

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)

# 2012

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

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE OASIS INSTITUTE</b> <b>7710 CARONDELET AVE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>125</b>		<b>D</b> Employer identification number <b>43-1830354</b>
	City, town, or post office, state, and ZIP code <b>SAINT LOUIS, MO 63105</b>		<b>E</b> Telephone number <b>314-862-2933</b>
	<b>F</b> Name and address of principal officer: <b>MARCIA KERZ</b> <b>7710 CARONDELET AVE. STE 125, ST LOUIS, MO</b>		<b>G</b> Gross receipts \$ <b>8,075,047.</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ <b>3791</b>
<b>J</b> Website: ▶ <b>WWW.OASISNET.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
			<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>MO</b>

### Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... 24
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... 24
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) ..... 0
	6	Total number of volunteers (estimate if necessary) ..... 2615
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34 ..... 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) ..... 3,041,005.
	9	Program service revenue (Part VIII, line 2g) ..... 277,529.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 50,172.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 2,663.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 3,371,369.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 1,359,035.
	14	Benefits paid to or for members (Part IX, column (A), line 4) ..... 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 1,521,815.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... 138,125.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>410,907.</u>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 1,320,346.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 4,339,321.
19	Revenue less expenses. Subtract line 18 from line 12 ..... -967,952.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) ..... 6,353,942.
	21	Total liabilities (Part X, line 26) ..... 449,377.
	22	Net assets or fund balances. Subtract line 21 from line 20 ..... 5,904,565.

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date	
	▶ <b>MARCIA KERZ, PRESIDENT</b> Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00325547</b>
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>		
	Firm's address ▶ <b>ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105</b>	Phone no. (314) 290-3300		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O

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

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

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

**4a** (Code: ) (Expenses \$ 2,218,996. including grants of \$ 894,806.) (Revenue \$ 56,291.)  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 588,476. including grants of \$ 20,730.) (Revenue \$ 47,762.)  
SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 742,515. including grants of \$ 212,230.) (Revenue \$ 5,545.)  
SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 413,144. including grants of \$ 17,553.) (Revenue \$ 340,302.)

**4e** Total program service expenses **▶** 3,963,131.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 64		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	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>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</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)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 24 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>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**DAWN ANDERSON - (314) 862-2933**  
**7710 CARONDELET AVE. STE 125, ST LOUIS, MO 63105**

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

Check if Schedule O contains a response to any question 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 trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARYLEN MANN DIRECTOR	1.00	X						0.	0.	0.
(2) FRANKLIN A. JACOBS DIRECTOR	1.00	X						0.	0.	0.
(3) FRAN E. KAISER, MD DIRECTOR	1.00	X						0.	0.	0.
(4) CINDY BRINKLEY CHAIRMAN	1.00	X		X				0.	0.	0.
(5) CAROLYN W. LOSOS DIRECTOR	1.00	X						0.	0.	0.
(6) STEVEN B. MILLER, MD DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID J. NEWBURGER TREASURER	1.00	X		X				0.	0.	0.
(8) SAMUEL R. NUSSBAUM, MD VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(9) MAXINE L. ROCKOFF, PH.D. VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(10) SANFORD J. ZIMMERMAN LIFETIME DIRECTOR	1.00	X						0.	0.	0.
(11) SHARON BRANGMAN DIRECTOR	1.00	X						0.	0.	0.
(12) JO ANN ARNOLD SECRETARY	1.00	X		X				0.	0.	0.
(13) JEFFREY BALIBAN DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN P. LYNCH, MD DIRECTOR	1.00	X						0.	0.	0.
(15) EDWARD LAWLOR, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(16) JIM HINTERLONG, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(17) KARYNE JONES DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL WAGMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) MATTHEW GEEKIE DIRECTOR	1.00	X					0.	0.	0.	
(20) JAY GREENBERG DIRECTOR	1.00	X					0.	0.	0.	
(21) DEBRA HOLLINGSWORTH DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID CLARK DIRECTOR	1.00	X					0.	0.	0.	
(23) MARY MASON DIRECTOR	1.00	X					0.	0.	0.	
(24) TONY SALAZAR DIRECTOR	1.00	X					0.	0.	0.	
(25) MARCIA KERZ PRESIDENT	45.00 5.00			X			175,404.	0.	32,625.	
(26) DAWN ANDERSON DIRECTOR OF FINANCE	45.00 5.00			X			85,808.	0.	15,960.	
<b>1b Sub-total</b>							261,212.	0.	48,585.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							261,212.	0.	48,585.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	61,036.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,248,000.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		6,309,036.			
	Program Service Revenue	<b>2 a</b> FEES FOR SERVICES	Business Code 900099	177,780.	177,780.	
<b>b</b> EDUCATION		900099	162,522.	162,522.		
<b>c</b> HEALTH		900099	56,291.	56,291.		
<b>d</b> TECHNOLOGY CURRICULUM FEES		900099	47,762.	47,762.		
<b>e</b> VOLUNTEER SERVICES		900099	5,545.	5,545.		
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			449,900.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		66,964.		66,964.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)		-7,453.		-7,453.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
<b>11 a</b> OTHER INCOME	900099	147.			147.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		147.			
<b>12 Total revenue.</b> See instructions.		6,818,594.	449,900.	0.	59,658.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,145,319.	1,145,319.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	309,797.	216,858.	40,893.	52,046.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,607,104.	1,125,149.	279,340.	202,615.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	298,964.	278,069.	13,453.	7,442.
<b>10</b> Payroll taxes	133,470.	119,475.	7,843.	6,152.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	22,855.		22,855.	
<b>c</b> Accounting	62,400.		62,400.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	49,670.			49,670.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	294,337.	271,493.	22,844.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	37,743.	33,771.	2,914.	1,058.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	204,428.	139,644.	47,042.	17,742.
<b>17</b> Travel	83,158.	62,243.	14,822.	6,093.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	23,893.	20,125.	2,662.	1,106.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	77,316.	54,128.	12,987.	10,201.
<b>23</b> Insurance	4,418.		4,418.	
<b>24</b> 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 O.)				
<b>a</b> PRINTING	157,394.	148,135.	5,411.	3,848.
<b>b</b> SUPPLIES	111,135.	106,573.	3,277.	1,285.
<b>c</b> INSTRUCTORS	85,951.	85,951.		
<b>d</b> PROGRAM MATERIALS	57,773.	57,773.		
<b>e</b> All other expenses	193,799.	98,425.	43,725.	51,649.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,960,924.	3,963,131.	586,886.	410,907.
<b>26</b> 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)

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Form 990 (2012)

43-1830354 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	796,380.	1	1,221,177.	
	<b>2</b> Savings and temporary cash investments .....	2,186,483.	2	152,258.	
	<b>3</b> Pledges and grants receivable, net .....	1,931,462.	3	4,874,707.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	20,895.	9	22,373.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 751,765.			
	<b>b</b> Less: accumulated depreciation .....	10b 635,895.	10c 118,422.	10c 115,870.	
	<b>11</b> Investments - publicly traded securities .....	1,300,300.	11	2,348,421.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	15	60,941.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,353,942.	16	8,795,747.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	219,887.	17	73,600.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	229,490.	25	583,206.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	449,377.	26	656,806.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,242,162.	27	3,026,628.	
	<b>28</b> Temporarily restricted net assets .....	2,662,403.	28	5,112,313.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	5,904,565.	33	8,138,941.		
<b>34</b> Total liabilities and net assets/fund balances .....	6,353,942.	34	8,795,747.		

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,818,594.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,960,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,857,670.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,904,565.
5	Net unrealized gains (losses) on investments	5	98,975.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	277,731.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,138,941.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6371301.	2644825.	5289215.	3041005.	6309036.	23655382.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	6371301.	2644825.	5289215.	3041005.	6309036.	23655382.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						15863899.
6 <b>Public support.</b> Subtract line 5 from line 4.						7791483.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	6371301.	2644825.	5289215.	3041005.	6309036.	23655382.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	81,744.	63,848.	45,414.	50,172.	66,964.	308,142.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			4,048.	2,663.	147.	6,858.
11 <b>Total support.</b> Add lines 7 through 10						23970382.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,093,433.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	32.50	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	30.22	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

OASIS IS A NATIONAL EDUCATION ORGANIZATION DEDICATED TO ENRICHING THE LIVES OF ADULTS AGE 50 AND OLDER THROUGH LIFELONG LEARNING AND SERVICE. THE OASIS INSTITUTE SUPPORTS A NATIONAL NETWORK OF OASIS PROGRAMS IN 43 CITIES, WHICH OPERATE INDEPENDENTLY. THE INSTITUTE RECEIVES FUNDING THAT IS ALLOCATED AND DISTRIBUTED TO THE PROGRAMS IN SUPPORT OF THEIR LOCAL EFFORTS. THE INSTITUTE ALSO ESTABLISHES OPERATING AND PROGRAM STANDARDS, REQUIRES ANNUAL PLANNING AND PROGRAM ASSESSMENTS, PROVIDES TRAINING AND DEVELOPS CURRICULUM. IN 2008, THE INSTITUTE BEGAN IMPLEMENTATION OF A FIVE-YEAR BUSINESS PLAN DESIGNED TO INCREASE AND DIVERSIFY PARTICIPATION THROUGHOUT THE OASIS PROGRAMS, INCREASE FINANCIAL SUSTAINABILITY FOR ALL LOCATIONS AND INCREASE RECOGNITION OF OASIS AS AN INNOVATOR IN THE FIELD OF AGING.

UNDER THE DIRECTION OF THE INSTITUTE, OASIS PROGRAMS IN EACH CITY COLLABORATE WITH LOCAL SPONSORS, INCLUDING HEALTHCARE PROVIDERS, NONPROFIT AGENCIES, DEPARTMENT STORES, BANKS AND BUSINESSES, AS WELL AS FOUNDATIONS AND INDIVIDUALS TO OFFER THE PROGRAMS DESIGNED BY THE INSTITUTE. IN ADDITION TO THE LOCAL SUPPORT GENERATED BY SUPPORTING ORGANIZATIONS, THE OASIS INSTITUTE IS NATIONALLY SPONSORED BY THE MACY'S FOUNDATION, BJC HEALTHCARE, AND THE AT&T FOUNDATION, AMONG OTHERS, WHICH PROVIDE FUNDING TO BE ALLOCATED IN SUPPORT OF LOCAL PROGRAMS. BY VIRTUE OF THE PURPOSE AND NATURE OF ITS ACTIVITIES, THE OASIS INSTITUTE QUALIFIES AS A PUBLIC CHARITY.



**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.

OMB No. 1545-0047

**2012**

Name of the organization

THE OASIS INSTITUTE  
7710 CARONDELET AVE

Employer identification number

43-1830354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>THE OASIS INSTITUTE</b> <b>7710 CARONDELET AVE</b>	Employer identification number  <b>43-1830354</b>
--	---

**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		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ <u>386,232.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ <u>3,192,213.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE OASIS INSTITUTE</b> <b>7710 CARONDELET AVE</b>	Employer identification number <b>43-1830354</b>
--	---

**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
7		\$ 128,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 223,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 129,842.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 488,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 61,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE OASIS INSTITUTE 7710 CARONDELET AVE	<b>Employer identification number</b> 43-1830354
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> THE OASIS INSTITUTE 7710 CARONDELET AVE	<b>Employer identification number</b> 43-1830354
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization THE OASIS INSTITUTE 7710 CARONDELET AVE

Employer identification number 43-1830354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure), a table for held at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts required to be reported.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		647,946.	558,236.	89,710.
e Other		103,819.	77,659.	26,160.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				115,870.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO BJH	393,780.
(3) OBLIGATION UNDER CAPITAL LEASE	6,832.
(4) DUE TO OASIS PROGRAMS	182,594.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	583,206.

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,108,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	98,975.
b	Donated services and use of facilities	2b	190,431.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	289,406.
3	Subtract line 2e from line 1	3	6,818,594.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,818,594.

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

1	Total expenses and losses per audited financial statements	1	5,151,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	190,431.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	190,431.
3	Subtract line 2e from line 1	3	4,960,924.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,960,924.

**Part XIII Supplemental Information**

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

**PART IV, LINE 1B: THE OASIS INSTITUTE ASSISTS SEVERAL TAX EXEMPT**

**ENTITIES IN SPONSORING OASIS INSTITUTE PROGRAMS IN CITIES ACROSS THE UNITED STATES. OCCASIONALLY THESE ENTITIES REQUEST THAT OASIS INSTITUE ACT AS CUSTODIAN OF CERTAIN FUNDS AND MAKE DISBURSEMENTS FROM THESE FUNDS ON BEHALF OF THE OTHER ENTITY.**



THE OASIS INSTITUTE

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			( )
	11	Net income summary. Combine line 3, column (d), and line 10 .....			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

THE OASIS INSTITUTE

- 11 Does the organization operate gaming activities with nonmembers?  Yes  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  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

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 ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c 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       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: CHANGING OUR WORLD

(I) ADDRESS OF FUNDRAISER:

220 EAST 42ND STREET, 7TH FLOOR, NEW YORK, NY 10017

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **THE OASIS INSTITUTE**  
**7710 CARONDELET AVE**  
Employer identification number  
**43-1830354**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS - PACIFIC REGION 3818 CRENSHAW BLVD #A923 LOS ANGELES, CA 90008	13-4242159	501(C)(3)	146,195.	0.			OASIS PROGRAMS
OASIS - SAN DIEGO 1702 CAMINO DEL RIO NORTH 3RD FLOOR SAN DIEGO, CA 92108	30-0403895	501(C)(3)	112,781.	0.			OASIS PROGRAMS
OASIS - INDIANAPOLIS 10800 EAST WASHINGTON STREET INDIANAPOLIS, IN 46229	27-2392510	501(C)(3)	104,872.	0.			OASIS PROGRAMS
SACRED HEART MEDICAL CENTER FOUNDATION (PEACEHEALTH OREGON REGION) - PO BOX 10905 - EUGENE, OR 97440	93-6026548	501(C)(3)	61,214.	0.			OASIS PROGRAMS
CITY OF MADISON SENIOR CENTER 330 WEST MIFFLIN STREET MADISON, WI 53703	39-6005507	GOVERNMENTAL	58,000.	0.			OASIS PROGRAMS
ATLANTA REGIONAL COMMISSION 40 COURTLAND STREET, NE ATLANTA, GA 30303	58-6002324	GOVERNMENTAL	52,164.	0.			OASIS PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 27.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2012)

THE OASIS INSTITUTE  
7710 CARONDELET AVE

Schedule I (Form 990)

43-1830354

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284	54-6001758	GOVERNMENTAL	43,185.	0.			OASIS PROGRAMS
BJC BEHAVIORAL HEALTH 1430 OLIVE STREET SUITE 400 ST LOUIS, MO 63103	43-1610561	501(C)(3)	45,686.	0.			OASIS PROGRAMS
BRONX HOUSE 990 PELHAM PARKWAY SOUTH BRONX, NY 10461	13-1739935	501(C)(3)	44,385.	0.			OASIS PROGRAMS
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 VEGAS BLVD N - LAS VEGAS, NV 89101	88-0059425	501(C)(3)	36,500.	0.			OASIS PROGRAMS
SOUTHERN MAINE AGENCY OF AGING 136 U.S. ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	36,254.	0.			OASIS PROGRAMS
OASIS - TUCSON 2099 EAST RIVER ROAD TUCSON, AZ 85718	26-2952416	501(C)(3)	35,734.	0.			OASIS PROGRAMS
ELDERSERVE, INC 411 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-6024140	501(C)(3)	34,387.	0.			OASIS PROGRAMS
COMMUNITY RENEWAL TEAM, INC. 90 RETREAT AVE HARTFORD, CT 06106	06-0795640	501(C)(3)	32,933.	0.			OASIS PROGRAMS
SENIOR SERVICES OF ALBANY 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	32,541.	0.			OASIS PROGRAMS

Schedule I (Form 990)

THE OASIS INSTITUTE  
7710 CARONDELET AVE

Schedule I (Form 990)

43-1830354

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN NEW HAMPSHIRE SERVICES 40 PINE STREET MANCHESTER, NH 03103	02-0268285	501(C)(3)	32,530.	0.			OASIS PROGRAMS
FAIRHILL PARTNERS 12200 FAIRHILL RD CLEVELAND, OH 44120	34-1549927	501(C)(3)	32,028.	0.			OASIS PROGRAMS
SENIORS' RESOURCE CENTER 3227 CHASE STREET DENVER, CO 80212	84-0877538	501(C)(3)	27,994.	0.			OASIS PROGRAMS
PARKLAND HEALTH CENTER 1101 WEST LIBERTY STREET FARMINGTON, MO 63640	43-1332368	501(C)(3)	25,499.	0.			OASIS PROGRAMS
OASIS - ALBUQUERQUE 6600 MENAUL NE ALBUQUERQUE, NM 87110	32-0081580	501(C)(3)	21,124.	0.			OASIS PROGRAMS
OASIS - WASHINGTON METRO 7125 DEMOCRACY BLVD BETHESDA, MD 20817	52-0610545	501(C)(3)	19,500.	0.			OASIS PROGRAMS
OASIS - PITTSBURGH 400 FIFTH AVENUE, MACY'S 6TH FLOOR PITTSBURGH, PA 15219	27-1511359	501(C)(3)	19,000.	0.			OASIS PROGRAMS
BIG BROTHERS BIG SISTERS OF LANE COUNTY - 72 C CENTENNAL LOOP, SUITE 100 - EUGENE, OR 97401	94-3143502	501(C)(3)	14,000.	0.			OASIS PROGRAMS
OASIS - SYRACUSE 6333 STATE ROUTE 298 EAST SYRACUSE, NY 13057	14-6013200	501(C)(3)	11,754.	0.			OASIS PROGRAMS

Schedule I (Form 990)

THE OASIS INSTITUTE  
7710 CARONDELET AVE

Schedule I (Form 990)

43-1830354

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS - SAN ANTONIO PO BOX 291010 SAN ANTONIO, TX 78229	26-2243879	501(C)(3)	9,104.	0.			OASIS PROGRAMS
LIFETIME CARE OASIS 259 MONROE AVE ROCHESTER, NY 14607	16-0844109	501(C)(3)	5,500.	0.			OASIS PROGRAMS
OASIS - CHICAGO 1777 WINNETKA ROAD NORTHFIELD, IL 60093	36-2366074	501(C)(3)	5,500.	0.			OASIS PROGRAMS

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: PROGRAM GRANTS ARE DISBURSED TO OASIS SUPPORTING ORGANIZATIONS AND PARTNERS TO SPONSOR PROGRAMS DESIGNED BY THE INSTITUTE. ALLOCATIONS ARE DETERMINED BASED ON NEED. THE BOOKS AND RECORDS OF SUPPORTING ORGANIZATIONS UNDER THE OASIS GROUP EXEMPTION ARE MAINTAINED BY THE INSTITUTE AND/OR ARE AVAILABLE FOR PERIODIC REVIEW BY THE INSTITUTE TO ENSURE THAT PROGRAM FUNDS ARE USED FOR APPROVED PURPOSES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **THE OASIS INSTITUTE  
7710 CARONDELET AVE**

Employer identification number  
**43-1830354**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARCIA KERZ PRESIDENT	(i)	175,404.	0.	0.	0.	32,625.	208,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization	THE OASIS INSTITUTE 7710 CARONDELET AVE	Employer identification number	43-1830354
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE OASIS INSTITUTE IS A NATIONAL EDUCATION ORGANIZATION THAT PROVIDES LIFELONG LEARNING AND SERVICE OPPORTUNITIES THAT INSPIRE MATURE ADULTS TO PURSUE VIBRANT, HEALTHY, AND MEANINGFUL LIVES.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE OASIS INSTITUTE IS A NATIONAL EDUCATION ORGANIZATION THAT STRENGTHENS COMMUNITIES BY PROVIDING LIFELONG LEARNING AND SERVICE OPPORTUNITIES THAT INSPIRE DIVERSE AUDIENCES OF MATURE ADULTS TO PURSUE VIBRANT, HEALTHY, PRODUCTIVE AND MEANINGFUL LIVES. PROGRAMS IN THE ARTS, HUMANITIES, HEALTH, TECHNOLOGY AND VOLUNTEER SERVICE PROVIDE STIMULATING OPPORTUNITIES FOR MATURE ADULTS TO CONTINUE THEIR PERSONAL GROWTH AND SERVE THEIR COMMUNITIES. HEADQUARTERED IN ST. LOUIS, THE OASIS INSTITUTE DIRECTS A NATIONAL NETWORK OF OASIS PROGRAMS IN 43 COMMUNITIES. THROUGH LOCAL OASIS PROGRAMS AT SCHOOLS, AFFORDABLE HOUSING SITES, LIBRARIES, SENIOR CENTERS, AND OTHER LOCATIONS, OASIS IMPACTED OVER 59,000 PEOPLE IN ITS PROGRAMS. OVER 7,900 OASIS VOLUNTEERS PROVIDED SERVICES ANNUALLY THROUGHOUT THE OASIS NETWORK.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

THE OASIS INSTITUTE ACQUIRED THE NET ASSETS AND OPERATIONS OF THE ST. LOUIS OLDER ADULT ENRICHMENT PROGRAM (A SUPPORTING ORGANIZATION OF THE OASIS INSTITUTE) WHEN THE TWO ORGANIZATIONS MERGED ON JANUARY 1, 2012.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**HEALTH - THE INSTITUTE'S HEALTH EDUCATION PROGRAM PROVIDES**

Name of the organization THE OASIS INSTITUTE 7710 CARONDELET AVE	Employer identification number 43-1830354
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BEHAVIOR-CHANGE CLASSES EMPHASIZING INCREASING AWARENESS, KNOWLEDGE AND SKILLS FOR OLDER ADULTS TO ADDRESS THEIR INDIVIDUAL HEALTH NEEDS. THE CURRICULUM, WHICH IS IMPLEMENTED BY THE SUPPORTING ORGANIZATIONS AS WELL AS NON-SUPPORTING ORGANIZATION CENTERS AND PROGRAM SITES, CONSISTS OF NATIONALLY DEVELOPED PROGRAMS IN THE AREAS OF NUTRITION, EXERCISE, DISEASE MANAGEMENT, SENSORY CHANGES, MENTAL HEALTH, MEMORY AND GENERAL HEALTH PROMOTION, AS WELL AS LOCALLY-OFFERED COURSES. THE HEALTH EDUCATION PROGRAMS HAVE EXPANDED BY OFFERING EVIDENCE-BASED HEALTH PROGRAMS SUCH AS "ACTIVE LIVING EVERY DAY" AND "HEALTHY EATING EVERY DAY", TWO BEHAVIOR-CHANGE CLASSES THAT WERE DEVELOPED THROUGH THE COOPER INSTITUTE AND HUMAN KINETICS; "ACTIVE START", THE NATIONAL AWARD-WINNING PROGRAM DESIGNED TO INCREASE PHYSICAL ACTIVITY AMONG SEDENTARY OLDER ADULTS DEVELOPED BY OASIS IN PARTNERSHIP WITH THE LOS ANGELES DEPARTMENT OF AGING; THE STANFORD UNIVERSITY "CHRONIC DISEASE SELF-MANAGEMENT" AND "DIABETES SELF-MANAGEMENT" PROGRAMS; AND "MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS" DEVELOPED AT BOSTON UNIVERSITY'S ROYBAL CENTER. OASIS' "CATCH HEALTHY HABITS" IS AN EVIDENCE-BASED, INTERGENERATIONAL PROGRAM THAT PROMOTES INCREASED PHYSICAL ACTIVITY AND IMPROVED NUTRITIONAL CHOICES AMONG OLDER ADULT VOLUNTEER FACILITATORS AND CHILDREN KINDERGARTEN THROUGH 5TH GRADE IN AN AFTER-SCHOOL SETTING. IN 2012, MORE THAN 350 VOLUNTEERS IMPROVED THEIR LIVES AND THOSE OF MORE THAN 1,500 CHILDREN THROUGH THIS PROGRAM, WHICH IS OFFERED IN 18 CITIES, INCLUDING THREE OF THE SUPPORTING ORGANIZATION CITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TECHNOLOGY - THE INSTITUTE HAS DEVELOPED A BROAD CURRICULUM TITLED CONNECTIONS THAT TEACHES OLDER ADULTS HOW TO USE TECHNOLOGY IN ORDER TO

Name of the organization THE OASIS INSTITUTE 7710 CARONDELET AVE	Employer identification number 43-1830354
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STAY CONNECTED WITH FRIENDS AND FAMILY, ESPECIALLY GRANDCHILDREN, TO IMPACT SOCIAL ISOLATION AND TO GAIN OR IMPROVE SKILLS TO ENTER OR RE-ENTER THE WORKFORCE. THE CURRICULUM IS COMPOSED OF 34 COMPUTER COURSES INCLUDING "MICROSOFT WORD", "EXCEL", "INTRODUCTION TO THE COMPUTER", "INTRODUCTION TO THE INTERNET", "THE COMPLETE JOB SEARCH", "THE FACEBOOK STARTER KIT", "THE TWITTER STARTER KIT" AND "ORGANIZING YOUR EMAIL" TO NAME A FEW. ALL BASIC COURSES ARE TRANSLATED INTO SPANISH. THE SUPPORTING ORGANIZATIONS AND OTHER LOCAL PROGRAM SITES OFFER A WIDE RANGE OF COMPUTER COURSES TO PARTICIPANTS USING THE "CONNECTIONS" CURRICULUM. ADDITIONALLY, THE INSTITUTE EMBARKED ON A PROJECT WITH FUNDING FROM THE AT&T FOUNDATION FOCUSING ON ASSISTING OLDER ADULTS IN IMPROVING THEIR TECHNOLOGY SKILLS TO MAKE IT POSSIBLE TO ENTER OR RE-ENTER THE WORKFORCE. THIS PROGRAM BEGAN IN 2001 AND CONTINUES TO EXPAND. MORE THAN 50,000 OLDER ADULTS ACROSS THE COUNTRY HAVE TAKEN A "CONNECTIONS" COMPUTER CLASS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

VOLUNTEER SERVICE - THE INSTITUTE COOPERATES WITH 109 SCHOOL DISTRICTS TO OFFER THE "OASIS INTERGENERATIONAL TUTORING PROGRAM". THIS PROGRAM MATCHES TRAINED VOLUNTEER TUTORS WITH PRIMARY GRADE CHILDREN TO BUILD READING SKILLS, CONFIDENCE AND POSITIVE ATTITUDES TOWARD LEARNING. THE PROGRAM OPERATES IN 25 CITIES AND INVOLVES MORE THAN 5,500 TRAINED TUTORS. TUTOR TRAINING IS PROVIDED THROUGHOUT THE YEAR TO NEW SCHOOL DISTRICTS JOINING THE PROGRAM AND FOR NEW TUTORS IN EXISTING PROGRAMS. OASIS ALSO OFFERS A SECOND INTERGENERATIONAL PROGRAM, "CATCH HEALTHY HABITS", WHICH ENGAGES TEAMS OF VOLUNTEERS TO WORK WITH CHILDREN IN GRADES K-5 IN AFTER SCHOOL OR SUMMER SETTINGS TO BUILD HEALTHY HABITS FOR LIFE. OASIS ALSO PROVIDES INFORMATION AND TRAINING FOR OTHER

Name of the organization THE OASIS INSTITUTE 7710 CARONDELET AVE	Employer identification number 43-1830354
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VOLUNTEER OPPORTUNITIES ON A REGULAR BASIS AND ENCOURAGES ALL ASPECTS OF VOLUNTEERISM ESPECIALLY THOSE OPPORTUNITIES THAT CAN ENGAGE OLDER ADULTS IN CONTRIBUTING THEIR TIME, TALENT AND EXPERIENCE TO HELP OTHERS. DURING 2012, 7,900 OASIS VOLUNTEERS PROVIDED SIGNIFICANT SERVICE IN THEIR COMMUNITIES. VOLUNTEERS ALSO SERVE AS PROOFREADERS, ADMINISTRATIVE SUPPORT, INSTRUCTORS, CLASS COORDINATORS, COMPUTER INSTRUCTORS, HEALTH FACILITATORS, PEER COUNSELORS, SPEAKERS-BUREAU PARTICIPANTS AND STORY TELLERS.

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

EDUCATION - EXPENSES \$413,144 INCLUDING GRANTS OF \$17,553. REVENUE \$162,522. THE INSTITUTE DEVELOPS NATIONAL EDUCATION PROGRAMS ON A VARIETY OF TOPICS FOR A BROAD AUDIENCE OF LIFELONG LEARNERS. THE SUPPORTING ORGANIZATIONS AND OTHER PROGRAM LOCATIONS THROUGHOUT THE COUNTRY THEN DESIGN AND IMPLEMENT THE EDUCATIONAL PROGRAMS IN THE AREA OF THE ARTS, HUMANITIES AND VARIOUS OTHER SUBJECTS. TOPICS RANGE FROM CREATIVE WRITING AND POETRY TO ART HISTORY AND INTERNATIONAL STUDIES. EXAMPLES OF PROGRAMS INCLUDE SEVERAL FUNDED THROUGH THE NATIONAL ENDOWMENT FOR THE HUMANITIES, THE MOST RECENT A FIVE-COURSE SERIES ON THE IMMIGRANT EXPERIENCE, WHICH WAS DEVELOPED IN 2007 AND HAD PARTICIPATION OF NEARLY 50,000 ACROSS THE COUNTRY. PREVIOUSLY, THE INSTITUTE CO-AUTHORED AN ANTHOLOGY OF 10 ESSAYS BY SCHOLARS ON LEWIS AND CLARK, WHICH WAS USED AS THE TEXT FOR A SIX-COURSE SERIES ON THE LEWIS AND CLARK EXPEDITION. OTHER COURSES INCLUDE "REEMERGING RUSSIA: SEARCH FOR INDENTITY" AND THE "PEOPLES OF RUSSIA AND CHINA." IN 2012, ENROLLMENT ON OASIS EDUCATION CLASSES ACROSS THE COUNTRY EXCEEDED 152,000.

Name of the organization	THE OASIS INSTITUTE 7710 CARONDELET AVE	Employer identification number 43-1830354
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NETWORK ADMINISTRATIVE SUPPORT - REVENUE \$177,780.

EXPENSES \$ 413,144. INCLUDING GRANTS OF \$ 17,553. REVENUE \$ 340,302.

FORM 990, PART VI, SECTION A, LINE 2: MARYLEN MANN AND FRANKLIN JACOBS  
SHARE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3: BARNES JEWISH HOSPITAL ACTS AS THE  
HUMAN RESOURCES DEPARTMENT OF THE OASIS INSTITUTE. ALL OF THE  
ORGANIZATIONS'S EMPLOYEES ARE EMPLOYEES OF BJC. THE INSTITUTE RETAINS THE  
RIGHT TO RECOMMEND AND PRESENT QUALIFIED CANDIDATES AS EMPLOYEES BUT BJC  
RESERVES THE RIGHT TO FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY A  
PUBLIC ACCOUNTING FIRM AND PRESENTED TO MANAGEMENT. THE FORM 990 IS  
REVIEWED BY THE PRESIDENT, AND THE DIRECTOR OF FINANCE AND ADMINISTRATION  
AND ACCOUNTING SUPERVISOR OF THE OASIS INSTITUTE. THE FINANCE COMMITTEE IS  
THEN PROVIDED A COPY OF THE FORM 990 AND QUESTIONS OR CONCERNS ARE  
DISCUSSED VIA AN IN-PERSON MEETING OR VIA EMAIL. ONCE THE FINANCE COMMITTEE  
APPROVES THE 990, IT IS SENT TO THE ENTIRE BOARD FOR DISCUSSION PRIOR TO  
FILING. ANY QUESTIONS OR COMMENTS ARE DIRECTED TO THE DIRECTOR OF FINANCE  
AND ADMINISTRATION OR THE PRESIDENT OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN  
A CONFLICT OF INTEREST POLICY EACH YEAR AND DISCLOSE ANY POTENTIAL ISSUES.  
THOSE FORMS ARE REVIEWED FOR POTENTIAL CONFLICTS AND ISSUES ARE HANDLED ON  
A CASE BY CASE BASIS. HISTORICALLY THERE HAVE BEEN NO CONFLICTS OF  
INTEREST.

Name of the organization THE OASIS INSTITUTE 7710 CARONDELET AVE	Employer identification number 43-1830354
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FORM 990, PART VI, SECTION B, LINE 15A: THE DIRECTOR OF FINANCE AND ADMINISTRATION COMPILES DATA REGARDING COMPARABLE SALARIES FOR POSITIONS SIMILAR TO THE EXECUTIVE DIRECTOR AND PROVIDES THAT INFORMATION TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS THAT DATA, PERFORMANCE REVIEWS AND ORGANIZATIONAL RESULTS. BASED ON THIS REVIEW, THE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMPENSATION AMOUNT IS ALSO REVIEWED BY BARNES JEWISH HOSPITAL, WHICH PROVIDES PAYROLL PROCESSING SERVICES, EMPLOYEE BENEFITS, ETC. TO THE OASIS INSTITUTE. ALL OTHER EMPLOYEES' COMPENSATION IS RECOMMENDED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND ADMINISTRATION. BECAUSE ALL EMPLOYEES ARE LEASED FROM BARNES JEWISH HOSPITAL, BARNES JEWISH ALSO REVIEWS AND APPROVES THE COMPENSATION OF ALL EMPLOYEES FOR REASONABLENESS. THE ORGANIZATION IS ALLOWED A PERCENTAGE OF THE PRIOR YEAR'S TOTAL COMPENSATION TO ALLOCATE AS RAISES AS DETERMINED BY THE BJC SYSTEM.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. OTHER ORGANIZATIONAL DOCUMENTS, SUCH AS THE ARTICLES OF INCORPORATION AND BYLAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 MERGER WITH ST LOUIS OLDER ADULT ENRICHMENT PROGRAM 277,731.

**Related Organizations and Unrelated Partnerships**

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

Name of the organization **THE OASIS INSTITUTE**  
**7710 CARONDELET AVE**  
Employer identification number  
**43-1830354**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALBUQUERQUE OASIS - 32-0081580 6600 MENAUL N.E. ALBUQUERQUE, NM 87110	OASIS PROGRAM	NEW MEXICO	501(C)(3)	LINE 11A, I	INSTITUTE		X
HOUSTON OASIS - 13-4258815 7710 CARONDELET AVE, STE 125 ST. LOUIS, MO 63105	OASIS PROGRAM	TEXAS	501(C)(3)	LINE 11A, I	INSTITUTE		X
PACIFIC REGION OASIS - 13-4242159 P.O. BOX 506 LAKEWOOD, CA 90712	OASIS PROGRAM	CALIFORNIA	501(C)(3)	LINE 11A, I	INSTITUTE		X
TUCSON OASIS - 26-2952416 2099 EAST RIVER ROAD TUCSON, AZ 85718	OASIS PROGRAM	ARIZONA	501(C)(3)	LINE 11A, I	INSTITUTE		X

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

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAN DIEGO OASIS - 30-0403895 1702 CAMINO DEL RIO NORTH SAN DIEGO, CA 92108	OASIS PROGRAM	CALIFORNIA	501(C)(3)	LINE 11A, I	INSTITUTE		X
SAN ANTONIO OASIS - 26-2243879 6161 NORTHWEST LOOP 410 SAN ANTONIO, TX 78238	OASIS PROGRAM	TEXAS	501(C)(3)	LINE 11A, I	INSTITUTE		X
INDIANAPOLIS OASIS - 27-2392510 10800 EAST WASHINGTON STREET INDIANAPOLIS, IN 46229	OASIS PROGRAM	INDIANA	501(C)(3)	LINE 11A, I	INSTITUTE		X
PITTSBURGH OASIS - 27-1511359 110TH FLOOR, 400 FIFTH STREET PITTSBURGH, PA 15219	OASIS PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 11A, I	INSTITUTE		X
NORTHWEST REGIONAL OASIS - 27-3182388 7710 CARONDELET AVE, STE 125 ST. LOUIS, MO 63105	OASIS PROGRAM	OREGON	501(C)(3)	LINE 11A, I	INSTITUTE		X

THE OASIS INSTITUTE

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

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

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

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

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

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

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

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

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

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



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.