# Form **990**

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

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

OMB No. 1545-0047 2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2005 calendar year, or tax year beginning 7/01	, 2005, and e	ending 6/	30	, 2006	
В	Check if applicable:			D Employ	er Identification Nu	mber
	Address change   Please use IRS label   OASIS CENTER, INC.			62-	0968273	
	Name change   or print   P.O. BOX 121648			E Telepho	one number	
	See specific NASHVILLE, TN 37212			615	-327-4455	
	Final return instruc-			F Accour	ting Cas	h X Accrual
	Amended return				ther (specify)	
	Application pending • Section 501(c)(3) organizations and 4	947(a)(1) nonexempt	H and I are not as		ion 527 organization	os.
	charitable trusts must attach a compl	eted Schedule A	H (a) Is this a g	-		Yes X No
	(Form 990 or 990-EZ).		H (b) If 'Yes,' er		<u> </u>	
<u>G</u> _	Web site: ► WWW.OASISCENTER.ORG		H (C) Are all at			Yes No
J	Organization type			ttach a list. See		
	(check only one) X 501(c) 3 ◀ (insert no.)		H (d) Is this a s	separate return f	iled by an	
K	Check here if the organization's gross receipts are norm	-		ion covered by a		Yes X No
	\$25,000. The organization need not file a return with the IRS chooses to file a return, be sure to file a complete return. So	but if the organization me states require a	I Group	Exemption N	lumber ►	
	complete return.				rganization is not	required
$\overline{}$	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 2	. 977. 077.			rm 990, 990-EZ, or	
	irt I Revenue, Expenses, and Changes in Net					
<u> </u>	Contributions, gifts, grants, and similar amounts receive		(000 ).			<del></del>
	a Direct public support	1	. 115	3,715.		
	b Indirect public support			24,663.	LA:	
	c Government contributions (grants)			1,495.	-	
	d Total (add lines at through 1c) (cash \$ 2,686,701. noncash \$			71,133.	1d 2,	839,873.
		d contracts (from Part VII 1	ine 93) 📥	1	2	19,116.
	2 Program service revenue including government fees an 3 Membership dues and assessments				3	
	4 Interest on savings and temporary cash investments		76.		4	3,858.
			J.	····	5	
	5 Dividends and interest from securities. 6a Gross rents.  b Less: rental expenses.  c Net rental income or (loss) (subtract line 5b from line 6 7 Other investment income (describe	68	1			
	b Least rental expenses	61			1	
	a Net reptal income or (loss) (subtract light from the fi				6c	
	7. Other investment income (describe	c.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
R	V Other investment income (describe	(A) Securities	(B) O	ther		· · · · · · · · · · · · · · · · · · ·
REVENUE	8a Gross amount from sales of assets other than inventory	88	+ <u>`</u> -		·	
N	<b>b</b> Less: cost or other basis and sales expenses	81				
Ε	c Gain or (loss) (attach schedule).	80	<del></del>			
	d Net gain or (loss) (combine line 8c, columns (A) and (B				8d	
	a Gross revenue (not including \$ 70, 24	of contributions			The second secon	
		۱ ۵	al 1	10,000.	. 최	
	reported on line 1a)b Less: direct expenses other than fundraising expenses			68,320.		
	c Net income or (loss) from special events (subtract line			EMENT. 1	9c	41,680.
	10a Gross sales of inventory, less returns and allowances.		1			
	b Less: cost of goods sold					
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtr				10c	
					11	4,230.
						908,757.
	11 11 17					438,498.
E	13 Program services (from line 44, column (B))				14	381,920.
EXPENSES	15 Fundraising (from line 44, column (D))				15	108,876.
Ñ S	16 Payments to affiliates (attach schedule)				16	
Ĕ S	17 Total expenses (add lines 16 and 44, column (A))				17 2,	929,294.
_	18 Excess or (deficit) for the year (subtract line 17 from li	ne 12)			18	-20,537.
	21	line 73. column (A))				133,287.
N E T	20 Other changes in net assets or fund balances (attach	explanation)	SEE STAT	EMENT2		64,112.
	5 21 Not accept or fund halances at end of year (combine)				21 1.	176,862.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 3 (cash \$ 112,504. non-cash \$					
23	If this amount includes foreign grants, check here	22 23	112,504. 56,522.	112,504. 56,522.		
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	211,689.	173,345.	29,375.	8,969.
26	Other salaries and wages	26	1,597,187.	1,307,880.	221,634.	67,673.
27	Pension plan contributions	27				
28	Other employee benefits	28	161,059.	133,313.	21,693.	6,053.
29	Payroll taxes	29	129,631.	107,300.	17,460.	4,871.
30	Professional fundraising fees	30				
31	Accounting fees	31	10,349.	7,117.	3,123.	109.
32	Legal fees	32	· · · · · · · · · · · · · · · · · · ·			
33	Supplies	33	101,658.	90,413.	9,567.	1,678.
34	Telephone	34	22,646.	15,842.	3,750.	3,054.
35	Postage and shipping	35	5,094.	3,563.	844.	687.
36	Occupancy	36	-,			
37	Equipment rental and maintenance	37	79,344.	67,409.	8,749.	3,186.
38	Printing and publications	38	36,471.	25,513.	6,040.	4,918.
39	Travel	39	20,309.	16,762.	2,470.	1,077.
40	Conferences, conventions, and meetings	40				
41	Interest	41	21,827.	46.	21,781.	
42	Depreciation, depletion, etc (attach schedule)	42	87,998.	82,435.	4,087.	1,476.
43	Other expenses not covered above (itemize):		2.,,50.5.			
	SEE STATEMENT 5	43 a	275,006.	238, 5.4	31,347.	5,125.
	)	43 b	2,0,000	- (0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	`	43 c	1			
	'	43 d	~1 H			
		43e	コレン			
1	•	<b>R</b>		·····		
	'	3 g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,929,294.	2,438,498.	381,920.	108,876.
	t Costs. Check. If you are following					
Are	any joint costs from a combined educationa	l camp	paign and fundraising so	licitation reported in (B)	Program services?	. ► Yes X No
If 'Y	es,' enter (i) the aggregate amount of these	joint o	costs \$	; (ii) the a	mount allocated to Prog	ram services
\$		ocated	I to Management and ge	neral \$	; and (iv) th	ne amount allocated
to F	undraising \$ .					

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Form 990 (2005)

# Form 990 (2005) OASIS CENTER, INC. Part III Statement of Program Service Accomplishments

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

please make sure the return is complete and accurate and fully describes, in rait in, the organization's programs and a	ccompnishments.
What is the organization's primary exempt purpose? ► COMPREHENSIVE YOUTH SERVICES	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a RESIDENTIAL SERVICES - EMERGENCY SHELTER AND LONG TERM RESIDENTIAL	
CARE; COUNSELING EDUCATIONAL SERVICES AND ADVOCACY WERE PROVIDED TO	
RUNAWAY/HOMELESS YOUTH AND THEIR FAMILIES	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	1,163,376.
b COUNSELING SERVICES - INDIVIDUAL & FAMILY COUNSELING SESSIONS THAT	
INCLUDE ANGER MANAGEMENT, MOTHER/DAUGHTER COUNSELING, TEEN LIVING	. ]
SKILLS, AND PARENTING CLASSES FOR TEENS	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	362,830.
c PREVENTION SERVICES - TARGETS AT-RISK YOUTH BY GOING INTO SCHOOLS AND	
CONDUCTING SESSIONS THAT TEACH LIFE SKILLS AND AID IN THE PREVENTION	
AND AWARENESS OF DRUG AND ALCOHOL ABUSE	
	<u>.</u>
(Grants and allocations \$ ) If this amount includes foreign grants, check here	549,330.
d YOUTH LEADERSHIP DEVELOPMENT SERVICES - COMMUNITY WIDE VOLUNTEER	
OPPORTUNITIES FOR TEENS, COMMUNITY SERVICE PROJECTS AND PREVENTION	
GROUPS AT SELECTED AREA SCHOOLS, TRAINING FOR YOU TO ASSESS THEIR	
PEERS IN CRISIS AND TO EDUCATE PEERS WITHIN THE COMMUNITY.	
<u> </u>	<u>.</u> .
(Grants and allocations \$ ) If this am unt include soreign grants, check here	362,962.
e Other program services	
(Grants and allocations \$ 7 th amount includes foreign grants, check here	
f Total of Program Service Expenses (shot de que this e 44, column (B), Program services)	► 2,438,498.
BAA	Form <b>990</b> (2005)

Part IV Balance Sheets (See Instructions)

lote:	Whe	ere required, attached schedules and amounts within tems should be for end-of-year amounts only.	the description	<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	45	Cash - non-interest-bearing		73,260.	45	75,334.		
	46	Savings and temporary cash investments		123,229.	46	135,754.		
	47 a	Accounts receivable	47 a					
		Less: allowance for doubtful accounts	47b	,	47c			
		Ecos. anovarice for adapted accounts						
	48 a	Pledges receivable	175 541					
		Less: allowance for doubtful accounts	48b	127,213.	48 c	175,541.		
		Grants receivable		80,197.	49	167,950.		
Ą	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	у		50			
A S E T S		Other notes & loans receivable (attach sch).	51 a					
Ī		Less: allowance for doubtful accounts						
١,		Inventories for sale or use		52				
		Prepaid expenses and deferred charges	25,038.	53	26,294.			
		Investments – securities (attach schedule)		·	54			
		Investments – land, buildings, & equipment: basis.	55 a					
	b	Less: accumulated depreciation (attach schedule)	55 b		55 c			
-	EG	Investments — other (attach schedule)			56			
		Land, buildings, and equipment: basis	57a 2,288,732.					
			5,0					
- }	b	Less: accumulated depreciation (attach schedule)STATEMENT6	57b 1,090,309.	1.21,966.	57 c	1,198,423.		
-		Other assets (describe		DI	58			
		Total assets (must equal line 74). Add lines 45 throu	igh 58	1,650,903.	59	1,779,296.		
-+		Accounts payable and accrued expenses		160,898.	60	220,490.		
.		Grants payable			61			
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A B		Loans from officers, directors, trustees, and by the year (at ach	(hedule)		63			
Ļ		Tax-exempt bond liabilities (attach sheduls)			64a			
†	04 a	Mortgages and other notes payable (attach schedule)SE	E STATEMENT 7	356,718.	64b	336,944.		
Ë			)		65			
٦		Total liabilities. Add lines 60 through 65		517,616.	66	602,434		
<del>- </del> -			nd complete lines 67					
N E T	, gan	through 69 and lines 73 and 74.	·	1				
Ŧ	67	Unrestricted		1,006,074.	67	1,001,322		
ş		Temporarily restricted		105.010		175,540		
SSETS		Permanently restricted			69			
	Jenan	izations that do not follow SFAS 117, check here ►	and complete lines					
R	Ji yan	70 through 74.						
ξĺ	70	Capital stock, trust principal, or current funds			70			
F UZD	71	Paid-in or capital surplus, or land, building, and equ			71			
	72	Retained earnings, endowment, accumulated incom			72			
Ţ				l .				
8 I	72	Total net assets or fund balances (add lines 67 thro	ough 69 or lines 70 through	1 122 207		1,176,862		
日本上本文の世の	/3	Total net assets or fund balances (add lines 67 thro 72; column (A) must equal line 19; column (B) mus Total liabilities and net assets/fund balances.Add I	t equal line 21)	1,133,287.		1,779,296		

	ort M. A. Doornellisting (D.			62-096	8273 Page <b>5</b>
<u>Ľ</u>	art IV-A Reconciliation of Reven instructions.)	ue per Audited Financia	al Statements with	Revenue per Retu	rn (See
а	Total revenue, gains, and other support	per audited financial statemer	nts	a	2,979,982.
b	Amounts included on line a but not on F				2,3.3,302.
	1Net unrealized gains on investments		b1	. <del>-</del>	
	2Donated services and use of facilities			2,905.	
	3Recoveries of prior year grants		b3		
	<b>4</b> Other (specify):				
	SEE STM 8		b4	68,320.	
	Add lines <b>b1</b> through <b>b4</b>			b	71,225.
С	Subtract line <b>b</b> from line <b>a</b>			с	2,908,757.
d	Amounts included on Part I, line 12, but		, ,		
	1 Investment expenses not included on P	art I, line 6b	d1		
	2Other (specify):	<b></b>		42.7 1 200.0 1 200.0 1 200.0 1	
	Add lines d1 and d2				
e	Total revenue (Part I, line 12). Add line	s c and d			2,908,757.
1	art IV-B Reconciliation of Expen	ses per Audited Financi	ial Statements wit	h Expenses per Re	turn
а	Total expenses and losses per audited to			a	3,000,519.
b	Amounts included on line a but not on F	•	1 1	0 005	
	1Donated services and use of facilities			2,905.	
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20		b3		
	CDE CMMM O		ام ا	_ 68,320.	1
	SEE STMT 9 Add lines b1 through b4			00, 320. b	71,225.
	Subtract line <b>b</b> from line <b>a</b>				2,929,294.
c d	Amounts included on Part I, line 17, bu	t not on line as	~ ( .U '		2, 323, 234.
u	1 Investment expenses not included on P	art Lline 6h			
	2Other (specify):	art i, iiiic ob			
	Zother (specify).	711DV		J. Grand Communication of the	
	Add lines <b>d1</b> and <b>d2</b>			d	
۵	Total expenses (Part I, line 17). Add lin				2,929,294.
Ě	art V-A Current Officers, Directo				
<u>- ==</u>	or key employee at any time du	uring the year even if they were	e not compensated.) (	See the instructions.)	neer, director, trastee,
		(B) Title and average hours		(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		to position	J	compensation plans	G. 10 11 21 10 20 20 20 20 20 20 20 20 20 20 20 20 20
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_					
SE	SE STATEMENT 10		211,689	. 22,565.	0.
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Form 990 (2005) OASIS CENTER, INC.			62-0968	273	Р	age 6
Part V-A Current Officers, Directors, Tru					Yes	No
75 a Enter the total number of officers, directors, and trustees pe					=	-
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other throug identifies the individuals and explains the relation.	sated professional and In family or business re	other independent contrelationships? If 'Yes.' att	actors listed in Schodule	es • 75t		х
c Do any officers, directors, trustees, or key emp listed in Schedule A, Part I, or highest compens A, Part II-A or II-B, receive compensation from to this organization through common supervision	sated professional and any other organization	other independent contributions, whether tax exempt of	actors listed in Schedule		= <u>-</u>	X
Note. Related organizations include section 509	(a)(3) supporting orga	nizations.				
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the compe related organization	idividuals, explains the nsation arrangements,	relationship between th including amounts paid	s organization and the to each individual by ea	ch	-	
d Does the organization have a written conflict of	interest policy?	<u> </u>	· · · · · · · · · · · · · · · · · · ·	750		
Part V-B Former Officers, Directors, Tru  Benefits (If any former officer, directo during the year, list that person below at the instructions.)	r, trustee, or key empland enter the amount of	oyee received compensation or other	ation or other benefits (de benefits in the appropria	escribed b te column	elow) . See	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot wances	her
					<u> </u>	
		~	<b>Y</b>			
	- 10	CO				
	IBL	CCOE				
<u> </u>	0,					
Part VI Other Information (See the instruc	tions )				Yes	No
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	the iks? if res,		76		X
77 Were any changes made in the organizing or g						X
If 'Yes,' attach a conformed copy of the change						
78a Did the organization have unrelated business g	ross income of \$1,000	or more during the year	covered by this return?	<u>78</u>		X
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78	<u>ы N</u> ,	(A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	action during the		<u>79</u>		Х
80a Is the organization related (other than by associated membership, governing bodies, trustees, office	ers, etc, to any other ex	cempt or nonexempt org	tion) through common anization?	80	a	Х
b If 'Yes,' enter the name of the organization ►  81 a Enter direct and indirect political expenditures.	and c	heck whether it is	xempt or nonexer	mpt. 0.		
b Did the organization file Form 1120-POL for thi					b	X
BAA					m <b>990</b>	(2005)

Part M   Other Information (continued)  22 a Dd It be capacitation receive do control devotes or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  b if "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or a an expense in Part II. (See instructions in Part III.)  b Did the organization comply with the public inspection requirements for returns and exemption applications?  83 a Did the organization comply with the disclosure requirements from the production of pffs that were not tax deductible?  84 a Did the organization comply with the disclosure requirements retaining to quit por quo contributions?  85 of I/C/I/O, (a) or (b) organizations. a Where substantially all dues nondeductible by members?  84 of the organization make only in-house lobbying expenditures of \$2,000 or less?  85 of I/C/I/O, (b) or (b) organizations. a Where substantially all dues nondeductible by members?  85 of I/C/I/O, (b) or (b) organizations. a Where substantially all dues nondeductible by members?  85 of I/C/I/O, (b) or (c) organizations. a Where substantially all dues nondeductible by members?  85 of I/C/I/O, (b) or (c) organizations. a Where substantially all dues nondeductible by members?  85 of I/C/I/O, (b) or (c) organization received a waver for proxy tax owed for the prior year.  95 of I/C/I/O organization organization organization members or short organization received a waver for proxy tax owed for the prior year.  95 of I/C/I/O organization organizat	Form	990 (2005)	OASIS	CENTER	R, IN	C.		6.	2-096827	3	P	age <b>7</b>
substantially less than fair rental value?	-Par	t VI Othe	r Inform	nation (co	ntinue	1)					Yes	No
bif "Yes," you may indicate the value of these items here. Do not include this amount as evenue in Part 1 or as an expense in Part 1 ii. (See instructions in Part 1 iii.)  33a Did the organization comply with the public inspection requirements for returns and exemption applications?  35b X  bid the organization comply with the disclosure requirements relating to quid pro quo contributions?  35b X  85b X	82 a l	Did the organ	nization re	ceive dona	ted ser	vices or the use of materials,	equipment, or facilities a	at no charge or a	at		v	
revenue in Part I or as an expense in Part II. (See instructions in Part III.).  83a Dr. the reganization comply with the gubilic inspection requirements for returns and exemption applications?  83a X  84a Did the organization comply with the disclosure requirements relating to guid pro quo contributions?  84a Did the organization solicit any contributions or gifts that were not tax deductible?  85 501/c/(3/, 6), or (6) organizations are substantially all dues nondeductible by members?  85 501/c/(3/, 6), or (6) organizations. a Were substantially all dues nondeductible by members?  85 50 N/A  85 501/c/(3/, 6), or (6) organizations. a Were substantially all dues nondeductible by members?  85 50 N/A  85 1 N/A  85 50 N/A  86 50 N/A  86 50 N/A  87 50/c/(7) organizations elect to pay the section 6033(e) tax on the amount on line 85/f to the section 6033(e) tax on the amount on line 85/f to the section 6033(e) tax on the amount on line 85/f to the section 6033(e) tax on the amount on line 85/f to the section 6033(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 85/f to the section 603(e) tax on the amount on line 8		•							• • • • • • • • • • • • • • • • • • • •	82a	X	77.75
83a bit the organization comply with the public inspection requirements for returns and exemption applications?  83b X  83b bit the organization comply with the disclosure requirements relating to quid pro que contributions?  83b X  83b bit "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  85b 501(c)(A), (5), or (6) organizations. A Were substantially all dues nondeductible by members?  85b bit the organization microlle with every solicitation an express statement that such contributions or gifts were not tax deductible?  85b bit the organization make only in-house lobbying expenditures of \$2,000 or less?  85b N/A  85b bit the organization make only in-house lobbying expenditures of \$2,000 or less?  85c N/A  85b N/A  85c N	b	lf 'Yes,' you	may indica	ate the valu	e of th	ese items here. Do not include	e this amount as	82h	2 905		i d	
b Did the organization comply with the disclosure requirements relating to guid pro quo contributions?  84a Did the organization solicit any contributions or gifts that were not tax deductible?  85 bif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  85 501(2/0) (5) or (6) organizations. a Were substantially all dues nondeductible by members?  85 bif Yes, was answered to either 85a or 85h, do not complete 85c through 85h below unless the organization received a wiver for proxy lax owed for the prior year.  c Dues, assessments, and similar amounts from members.  85 c				•		•	,			83a	х	
b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not lax deductible?  85 507(c)(4), 6), or (6) organizations. a Were substantially all dues nondeductible by members?  85 a) N/A  b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  85 b) N/A  b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  85 b) N/A  b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  85 b) N/A  b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  c Dues, assessments, and similar amounts from members  e Aggregate nondeductible amount of section 6033(e)1(A) dues notices  55 c) N/A  f Taxable amount of lobbying and political expenditures (ince 85d less 85e)  g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  If Taxable amount of lobbying and political expenditures of the delinent between the organization agree to add the amount on line 85f to its resonable estimate of dues discable to endeductible belonging and political expenditures for the dileowing to sysaf.  85 b) N/A  86 b) N/A  B Cost sreceipts, included on line 12, for public use of club facilities  87 b) N/O(c)(2) organizations. Enter: a linitation fees and capital contributions included on line 12.  b Gross receipts, included on line 12, for public use of club facilities  87 b) N/A  88 At any time during the year, did the organization own a 50% or greater interest in a a signal political expenditure of the programations of the organizations of the signal political expenditure and the organization under Regulations of Sala Doraghon or partnership.  c Enter: Amount of tax imposed on the organization managers or disqualities  c Enter: Amount of tax imposed on the organization managers or disq		-				· ·	•			-		
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or an entity disregarded as separate from the organization under Regulations 2.016.30 7.01-2 and 301.701-3?  If Yes,' complete Part IX.  88	b	Gross incom against amo	ne from oth ounts due (	her sources or received	. (Do n from th	ot net amounts due or paid to iem.)			N/A			
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b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).  90b 73  91a The books are in care of  KIMBERLY REESE Telephone number  615-327-4455  Located at  1221 16TH AVENUE SOUTH, NASHVILLE TN ZIP + 4 37212  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c X  16 'Yes,' enter the name of the foreign country   92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Form 991 (2005)		vear under s	sections 4	912, 4955,	and 49	58						
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).  90b 73  91a The books are in care of  KIMBERLY RESE	d	Enter: Amoi	unt of tax	on line 89c	, above	, reimbursed by the organizat						<del>- •</del>
91a The books are in care of   KIMBERLY REESE  Located at   1221 16TH AVENUE SOUTH, NASHVILLE TN  B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  C At any time during the calendar year, did the organization maintain an office outside of the United States?  91c	90 a	List the stat	es with wi	nich a copy	in the	return is filed IN				90b	T	<del>-</del> - <del>-</del> <del>-</del> <del>-</del> - <del>-</del> <del>-</del>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  N/A  Form 990 (2005)	D 01 a	The books of	employees	of ► KT	MRER	TY REESE	Telephone nu	ımber ► 61	5-327-44	55		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  N/A  Form 990 (2005)	31 a	Incated at >	1221 1	6TH AVI	INUE	SOUTH, NASHVILLE T	· · · · · · · · · · · · · · · ·	ZIP -	+4 > 3721	$\frac{1}{2}$		- <b></b>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  N/A  In the calendar year, did the organization maintain an office outside of the United States?  N/A  N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Section 4947(a)(1) nonexempt interest received or accrued during the tax year.											Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  N/A  In the calendar year, did the organization maintain an office outside of the United States?  N/A  N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Section 4947(a)(1) nonexempt interest received or accrued during the tax year.	b	At any time financial ac	count in a	e calendar : foreign col	year, a untry (s	d the organization have an in uch as a bank account, secur	ities account, or other fir	nancial account)	?	. 91 t	,	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  1f 'Yes,' enter the name of the foreign country  2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  N/A  Some 100 (2005)												Ė
Financial Statements  c At any time during the calendar year, did the organization maintain an office outside of the United States?  If 'Yes,' enter the name of the foreign country  92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  N/A  In the section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A  Section 4947(a)(1) nonexempt interest received or accrued during the tax year.												
If 'Yes,' enter the name of the foreign country ►  92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A. ► □  and enter the amount of tax-exempt interest received or accrued during the tax year.  ► 92 N/A		Financial St	tatements							2-		-
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here.  N/A. Land enter the amount of tax-exempt interest received or accrued during the tax year.  N/A. Land enter the amount of tax-exempt interest received or accrued during the tax year.	c										<u> 1 </u>	<u> </u>
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A		If 'Yes,' ent	er the nan	ne of the fo	reign c	ountry				- NT	/ <b>Z</b>	▶ □
Earm 000 (2005)	92	Section 494	4/(a)(1) no	onexempt c	naritab mpt :	re trusts tiling Form 990 in lie	ing the tay year	11016	►  92	· · · TA\	α	
	ВАА		ne arnoun	i oi tax-exe	inpt int	erest received or accrued dur	ing the tax year			For	m <b>990</b>	

$\ell \sim 0.0390$	diens OASIS CENTER, INC	•			62 - <u>0</u> 968	273 - Page 8
Part VII	Analysis of Income Producing	g Activities	dete the ardinchers (			
Note: Ente	er gross amounts unless indicated.	Utorigials (A) Business code	d for nieus, nicome (B) Amorail	Lizeforded by so (C) Early on code	ection 512, 513, or 514 (D) America'	(E) Related or exempt turidsin vacoum
	omena e receptovenu LTENT FEES					12,103.
	ORKSHOPS					7,013.
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e		,				
	dicareMedicaid payments  8 contacts from government agencies					
	embership does and arcagousants					
	eest op cayings & temporary cash rayinds - victorials & roteriest from secondies -			14	3,858.	
	restal income or (loss) from real estate:			100000000000000000000000000000000000000		
	bt Insucced property					
	t debt teams of property rental mome or (1933) from pers prop					*****
	her investment income					
	an or (loss) from sales of assets— ner (han inventory)	!			'	
	maning or (less) from special events			1	41,680.	
	be profit or (tops) from pages of inventory.  Then ineventuals: a		A Commission of the Commission		-gendenggygregg romer i granne en deterbiede - destribités et en de 1911 et	
	ISCELLANEOUS INCOME		A CONTRACTOR OF THE CONTRACTOR	1	4,230.	
c	manara and an analysis of the second of					
е	A REAL PROPERTY CONTRACTOR CONTRA					
	itetal (add columns (B), (D), and (E))	La constant			49,768.	- 19,116.
	tal (add line 104, columns (B), (D),					68,884.
	105 plus line 1d, Part I, should equ					
Britisher to Maria and a	Relationship of Activities		An		Ses (See the instruction	
Line No.	Explain how each activity for which of the organization's exempt purp	th income is recovered.	anortes in cd us of () o un () ponds grands fo	f Part VII contrib or such purposes	uted importantly to the . ).	accomplishment
93A	FEES FOR INDIVIDUAL,		AMILY COUN	SELING		
938	WORKSHOP FEES FOR TRA FAMILIES	AL ANC DI	HER YOUTH SERV	TCE WORKER	S DEALING WITH	TEENS AND
Part IX	Information Regarding Ta	xable Subs	idiaries and Disre	garded Entiti	es (See the instruction	ns.)
Typesian - Tellinos 300s (\$1 Most Brill Inde	(A)	(B)	((	<b>3</b> )	(D)	(E)
	, address, and EIN of corporation, dreamhip, or disregarded entity	Percentag ownership is		activities	Lotal income	End-of/year assets
N/A	See	34440741191	&			Water to the Control of the Control
			% %	······································	manner over the contract of th	·
	Character of the section of the sect		() ()	anders and the second of the s	grampi, v. 195 rigis da pastala responsa a respensa de la compansa de la compansa de la compansa de la compansa	
Part X	Information Regarding Tr	ansters As		onal Benefit	Contracts (See the	instructions.)
<b>b</b> Did t	ic organization, diming the year, receive any h the organization, during the year, pa If 'Yes' to <b>(b)</b> , tile Form 8870 and Fo	ay premiums, (	directly or indirectly, on			Yes X No
	Under penalties of parent, I declare that Fir him, correct, and complete, Declaration of p	ave examined (fin organica (rithin fina)	relain, sociuling accompanyo sallies vyk hapet on all etterii	) selectation and states about of which propore	ments, and to the host of my kr in has any knowledge	nowledge and belief, it is
Please	- um ra	IW F				H1
Sign Here	- Kimberty Ra	eese	VP of Open	ations	Liste 27	07
Paid	Fireparers			Unte	Clauk d	reparats 50N or PTIN (See leng N loston, los W)
Pre-	segnature 📂	AN CHOTT	ADD DITC		employed - N	I/A
parer's Use	Frests name (es. FRASTER, DE pours of soil employed) = 3310 WEST E	AN & HOWN			un - N/A	
Only	NASHVILLE,	TN 37203			Francisc > (61	5) 383-6592
BAA					TEFAGIOPI 1609A	ns Form <b>990</b> (2005)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

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

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

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Name of the organization Employer identification number 62-0968273 OASIS CENTER, Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (b) Title and average (d) Contributions (a) Name and address of each (c) Compensation (e) Expense to employee benefit plans and deferred employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 vp¶of service (c) Compensation UBLICCO NONE Total number of others receiving over \$50,000 for professional services. Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services...

Sche	dule	<b>A</b> (Form 990 or 990-EZ) 2005 OASIS CENTER, INC. 62-0968273	3	F	age 2
Par	t III	Statements About Activities (See instructions.)		Yes	No
1	to i or i	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities \$\sum_N/A\$ is equal amounts on line 38, Part VI-A, or line \$\mathbf{i}\$ of Part VI-B.).	1		x
	Org	panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.	2		
2	sub	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	Target And S		
a	Sal	e, exchange, or leasing of property?	2a		X
t	<b>Le</b> r	nding of money or other extension of credit?	2b		_X_
		nishing of goods, services, or facilities?	2c		X
		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
6	Tra	nsfer of any part of its income or assets?	2e		X
	exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an planation of how you determine that recipients qualify to receive payments.)	3a		Х
t	Do Du	you have a section 403(b) annuity plan for your employees?ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3b 3c		X
48	Dic	you maintain any separate account for participating donors where donors have the right to provide advice			
		the use or distribution of funds?	4a 4b		X
Pai		you provide credit counseling, debt management, credit repair, or debt negotiation services?	40		
5 6 7 8 9		Inization is not a private foundation because it is: (Please check only ONE (optical of ox.)  A church, convention of churches, or association of churches. Section 170(b,(r)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete: a) V  A hospital or a cooperative hospital service organization. Lection 170(b)(1)(A)(iii).  A Federal, state, or local government region mental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's rand state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general purport of the Support Schedule in Part IV-A.)	 70(b)(		 (iv).
111	ьГ	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	Ē	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)	its su	poort	ots
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) box that describes the type of supporting organization: Type 1 Type 2 Type 3	nizatio . Che	ns ck the	
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	<b>(b)</b> Li fror	ne nu n abo	
14	Г	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			
BA	_	TEEA0402L 08/09/05 Schedule A (Form 990 or F	orm 9	90-E	2) 2005

	ndar year (or fiscal year nning in)	<b>(a)</b> 2004	<b>(b)</b> 2003	(c) 2002	<b>(d)</b> 2001	<b>(e)</b> Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,170,839.	1,930,947.	2,093,721.	2,358,904.	8,554,411.
	Membership fees received					0.
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	114,227.	173,262.	24,938.	26,148.	338,575.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 51) taxes) from businesses acquired by the organization after June 30, 1975	2,288.	2,142.	2,107.	5,308.	11,845.
19	Net income from unrelated business activities not included in line 18					0.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 11	5,216.	31,966.	- AP	11,757.	59,880.
23	Total of lines 15 through 22	2,292,570.	2,138,317.	2, 31, 707.	2,402,117.	8,964,711.
24	Line 23 minus line 17	2,178,343.	1,965 055.	,106,769.	2,375,969.	8,626,136.
	Enter 1% of line 23		21.00.	21,317.	24,021.	
	Organizations described on lines			olumn (e), line 24		172,523.
	5 Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2001 through 2004 exceeds	ed the amount shown in lin	ne 26a. Do not file this list v	vith your ≥ 26b	555,058.
	Total support for section 509(a)(1	) test: Enter line 24, co	olumn (e)		▶ <u>26 c</u>	<u>8,626,136.</u>
,	d Add: Amounts from column (e) fo	r lines: 18 22	11,845. 59,880.	19 26b 555,0	58. 26d	626,783.
	Public support (line 26c minus lin	e 26d total)	33,000.	200		7,999,353.
	Public support percentage (line					92.73 %
27	Organizations described on line a For amounts included in lines 15 name of, and total amounts recei such amounts for each year:	12: N/A 16, and 17 that were wed in each year from,	received from a 'disq each 'disqualified po	qualified person,' prepa erson.' <b>Do not file this</b>	re a list for your recor list with your return.	Enter the sum of
	(2004)	(2003)	(2002) _		_ (2001)	
	bFor any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	t received for each yea zations described in lir tween the amount receiver.	ir, that was more than nes 5 through 11b, as eived and the larger	in the larger of (1) the s well as individuals.) [ amount described in (	amount on line 25 for Do not file this list wit 1) or (2), enter the sur	r the year or (2) th your return. m of these
	(2004)	(2003)	(2002) _		_ (2001)	
	(2004) c Add: Amounts from column (e) for 17 d Add: Line 27a total	or lines: 15		16		
	17	20	d l'ac 07h total	21	27c	
	d Add: Line 2/a total	an	d line 2/b total		270	
	F Total support for section 509(a)(	us lille 270 (o(a)) N test: Enter amount fi	rom line 23 column	(e) ► 27f	276	
	g Public support percentage (line	27e (numerator) divide	ed by line 27f (denon	ninator))	► 27g	8
						<del>`</del>
	h Investment income percentage (				) ▶ 27h	

Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 30 and scholarships?.... Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?. 32 a **b** Records documenting that scholarships and other financial assistance are awarded on a racially c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... 32 c 32 d d Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) PUBLIC COF 33 Does the organization discriminate by race in any way with respect to: 33 a a Students' rights or privileges?... 33b **b** Admissions policies?... c Employment of faculty or administrative star 33 c 33d d Scholarships or other financial assistance?..... 33e e Educational policies?..... 33f f Use of facilities?..... 33 g g Athletic programs?..... 33h h Other extracurricular activities?.... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . 34 a 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation...

Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(1)	o be completed ONLY by	y an eligible organization	that filed Form 5/68	3)	N/A
_					

Chec	ck ▶ a if the organization belongs to an affiliated group. Check ▶ b if you	check	ed 'a' and 'limited contr	ol' provisions apply.
	Limits on Lobbying Expenditures  (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing
		20		organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)			
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			The state of the s
	If the amount on line 40 is — The lobbying nontaxable amount is —		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Not over \$500,000	i.		
	Over \$500,000 but not over \$1,000,000		-	
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50.)

			Lobbying Expend	ditures During 4 -Year A	Averaging Period	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2005	<b>(b)</b> 2004	(c)O	(d) 2002	<b>(e)</b> Total
45	Lobbying nontaxable amount		,all	<i>J</i>		
46	Lobbying ceiling amount (150% of line 45(e))	The second secon	UD-		F. 1911 F. 1911 1911 (1911)	
47	Total lobbying expenditures					
48	Grassroots non-taxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers.  b Paid staff or management (Include compensation in expenses reported on lines c through h.)  c Media advertisements.	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	
c Media advertisements	
d Mailings to members, legislators, or the public	
e Publications, or published or broadcast statements	
f Grants to other organizations for lobbying purposes	
g Direct contact with legislators, their staffs, government officials, or a legislative body	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	
i Total lobbying expenditures (add lines c through h.)	

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

# Schedule A (Form 990 or 990-EZ) 2005 OASIS CENTER, INC. 62-0968273 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization of Code (other than section	directly or inc	directly engage in any of the following ganizations) or in section 527, relati	g with any other organization described	in section	501(0	:)
			a noncharitable exempt organization	- · ·		Yes	No
				· · · · · · · · · · · · · · · · · · ·	51 a (i)		X
(ii) Ot	her assets				a (ii)		Χ
	transactions:						
					b (i)		<u>X</u>
					b (ii)		X
					b (iii)		X
					b (iv)		X
				•••••	b (v)		X
					b (vi)		X
<b>d</b> If the a	answer to any of the above	ve is 'Yes.' c	omplete the following schedule. Colu	ımn (h) should always show the fair mar	C ket value	of	_ <u></u>
the go	ods, other assets, or serv	vices given b	by the reporting organization. If the o	umn (b) should always show the fair mark rganization received less than fair mark ods, other assets, or services received:	et value ir	ווי	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d)  Description of transfers, transactions, and s			
N/A			,	and the second s			<u> </u>
N/ A	<del></del>						
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			101				
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		\					
<b>52a</b> Is the descri	organization directly or in bed in section 501(c) of t	ndirectly affil he Code (oth	iated with, or related to, one or more ner than section 501(c)(3)) or in sect	tax-exempt organizations	► ☐ Ye	s X	No
b If 'Yes	,' complete the following	schedule:		· · · · · · · · · · · · · · · · · · ·			
	(a) Name of organization		(b) Type of organization	(c) Description of relation	chin		
	Name of organization		Type of organization	Description of relation	2011h		
N/A							
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BAA				Schedule A (Form	990 or 9	90-EZ	2005

2005	FEDERAL STATEMENTS	PAGE 1
	OASIS CENTER, INC.	62-096827
STATEMENT 1 FORM 990, PART I, L NET INCOME (LOSS)	LINE 9 ) FROM SPECIAL EVENTS	
SPECIAL EV	LESS LESS GROSS CONTRI- GROSS DIRECT VENTS RECEIPTS BUTIONS REVENUE EXPENSES	NET INCOME (LOSS)
DIVA'S NASH VEGAS	TOTAL $\frac{180,240.}{\$ 180,240.}$ $\frac{70,240.}{\$ 70,240.}$ $\frac{110,000.}{\$ 110,000.}$ $\frac{68,320}{\$ 68,320}$	41,680 \$ 41,680
	N NET ASSETS OR FUND BALANCES  T DUE TO MERGER  TOTAL \$	64,112. 64,112.
STATEMENT 3 FORM 990, PART II, I GRANTS AND ALLO	LINE 22 CATIONS  ALLOCATIONS  CRANE CALABARATION	
CASH GRANTS AND A	ALLOCATIONS CONTINUE	
CLASS OF ACTIVITY DONEE'S NAME: DONEE'S ADDRESS:	Y: GPANT CCL ABORATION VA DA ON NASHVILLE A O BOX 40652 NASHVILLE, TN 37204	
AMOUNT GIVEN:		\$ 27,831
CLASS OF ACTIVITY DONEE'S NAME:	FAMILY & CHILDREN SERVICES	
DONEE'S ADDRESS:		
AMOUNT GIVEN: CLASS OF ACTIVITY DONEE'S NAME:	Y: GRANT COLLABORATION TN COMM. ON CHILDREN & YOUTH	79,673
AMOUNT GIVEN: CLASS OF ACTIVITY	Y: GRANT COLLABORATION TN COMM. ON CHILDREN & YOUTH	
AMOUNT GIVEN: CLASS OF ACTIVITY DONEE'S NAME: DONEE'S ADDRESS:	Y: GRANT COLLABORATION TN COMM. ON CHILDREN & YOUTH 710 JAMES ROBERTSON PKWY, 9TH	79,673 5,000 \$ 112,504
AMOUNT GIVEN:  CLASS OF ACTIVITY DONEE'S NAME: DONEE'S ADDRESS:  AMOUNT GIVEN:  STATEMENT 4 FORM 990, PART II, I	GRANT COLLABORATION TN COMM. ON CHILDREN & YOUTH 710 JAMES ROBERTSON PKWY, 9TH NASHVILLE, TN 37243  TOTAL GRANTS AND ALLOCATIONS	5,000

2005

## **FEDERAL STATEMENTS**

PAGE 2

OASIS CENTER, INC.

62-0968273

STATEMENT 5 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES BEEPERS & CELL PHONES CLOTHING	3,449. 1,514. 120,060.	2,060. 1,059. 120,060.	963. 251.	426. 204.
DUES INSURANCE INSURANCE MISCELLANEOUS PROFESSIONAL FEES SUBSCRIPTIONS TRAINING UTILITIES	4,568. 26,101. 1,902. 62,098. 910. 10,308. 44,096.	2,729. 21,594. 1,136. 42,702. 637. 6,381. 40,176.	1,275. 4,035. 531. 18,739. 151. 2,177. 3,225.	564. 472. 235. 657. 122. 1,750. 695.
0111111111	TOTAL \$ 275,006.	\$ 238,534.	\$ 31,347.	\$ 5,125.

STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		POSIS	A.CUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION MACHINERY AND EQUIPMENT BUILDINGS LAND MISCELLANEOUS	EQUIPMENT \$  TOTAL \$  \[ \begin{align*} \text{\begin{align*} \text{\bext{\begin{align*} \text{\begin{align*} \text{\begin{align*} \text	384,922. 1,566,182. 249,412. 18,500. 2,288,732.	51,333. 320,640. 718,336. 0. 1,090,309.	\$ 18,383. 64,282. 847,846. 249,412. 18,500. \$ 1,198,423.

STATEMENT 7 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE
FIRST TENNESSEE BANK

<u>BALANCE DUE</u> \$ 336,944.

336,944.

TOTAL \$

STATEMENT 8 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

SPECIAL EVENT EXPENSES \$68,320TOTAL \$68,320

005	FEDERAL STATEMENT	S	P	AGE 3
	62	2-0968273		
STATEMENT 9 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS  SPECIAL EVENTS EXPENSES				3,320. 3,320.
STATEMENT 10 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, T	RUSTEES, AND KEY EMPLOYE	ES		
		COMPEN- BU	TION TO ACC	PENSE COUNT/
NAME AND ADDRESS	PER WEEK DEVOTED YOUTH REP. \$			THER
TRICIA HASSENFELD	1001H REP. \$	0. \$	0. \$	0.
NASHVILLE, TN	DOADD WEVDED	^	0	
STEPHANIE BAILEY, MD	BOARD MEMBER 1	0.	0.	0.
NASHVILLE, TN		~\	•	•
VINCE DURNAN	BOARD MEMBER	16 i	0.	0.
NASHVILLE, TN	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  1	<b>,</b>	_	
DON CALLAWAY	BOAR MEMBER 1	0.	0.	0 .
OLD HICKORY, TN	OD.		•	
JULIE FRIST	BOARD MEMBER 1	0.	0.	0
NASHVILLE, IN			_	
JAMES HITCHCOCK	BOARD MEMBER 1	0.	0.	0
NASHVILLE, TN				
MAGGIE BOND	BOARD MEMBER 1	0.	0.	0
NASHVILLE, TN				
GREG BAILEY	PRESIDENT ELECT 1	0.	0.	0
BRENTWOOD, TN				
MICHAEL HOLLIS	YOUTH REP. 1	0.	0.	0
NASHVILLE, TN	-			
RUSS JONES	SEC./TREAS. 1	0.	0.	0
NASHVILLE, TN	_			

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# **FEDERAL STATEMENTS**

PAGE 4

OASIS CENTER, INC.

62-0968273

## STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KEVIN GANGAWARE	BOARD MEMBER \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
S. TODD CALLAHAN, MD	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			i
PHILLIP BURNETT, JR.	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
JASON DINGER	PRESIDENT	0.	0.	0.
NASHVILLE, TN	1			
JESSICA HORNE	BOARD MEMBER	_J	0.	0.
FRANKLIN, TN		UB1		
JAMES KELLEY	BOARD MEMLER	0.	0.	0.
NASHVILLE, TN	BOARD MEMBER 1  BOARD MEMBER 1  BOARD MEMBER 1			
FRANDALERSTAR MARTIN	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
SUZANNE REED	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
MARJEAN CODDON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
LINDA KARTOZ-DOOCHIN	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	1			
DEXTER SAMUELS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
POLLY J. NICHOLS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			

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# **FEDERAL STATEMENTS**

PAGE 5

OASIS CENTER, INC.

62-0968273

#### STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. SHELIA PETERS	BOARD MEMBER \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
KEN ROBOLD	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
ROBERT JACKSON	YOUTH REP.	0.	0.	0.
NASHVILLE, TN	1			
BREONUS M. MITCHELL, SR.	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	1			
TIM RICHARDSON	BOARD MEMBER	_\J.	0.	0.
NASHVILLE, TN		JP1		
HAL CATO		97,920.	10,633.	0.
NASHVILLE, TN	BOARD MEMBER 1			
JOHN M. STEELE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
MICHAEL MCSURDY	VP OF PROGRAM	62,779.	5,145.	0.
NASHVILLE, TN	40			
JUDY FREUDENTHAL	DIR PREV SVCS	50,990.	6,787.	0.
NASHVILLE, TN	40			
	TOTAL §	211,689.	\$ 22,565.	\$ 0.

#### STATEMENT 11 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISCELLANEOUS TOTAL	\$ 5,216. \$ 5,216.	\$ 31,966. \$ 31,966.		\$ 11,757. \$ 11,757.	\$ 59,880. \$ 59,880.

2005 FEDERAL EXEMPT ORGAN	PAGE 1		
OASIS CENT	62-0968273		
REVENUE	2005	2004	DIFF
CONTRIBUTIONS, GIFTS, AND GRANTS PROGRAM SERVICE REVENUE. INTEREST ON SAVINGS/TEMP CASH INVEST NET RENTAL INCOME (LOSS) NET INCOME (LOSS) - SPECIAL EVENTS OTHER REVENUE	2,839,873 19,116 3,858 0 41,680 4,230	2,280,110 21,477 2,117 171 16,258 5,216	559,763 -2,361 1,741 -171 25,422 -986
TOTAL REVENUE	2,908,757	2,325,349	583,408
EXPENSES PROGRAM SERVICES MANAGEMENT AND GENERAL FUNDRAISING	2,438,498 381,920 108,876	1,917,271 374,825 91,038	521,227 7,095 17,838
TOTAL EXPENSES	2,929,294	2,383,134	546,160
NET ASSETS OR FUND BALANCES  EXCESS OR (DEFICIT) FOR THE YEAR  NET ASSETS/FUND BAL. AT BEG. OF YEAR  OTHER CHANGES IN NET ASSETS/FUND BAL  NET ASSETS/FUND BAL. AT END OF YEAR	-20,537 1,133,287 64,112 1,176,862	-57,785 1,191,072 0 1,133,287	37,248 -57,785 64,112 43,575

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2005	FEDERAL WORKSHEETS	PAGE 1
	OASIS CENTER, INC.	62-0968273
RENTAL INCOME W	ORKSHEET	
GROSS RENTAL EXPENSES	INCOME\$	0.
	SS \$	0.
	NET RENTAL INCOME OR LOSS \$	0.

 CONTRIBUTOR
 2004
 2003
 2002
 2001
 TOTAL

THE FRIST FOUNDATION \$ 127,250. \$ 190,050. \$ 198,756. \$ 211,525. \$ 727,581.

TOTAL \$ 727,581.

LINE 26A X 1 (# OF CONTRIBUTORS) -172,523.

EXCESS CONTRIBUTIONS \$ 555,058.

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### FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

OASIS CENTER, INC.

62-0968273

990, PART II, LINE 42 DEPRECIATION ON PROPERTY

LAND, BUILDING, AND EQUIPMENT ARE RECORDED AT COST OR FAIR MARKET VALUE AT DATE OF GIFT. DEPRECIATION OF BUILDING AND EQUIPMENT IS PROVIDED OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS (RANGING FROM THREE TO THIRTY YEARS) ON A STRAIGHT-LINE BASIS. THE CENTER GENERALLY CAPITALIZES AN ASSET IF ITS LIFE IS ESTIMATED TO BE ONE YEAR OR GREATER AND THE COST IS \$500 OR GREATER.

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