSES \$ 1,803,015. INCLUDING GRANTS OF \$ 199,735. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS SENT TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE HANDLED ON A CASE BY CASE BASIS. IN THE EVENT A CONFLICT OF INTEREST DOES OCCUR, THE BOARD MEMBER INVOLVED WILL ABSTAIN FROM VOTING AND WILL NOT PARTICIPATE IN THE VOTING PROCESS. ALSO, AN ANNUAL REVIEW AND SIGNATURE IS OBTAINED AT THE BOARD ORIENTATION FROM NEW AND RETURNING MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION AND ANNUAL MERIT ADJUSTMENTS FOR THE CEO OF THE ORGANIZATION. COMPENSATION IS DETERMINED BASED ON MARKET VALUE. OASIS CENTERS SALARY RANGES AND LEVEL CLASSIFICATIONS ARE BASED UPON A LOCAL (NASHVILLE, TN) COMPARISON OF NON-PROFIT AGENCIES WITH SIMILAR STAFF RESPONSIBILITIES AND DUTIES TO DETERMINE STARTING, MID-LEVEL AND MAXIMUM WAGES FOR EACH POSITION. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST AND FINANCIAL

INFORMATION IS AVAILABLE THROUGH GIVINGMATTERS.COM

EXTENDED TO MAY 15, 2017 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning JUL~1, 2015 and ending JUN~30, 2016▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) address changed **B** Exempt under section Print OASIS CENTER, INC. 62-0968273 E Unrelated business activity codes (See instructions.) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 7408(e) 220(e) 1704 CHARLOTTE AVENUE #200 ີ 408A 🛭 ີ່ 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) NASHVILLE, TN 37203 541200 C Book value of all assets **F** Group exemption number (See instructions.) at end of year 7,326,006. G Check organization type ► X 501(c) corporation 40′., Other trust 501(c) trust H Describe the organization's primary unrelated business activity. ▶ ACCOUNTING SERVICES X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► KIMBERLY REESE (615) 327-4455 Telephone nurn. **Unrelated Trade or Business Income** (A) Income B) Ex. anses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) STATEMENT 1 27,225. 12 27,225. Total. Combine lines 3 through 12 **Deductions Not Taken Elsewhere (See.** Part II ction or limitations on deductions.) (Except for contributions, deductions must be early ed with the unrelated business income.) 12,818. Compensation of officers, directors, and trustees (Schedule K) 14 14 10,339. 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) _____ 18 Taxes and licenses 19 19 Charitable contributions (See instructions for limitation, ules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 26 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) SEE STATEMENT 2 18,334. 28 28 41,491. **Total deductions.** Add lines 14 through 28 29 29 -14,266. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Net operating loss deduction (limited to the amount on line 30)

SEE STATEMENT 31 31 -14,266.32 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 1,000. 33 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Pa	rt III	Ta	ax Computation										
	35 C)rgani	zations Taxable as Corporat	ons. See in	structions for tax c	omput	ation.						
	C	Contro	lled group members (section	s 1561 and 1	563) check here	▶ [See instructions a	and:					
	a E	nter y	our share of the \$50,000, \$2		9,925,000 taxable i	ncome	brackets (in that orde	er):					
	(1) [3	(2) \$			(3) \$						
			rganization's share of: (1) A		,		,						
	(2) Ad	ditional 3% tax (not more tha	n \$100,000)			\$						
	c li	ncome	e tax on the amount on line 3	4						▶ 35	С		0.
		rusts	Taxable at Trust Rates. See	instructions	for tax computatio	n. Inco	me tax on the amoun	t on line 3	34 from:				
	L	T	ax rate schedule or	Schedule D (Form 1041)					36	<u>; </u>		
	37 P	Proxy 1	ax. See instructions							37	_		
			tive minimum tax							38	<u> </u>		
	39 T	otal.	Add lines 37 and 38 to line 35	c or 36, whi	chever applies						<u> </u>		0.
			ax and Payments										
			n tax credit (corporations atta										
	b C	Other c	redits (see instructions)					40b					
	c G	Genera	I business credit. Attach Forr	1 3800				40c		_			
			for prior year minimum tax (a							_			
			redits. Add lines 40a through							. 40			
	41 8	Subtra	ct line 40e from line 39							. 41			0.
			axes. Check if from: Fo	· · · · · · · · · · · · · · · · · · ·		_			Utro, (attach schedul	·			^
			ax. Add lines 41 and 42					1	₁	. 43	1		0.
			nts: A 2014 overpayment cre						ļ. ,———	_			
			stimated tax payments							_			
	Cl	ax de _l	posited with Form 8868							_			
			n organizations: Tax paid or w					44d					
	e e	sackup	withholding (see instruction	S)	iuma (Attach Form			44e		_			
			for small employer health ins					44f		_			
	y C		credits and payments: orm 4136					. 44g					
	∟ 45 T									45			
	45 I	etima	ayments. Add lines 44a thro ted tax penalty (see instruction	ugii 44y une) Chack i'	f Form 2220 is atta	cho.				46			
			e. If line 45 is less than the to							► 47			0.
			yment. If line 45 is larger that							48			0.
			he amount of line 48 you war			(ax	Lant ovorpara		Refunded	► 49			
	rt V	S	tatements Regardin	g Certai	n Ac 'ties	` `	ther Informati	on (se		_ 1 10			
1	At any	v time	during the 2015 calendar yea	r. did the or	ganization ha n	interes	t in or a signature or	other auth	hority over a financial	account	(bank.	Yes	No
			or other) in a foreign country?								,		
									3				Х
2	During If YES,	the tax	YES, enter the name of the face year, did the organization receive structions for other forms the organ	a distribu ization / hav	r was name grant ve ile.		transferor to, a foreign tru						Х
3	Enter	the ar	nount of tax-exempt interest	receiv ~ a									
Scl	hedu	ıle A	- Cost of Goods So	Id. Ente	thod of inven	tory va	aluation 🕨 N/	A					
1	Inven	tory a	t beginning of year	1		6	Inventory at end of y	ear		. 6			
2	Purch	nases		2		7	Cost of goods sold.	Subtract	line 6				
3	Cost	of labo	or	3			from line 5. Enter he	re and in	Part I, line 2	7			
4 a	Additio	onal sec	ction 263A costs (att. schedule)	4a		8	Do the rules of section	on 263A ((with respect to			Yes	No
b	Other	costs	(attach schedule)	4b			property produced o	r acquired	d for resale) apply to				
5	Total.		lines 1 through 4b	5			the organization? .						Х
O:			er penalties of perjury, I declare thatect, and complete. Declaration of p							wledge ar	ıd belief, it is tru	ue,	
Sig		correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer						May the	IRS discuss thi	is return w	vith		
Her	е		0:				CHAIR	₹			arer shown belo		
		<u> </u>	Signature of officer		Date		Title				ions)? X Y	es_	No
			Print/Type preparer's name		Preparer's sig	nature		ate	Check X	· I	PTIN		
Pa	id		vana 6						self- employ		DOOC		
Pr	epar		SARA G. MOON				DI I @				P00034		
Us	e Or	າly	Firm's name ► FRASI		AN & HOW				Firm's EIN	<u> </u>	62-107	1357	8
			331 Firm's address ► NAS		END AVE י יידע ז		E 550		Dhana ra	615	-383-6	5502	
		- 1	o aaarooo 📂 IVAD.	v	1, 11 J/G	J			i Pilone no.	-	- J J J - C	, , , ,	

Schedule C - Rent Inco	me (Fro	om Keai	Propen	y and	Personal F	roperty	Leased V	vith Real Pro	pert	(see instructions)	
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2.		ed or accrue					3/a) Deductions direc	ctly con	nected with the income in	
(a) From personal property (if rent for personal property 10% but not more the	is more than	ge of	(b) F	f rent for pe	nd personal propert ersonal property ex t is based on profit	ceeds 50% or	entage r if	columns 2(a) and 2(b) (attach schedule)	
_(1)									<u> </u>		
(2)									I		
(3)											
(4)			T-4-1								
Total	l 0(-)	0.	Total				<u> </u>) T. Hed Jons			
(c) Total income. Add totals of co here and on page 1, Part I, line 6,			_				a lèn	ter her page 1		0.	
Schedule E - Unrelated				e (see i	nstructions)		0 • [Pa	rt I line 6, 'n (B)	🖊	0.	
				- (0001	noti dottorioj		3	Deduct directly of	onnecte	ed with or allocable	
					2. Gross incorrection			o debt-fina		roperty	
1. Description of	f debt-finance	ed property			financed		(a)	epreciation chedule)		(b) Other deductions (attach schedule)	
(1)											
(2)											
(3)											
(4)											
debt on or allocable to debt-financed of property (attach schedule) debt-			ge adjusted basis r allocable to nanced property ch schedule)		6. Colun divided by cc n 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)						9/	6				
(2)						9/					
(3)						9/					
(4)						9/	6				
				7.7			Enter	here and on page 1,		Enter here and on page 1,	
							Part	I, line 7, column (A).		Part I, line 7, column (B).	
Totals							▶		0.	0.	
Total dividends-received deduct	ions includ	led in column			- Fran 0-		O	.tione		0.	
Schedule F - Interest, A	Annuitie	s, Royan			s From Co			itions (see ir	nstruc	tions)	
				<u>ub</u>	t Controlled O	irganizatio T		T_		Τ .	
Name of controlled organizati	ion	Emr wide	nt ation		3. related income see instructions)		4. of specified ents made	5. Part of column 4 included in the control organization's gross	rolling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations			1					1		
7. Taxable Income		unrelated incom see instructions		9. To	tal of specified pay made	ments	in the controll	mn 9 that is included ing organization's s income	11.	Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
							Enter here and	nns 5 and 10. I on page 1, Part I, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).	
Tatala							3,				
Totals			<u></u>	<u> </u>		<u>P</u>		0.		0.	

Schedule G - Investme (see instr		ection 5	01(c)(7	'), (9), or (17) Org	ganizati	on			
1. Descr	ription of income			2. Amount of income		luctions connected schedule)	4. Set-asio		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					(======================================	,			(6611 6 piac 6611 1)
(2)									
(3)									
(4)									
				Enter here and on page 1, Part I, line 9, column (A).		·			Enter here and on page 1, Part I, line 9, column (B).
Totals			>	0.					0.
Schedule I - Exploited (see instru		Income,	Other		g Incor	ne			
		3 Funer		4. Net income (loss)					7 5
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business in	nected iction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	Expens ributable column	e to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	0.		0.						0.
Schedule J - Advertisir									
Part I Income From I	Periodicals Repo	orted on a	a Cons	solidated Julis					
1. Name of periodical	2. Gross advertising income		Direct sing costs	Adve a gain a) (co., col. 5). ain, comput cols. ugh 7.		rculation come	6. Readersh costs	nip	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
				7					
Totals (carry to Part II, line (5))		1.	0	• <u>/ </u>					0.
	Periodicals Repo		ebs	rate Basis (For	each peric	dical listed i	n Part II, fill	l in	
columns 2 through	7 on a line-by-line bas	<u>:</u>							
1. Name of periodical	2. Gros advertir incr		rect sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. Readersh costs	nip	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I).	0	<u>. </u>				_	0.
Table Perk II (Free 4.5)	Enter here and or page 1, Part I, line 11, col. (A).	page line 11	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)Schedule K - Compens) . ∣ s. Directo	∪ ors.an	d Trustees (soo	instructio	ns)			0.
1. N		,, = σσια		2. Title	inoti dotto	3. Percent of time devoted business			nsation attributable lated business
(1) KIMBERLY REES			VP O	PERATIONS		20.0	0 0/		12,818.
	<u>r</u>		VF U	L DVW I TONO		<u> </u>			14,010.
(2)							%		
(3)							%		
(4) Total. Enter here and on page 1, P	Part II ling 1/		<u> </u>			<u> </u>	/0		12,818.
Total. Lines here and on page 1, P	airii, iiii 14						-		Form 990-T (2015)

					
FORM 990-T		OTHER	INCOME		STATEMENT 1
DESCRIPTION	1				AMOUNT
ACCOUNTING	SERVICES				27,225.
TOTAL TO FO	27,225.				
FORM 990-T		OTHER	DEDUCTIO	ONS	STATEMENT 2
DESCRIPTION	N				AMOUNT
OFFICE EXPROCUPANCY ADMINISTRAT	7,937. 3,196. 7,201.				
TOTAL TO FO	18,334.				
FORM 990-T	NET	OPERATING	G LOSS DE	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOS: PREVIOU APPL	USLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11 06/30/12 06/30/14 06/30/15	7,390. 22,618. 69,925. 32,430.	R	0. 0. 0. 0.	7,390. 22,618. 69,925. 32,430.	7,390. 22,618. 69,925. 32,430.
NOL CARRYOV	VER AVAILABLE THIS	YEAR		132,363.	132,363.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

	u are filing for an Automatic 3-Month Extension, complet					ightharpoonup [X]		
,	u are filing for an Additional (Not Automatic) 3-Month Ext	,		,				
	complete Part II unless you have already been granted a							
	onic filing _(e-file) . You can electronically file Form 8868 if you							
	d to file Form 990-T), or an additional (not automatic) 3-mon		•		•			
	to file any of the forms listed in Part I or Part II with the exc	•	,		\			
	al Benefit Contracts, which must be sent to the IRS in pape	er format (see instructions). For more details o	n the ele	onic filing of thi	s form,		
visit _{wv} Part	www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time.	Only s	submit original (no copies nee	edc ,				
A corpo	oration required to file Form 990-T and requesting an autom	atic 6-mo	nth extension - check this box and o	ete'				
Part I o	nly							
	er corporations (including 1120-C filers), partnerships, REMIC ncome tax returns.	Cs, and tr	usts must use Form 7004 to reque		on of time e <mark>r's identifying</mark> r	number		
Туре о	Name of exempt organization or other filer, see instruc	tions.			identification nu			
print				, ,				
•	OASIS CENTER, INC.				62-0968	273		
File by the due date t filing your	ior Number, street, and room or suite no. If a P.O. box, se	e instruct	ions.	Social se	Social security number (SSN)			
return. Se instruction	City, town or post office, state, and ZIP code. For a following	reign add	ress, see instruct.					
	NASHVILLE, TN 37203							
	D					0 1		
Enter th	ne Return code for the return that this application is for (file	a separat	e app' ation for each return)			[0]1]		
Annlin	Ation .	Datum	LAm. van			Datum		
Applica	ation	Return	App. Gon			Return		
Is For	90 or Form 990-EZ	Code 01	Forn. 2-T (corporation)			Code 07		
Form 9		01 2	Form 1041-A			08		
	720 (individual)	0 For 4720 (other than individual)						
Form 9		14	n 5227			10		
	90-T (sec. 401(a) or 408(a) trust)		Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
1 01111 0	KIMBERLY REESE	30	1 01111 007 0					
• The	books are in the care of > 1704 CHARLOTTE	AVE.	STE 200 - NASHVILI	LE. TN	37203			
	phone No. ► (615) 327-4455		Fax No. ▶					
		ın the Uni	ited States, check this box					
	is is for a Group Return, enter the organ [;] .tion our digit G					p. check this		
box 🕨			ch a list with the names and EINs or		ū	• •		
1	request an automatic 3-month (6 months to. propration							
	FEBRUARY 15, 2017 , to file the exempt				The extension			
is	s for the organization's return for:							
•	calendar year or							
•	X tax year beginning JUL 1, 2015	, an	d ending <u>JUN 30, 2016</u>					
2 If	the tax year entered in line 1 is for less than 12 months, ch	eck reaso	on: Initial return	Final return	n			
	Change in accounting period							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			^		
_	onrefundable credits. See instructions.			3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	•				0		
_	stimated tax payments made. Include any prior year overpa			3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pay				•	0.		
	y using EFTPS (Electronic Federal Tax Payment System). S			452 FO en	\$ d Farm 8870 FO			
∪auti0	 If you are going to make an electronic funds withdrawal (arect der	on, with this form 8868, see form 8	4ວວ-⊏U an	u roiiii 88/9-E0	ior payment		

instructions.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complete					▶ □
• If you	are filing for an Additional (Not Automatic) 3-Month Ext			-		
			tic 3-month extension on a previous	•		
	nic filing (e-file). You can electronically file Form 8868 if y					
•	to file Form 990-T), or an additional (not automatic) 3-mor		•		•	
	to file any of the forms listed in Part I or Part II with the exc	•	,			
	al Benefit Contracts, which must be sent to the IRS in paper		(see instructions). For more details o	n the ele	onic filing of th	is form,
visit _{ww} Part	w.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time		submit original (no copies nee	edc ,		
A corpo	ration required to file Form 990-T and requesting an autom	natic 6-mo	onth extension - check this box and o	ete'		
Part I o	nly					ightharpoons X
	r corporations (including 1120-C filers), partnerships, REMI come tax returns.	Cs, and tr	usts must use Form 7004 to reque		on of time r's identifying	number
Туре о	Name of exempt organization or other filer, see instruc	ctions.				number (EIN) or
print						
-	OASIS CENTER, INC.				62-0968	3273
File by the due date f		ee instruc	tions.	Social sec	curity number (SSN)
filing your return. Se	1704 CHARLOTTE AVENUE #200				•	
instruction		reign add	ress, see instruct. 3.			
Enter th	e Return code for the return that this application is for (file	a separat	te app' ation for each return)			0 7
Applica	tion	Return	App. Gon			Return
Is For		Code	, spi			Code
	90 or Form 990-EZ	01	Forn. ^-T (corporation)			07
Form 9		2	Form 1041-A			08
	720 (individual)	0.	For 4720 (other than individual)			09
Form 9		74	n 5227			10
	00-T (sec. 401(a) or 408(a) trust)		Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
1 01111 0	KIMBERLY REESE	<u> </u>	7 6HH 667 6			12
• The	books are in the care of > 1704 CHARLOTTE	AVE.	STE 200 - NASHVILI	LE. TN	37203	
	phone No. ► (615) 327-4455		Fax No. ▶			_
		in the Un	ited States, check this box			
					the whole gro	up, check this
box 🕨	. If it is for part of the group, che hir ox	1	ach a list with the names and EINs o		· ·	• •
	request an automatic 3-month (6 months to. orporation	required t		until		
- is	for the organization's return for:	t Organiza	dion return for the organization harm	sa above. I	TIC CALCITISION	
•	calendar year or					
		ar	nd ending JUN 30, 2016			
		,			<u> </u>	
2 If	the tax year entered in line 1 is for less than 12 months, check Change in accounting period	neck reaso	on: Initial return	Final return	ı	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax less any			
	onrefundable credits. See instructions.	J. 3003,	onto, the tentative tax, less ally	3a	\$	0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069.	enter an	v refundable credits and	Sa	Ψ	
	triis application is for Forms 990-PF, 990-1, 4720, or 6069, stimated tax payments made. Include any prior year overpa			3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa			Ju	Ψ	
	r using EFTPS (Electronic Federal Tax Payment System). S			Зс	\$	0.
					•	
vautio	 If you are going to make an electronic funds withdrawal 	un ect del	ony with this Form 6000, 500 FOMI 6	+JJ-EU alic	4 1 OHH 00/9-E	o ioi payiiieiii

instructions.