PUBLIC DISCLOSURE COPY

### \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection
Пореспол

A F	or the	2020 calendar year, or tax year beginning JUL 1, 2020 and	ending J	UN 30, 2021					
<b>B</b> c	heck if pplicabl	C Name of organization		D Employer identific	cation number				
	Addre	OASIS CENTER, INC.							
	Name chang	Doing business as		62-0968273					
	]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	•					
	Final return	1704 CHARLOTTE AVENUE #200	(615) 32	7-4455					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,703,374.				
	Amen	eturn							
	Application	F Name and address of principal officer: TAYO ATANDA		for subordinates	? Yes X No				
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in					
I I	ax-ex	empt status: $\boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) o	or 527	7	list. See instructions				
		e: NWW.OASISCENTER.ORG		H(c) Group exemption					
		organization: X Corporation	<b>L</b> Year		1 State of legal domicile: TN				
	rt I	Summary		,	<u> </u>				
	1	Briefly describe the organization's mission or most significant activities: OASIS	S CENT	ER IS ONE OF	THE				
Governance		NATION'S LEADING YOUTH-SERVING ORGANIZATI							
nar	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.				
Ver				3	27				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			27				
დ თ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			116				
iţi		Total number of volunteers (estimate if necessary)			45				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			44,100.				
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		5,476,822.	6,917,496.				
nge		Program service revenue (Part VIII, line 2g)		32,204.	17,662.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,171.	203,761.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		102,573.	89,145.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,650,770.	7,228,064.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		365,854.	1,194,731.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,395,912.	4,717,873.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	73.						
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		964,907.	1,121,394.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,726,673.	7,033,998.				
		Revenue less expenses. Subtract line 18 from line 12		-75,903.	194,066.				
JC es			Be	ginning of Current Year	End of Year				
Assets or	20	Total assets (Part X, line 16)		8,020,246.	8,797,706.				
Ass	21	Total liabilities (Part X, line 26)		1,105,250.	1,197,312.				
Net-		Net assets or fund balances. Subtract line 21 from line 20		6,914,996.	7,600,394.				
	rt II	Signature Block		, ,					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is				
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	•				
Sign	1	Signature of officer		Date					
Her		TAYO ATANDA, BOARD CHAIR							
	_	Type or print name and title							
		Print/Type preparer's name	I .	Date Check	PTIN				
Paid		RYAN BLANKENSHIP  RYAN BLANKENSHIP  Ryan Blankerstyp, C7A 20	022.05.11	3:15:28 -04'00' if self-employ	P01336455				
Prep		Firm's name ► CHERRY BEKAERT LLP	I		56-0574444				
Use		Firm's address 222 SECOND AVE, SOUTH STE 1240							
	,	NASHVILLE, TN 37201		Phone no. 61	5-383-6592				
May	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No				
0330	11 12 2	Roo. I HA For Panerwork Reduction Act Notice see the senarate instruction			Form <b>990</b> (2020)				

Form	990 (2020) OASIS CENTER, INC. 62-0968273 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OASIS CENTER TARGETS UNDESERVED YOUTH, FAMILIES, SCHOOLS, AND
	NEIGHBORHOODS WITH A MISSION TO HELP YOUTH GROW, THRIVE AND CREATE
	POSITIVE CHANGE IN THEIR LIVES AND IN OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 3,019,213. including grants of \$ 1,026,098. ) (Revenue \$ 17,662.
	RESIDENTIAL AND CRISIS SERVICES - PROVIDES IMMEDIATE RESPONSE TO YOUTH
	IN CRISIS, HAVE RUN AWAY, OR ARE EXPERIENCING HOMELESSNESS. THESE
	SERVICES INCLUDE AN EMERGENCY SHELTER FOR YOUTH AGES 13-17 YEARS OLD,
	PROJECT SAFE PLACE, TRANSITIONAL LIVING FOR YOUTH AGES 18-22 YEARS OLD,
	AND STREET OUTREACH AND DROP IN CENTER FOR HOMELESS YOUTH AGES 18-22
	YEARS OLD.
	, , , , , , , , , , , , , , , , , , , ,
4b	(Code:) (Expenses \$ 473,411. including grants of \$ 8,798. ) (Revenue \$ YOUTH ENGAGEMENT SERVICES - ENGAGING YOUTH AND FOCUSES PRIMARILY ON THE
	DEVELOPMENT OF INDIVIDUAL IDENTITIES AND GROUP CONNECTIONS. THE
	STRATEGIES FOR THIS WORK ARE SERVICE AND SERVICE LEARNING AS TOOLS TO
	BUILD RELATIONSHIPS. THESE SERVICES INCLUDE THE TEEN OUTREACH PROGRAM,
	R.E.A.L., AND THE OASIS BIKE WORKSHOP.
	TOTAL TIME THE ORDER BINE WORKSHOT.
4c	(Code:) (Expenses \$ 643,860 . including grants of \$ 30,297 . ) (Revenue \$
	YOUTH ACTION SERVICES - HELPING YOUTH DEVELOP LIFE SKILLS AND WORK ON
	SYSTEMIC ISSUES THAT THEY DEEM CRITICAL TO THEIR LIVES AND TO OTHER
	YOUTH IN THE COMMUNITY. YOUTH TAKE RESPONSIBILITY FOR CREATING CHANGE
	ON THESE ISSUES. YOUTH ACTION SERVICES INCLUDE OASIS YOUTH COUNCIL,
	COMMUNITY NASHVILLE'S BUILDING BRIDGES, JUST US, AND THE MAYOR'S YOUTH
	COUNCIL.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,573,673. including grants of \$ 129,538.) (Revenue \$ )
4e	Total program service expenses ► 5,710,157.

# Form 990 (2020) OASIS CENTER, INC. 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		- V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
128	•	12a	Х	
h	Schedule D, Parts XI and XII	120	25	
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		† <u></u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
			~~~	

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			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Х					
	chedule J								
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? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		X					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a 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? If "Yes," complete			٦,					
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions, for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x					
	"Yes," complete Schedule L, Part IV	28a		X					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b							
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х					
29	"Yes," complete Schedule L, Part IV	28c 29		X					
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		22					
30		30		Х					
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-01							
<b>JZ</b>	Schedule N, Part II	32		х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02							
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34		Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36		х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		Х					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?								
		38	Х						
Pai									
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
		_	$\Omega\Omega\Omega$	/a a a -					

Form 990 (2020) OASIS CENTER, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 11.6  1 It all least one is reported on fine 7a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required tosig (see instructions)  30 If the organization have unrelisted business gress income of \$1,000 or more during the year?  31 If the sum of lines 1a and 2a is greater than 250, you may be required tosig (see instructions)  32 If the fermion of the sum of the						Yes	No				
b If a least one is reported on line 2a, did the organization lie all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-fine (see instructions)  3a IX + 3b If "Yes," has if filed a Form 380-1 for this year? If "No" to the 3b, provide an explanation on Schedule O	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e/file_(see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a	116							
3a Dit the organization have unrelated business gross income or \$1,000 or more during the year?  4b If Yes, "has it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O  4a Al any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account; a toneign country (auch as a bank account, securities account, or other financial account).  5b If "Yes," enter the name of the foreign country.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes," If yes it to lies do so b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, If Yes, If yes, any only the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, If Yes, If yes, any only the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, If Yes, If the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  6c If Yes, If Yes, If the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c If Yes, If Yes, If the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible on organization such expresses of the organization and party for goods and services provided to the payor?  6c If Yes, If Yes, If Yes, If the organization service a payment in excess of \$75\$ made party was a contribution and party for goods and services provided to the payor?  6c If Yes, I	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х					
b   1		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
4 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 accountry)  5 If "Yes," repairation a party to a prohibited tax or sa party to a prohibited tax shelter transaction?  5 Was the organization have an other or save shelt or transaction at any time during the tax year?  5 If was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886 T?  5 If "Yes" to line Sar or Sb, did the organization file Form 8886 T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Wes, "indicate the number of Forms 8282 filed during the year of the value of the goods or services provided?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 If Wes indicates the number of Forms 8282 filed during the year  10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8880 as required?  10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8880 as required?  11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8880 as required?  12 If the organization received a contribution of qualified intellectual property, did the organization file Form 8880 as required?  13 Section 501(c)(2) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time duri	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b   f' Yes," enter the name of the foreign country \  Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a   X   Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b   Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   C   I' Yes' to line Sa or Sb, did the organization file Form 888617  6a   Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b   I' Yes," did the organization include with every solicitation an express statement that such contributions or gifts were nor tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$76 made party is a contribution and party for goods and services provided to the payor?  7   Did the organization receive apayment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?  7   Did the organization receive and party and party as a contribution of the value of the goods or services provided?  7   Did the organization receive and services of them seed to the file organization services provided to the payor?  7   Did the organization received a contribution of cars, boats, airplanes, or otherwise dispose of tangible personal benefit contract?  7   Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file organization received a contribution of users, boats, airplanes, or other vehicles, did the organization file organization make any taxable distributions under section 4968?  9   Did the sponsoring organization make any taxable dist	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b	X					
b if "Yes," either the name of the foreign country. ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization aparty to a prohibited tax shetter transaction?  59	4a										
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did any contributions that were not tax deductible as charatable contributions?  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$5 made party as a contribution of and partly for goods and services provided to the payor?  7 Did the organization receive apparent in excess of \$5 made party as a contribution of an aparty for goods and services provided to the payor?  7 Did the organization received activation of the value of the goods or services provided?  8 Did the organization received activating or the value of the goods or services provided?  9 Did the organization received a contribution of the value of the goods or services provided?  10 Did the organization received a contribution of underectly, on a personal benefit contract?  7 Did the organization received a contribution of underectly, on a personal benefit contract?  7 Did the organization received a contribution of underectly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of underectly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of underectly of underectly, on a personal benefit contract?  7 Did the organization received a contribution of underectly of underectly, on a personal benefit contract?  7 Did the organization received a contribution of underectly on a personal benefit contra		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	)?	4a		X				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.	10	Section 501(c)(7) organizations. Enter:									
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,	16		incom	e?	16		Х				
	. •			=	.5						

Form 990 (2020) OASIS CENTER, INC. 62-0968273 Pag
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 on Schedule O. See instructions.

	to mile da, db, di 100 balon, decembe in embanistances, processes, di changes di consulta de consulta			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		1	
	l l or		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	l	
17	List the states with which a copy of this Form 990 is required to be filed ►TN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s Only)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalla	DIC
10	(**************************************	lfinor	oio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iii ian	JIdl	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records KIMBERLY REESE - (615) 327-4455			
	1704 CHARLOTTE AVE. STE 200, NASHVILLE, TN 37203			

#### OASIS CENTER, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	nizat	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do		Posi		l than d	nne	Reportable	Reportable	Estimated
	hours per	box.	unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		er an	a a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 141100)		and related
	below	idual	ution	ъ	Key employee	est co oyee	E.			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) TOM WARD	40.00									
PRESIDENT / CEO				Х				140,000.	0.	9,645.
(2) KIMBERLY REESE	40.00									
CHIEF FINANCIAL OFFICER				Х				98,807.	0.	16,603.
(3) MARK DUNKERLEY	40.00									
CHIEF STRATEGY OFFICER / CEO				Х				102,825.	0.	10,937.
(4) KENDALL MUSGROVE	1.00									
PRESIDENT		Х	Ш	Х				0.	0.	0.
(5) BRENDA WYNN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) LAVONNA RUSSELL	1.00								•	
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) JASON JENSEN	1.00								•	
TREASURER	1 00	Х		Х				0.	0.	0.
(8) TAYO ATANDA	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) LYNN BLAKE	1.00								•	
BOARD MEMBER	1 00	Х	$\vdash$					0.	0.	0.
(10) GREGG BOILING	1.00								0	
BOARD MEMBER	1 00	X	-					0.	0.	0.
(11) CHARLES ROBERT BONE	1.00	Х						_	0	_
BOARD MEMBER (12) LISA CAMPBELL	1.00	Λ	-					0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) LAURA CREEKMORE	1.00	Λ	$\vdash$					0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) ASHLEE DAVIS	1.00	21						0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(15) HONORABLE RICHARD DINKINS	1.00	21	$\vdash$					•	•	-
BOARD MEMBER		Х						0.	0.	0.
(16) REV. SONNYE DIXON	1.00		П						•	
BOARD MEMBER		Х						0.	0.	0.
(17) DR. FRANK DRUMMOND	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2020) OASIS CEN	NTER, IN	IC.							62-09	682	273	Pi	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable		Es	timate	∍d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	·	am	nount	of
	week	_	cer ar	id a di	irecto	or/trus T	tee)	from	from related			other	
	(list any	director						the	organizations	- 1	com	pensa	ition
	hours for	or dir	au			ted		organization	(W-2/1099-MIS	2)		om the	
	related	stee (	trustee			Suac		(W-2/1099-MISC)			•	anizati	
	organizations below	altru	l al		employee	log g						d relate	
	line)	Individual trustee	Institutional t	Officer	em b	Highest compensated employee	Former				orga	anizatio	ons
		프	= =	JJ0	Key	j≟, E	횬			$\rightarrow$			
(18) MARTHA EARLS	1.00												_
BOARD MEMBER		Х						0.		0.			0.
(19) BETH FORTUNE	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) JILL HEYMAN	1.00												
BOARD MEMBER		Х						0.		0.			0.
(21) ANDRES MARTINEZ	1.00							-		$\neg$			
BOARD MEMBER		х						0.		0.			0.
(22) BRIAN MCKINLEY	1.00	23				$\vdash$		•		<del>``</del>			•
,,	1.00									0.			Λ
BOARD MEMBER	1 00	Х	-		_			0.		<u> </u>			0.
(23) SUSAN MOSLEY-HOWARD	1.00												•
BOARD MEMBER		Х	_		_			0.		0.			0.
(24) JOHN OZIER	1.00												
BOARD MEMBER		Х						0.		0.			0.
(25) CHRIS PATTERSON	1.00												
BOARD MEMBER		Х						0.		0.			0.
(26) MICHAEL PEACOK	1.00									$\neg$			
BOARD MEMBER		x						0.		0.			0.
4. 0.1								341,632.		0.	3'	7,18	
								0.		0.		,, _ \	0.
c Total from continuation sheets to Part VI								341,632.		0.	2'	7,18	
d Total (add lines 1b and 1c)										0.		/ , I	65.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable				_
compensation from the organization													2
										,		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	=		-					<u>=</u> '	-		4		Х
5 Did any person listed on line 1a receive or a	,		•										
											5		х
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>piete Scrieduit</u>	<del>3</del> J 1	or st	ICII Ļ	bers	OH .							
									100,000 - 1				
1 Complete this table for your five highest co	•	-							•	ensat	ion tro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A)				_				(B)		_	(C		
Name and business	address	N	INC	5			_	Description of s	ervices		omper	1satioi	n ——
							$\dashv$						
							$\dashv$						
O Tabal assemble for the state of the		- 4 - 22						-1	and the second				
2 Total number of independent contractors (in	•	ot lir	nited	to t			ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	zation				(	J							

Form 990 OASIS CE	MIEK, IN	<u>ю.</u>							62-096	04/3
Part VII   Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition that			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SAM STRANG	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(28) ROBYN WILLIAMS	1.00									
BOARD MEMBER	1 00	X						0.	0.	0
(29) REXFORD B MARTIN JR	1.00	3,7								0
BOARD MEMBER	1 00	Х	$\vdash$			$\vdash$	_	0.	0.	0
(30) JASON RINGBLOOM BOARD MEMBER	1.00	X						0.	0.	0
BOARD MEMBER								0.	0.	0

62-0968273

			Check if Schedule O	conta	ins a re	esponse	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
တ လ	1	а	Federated campaigns			1a					
au Tu			Membership dues		Г	1b					
۵ ق			Fundraising events		Г	1c		-			
ifts						1d					
, e	d Related organizations 1d e Government grants (contributions) 1e 3,97						978,785.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,		′ F	,	•				
k E		-	similar amounts not included			1f 2,	938,711.				
草口		g	Noncash contributions included in			1g \$	,	-			
듯핉		-	Total. Add lines 1a-1f		_	· <b>5</b>   \$	<b>•</b>	6,917,496.			
<u> </u>			Totally last miles facilities.				Business Code				
o l	2	а	TRAINING REVE	NUE	Ξ		900099	17,662.			17,662.
Š	_	b									
Ser		c									
E E		d									
Beg		_									
Program Service Revenue		f	All other program service	rever	1116						
			<b>Total.</b> Add lines 2a-2f	CVCI				17,662.			
	3		Investment income (includ	lina c	dividen	ds. intere	st and				
	_		other similar amounts)	-				39,438.			39,438.
	4		Income from investment of					,			•
	5		Royalties		•	•					
	_		···- <b>/</b>		(i)	Real	(ii) Personal				
	6	а	Gross rents	6a				-			
	•		Less: rental expenses	6b				-			
			Rental income or (loss)	6c				-			
			Net rental income or (loss)				<b>•</b>				
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
	·	_	assets other than inventory	7a		633.					
		h	Less: cost or other basis	1	,						
ம		~	and sales expenses	7b	475.	310.					
ther Revenue		С	Gain or (loss)	70	164	323.		-			
ě			Net gain or (loss)				<b></b>	164,323.			164,323.
P.	8		Gross income from fundraising								
ğ	Ŭ		including \$		-	of					
			contributions reported on								
			Part IV, line 18								
		b	Less: direct expenses			- 1		-			
			Net income or (loss) from				<b>&gt;</b>				
	9		Gross income from gamin								
			Part IV, line 19	-		- 1					
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
			and allowances								
		b	Less: cost of goods sold			- 1	1				
			Net income or (loss) from				<b>&gt;</b>				
			, ,	_		***	Business Code				
sno	11	а	MISCELLANEOUS	_II	NCOM	Œ	900099	45,045.			45,045.
Miscellaneous Revenue			ACCOUNTING SE				541200	44,100.		44,100.	
eve		С									
Aisc		d	All other revenue			_ <del></del>					
2			Total. Add lines 11a-11d				<b>&gt;</b>	89,145.			
	12		Total revenue. See instruction					7,228,064.	0.	44,100.	266,468.

#### 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 or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 105,276. 105,276. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,089,455. 1,089,455. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 291,502. 236,475. 37,604. 17,423. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,636,424. 2,949,982. 469,097. 217,345. 7 Pension plan accruals and contributions (include 61,290. 49,724. 7,934. 3,632. section 401(k) and 403(b) employer contributions) 360,739. <u>57,</u>556. 26,353. Other employee benefits 444,648. 9 284,009. 230,414. 36,763. 16,832. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 15,038. 15,038. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 208,944. 141,058. 65,002. column (A) amount, list line 11g expenses on Sch O.) 2,884. 2,832. 9,274. 5,725. 717. Advertising and promotion 12 199,251. 133,881. 49,006. 16,364. 13 Office expenses 14 Information technology Royalties 15 140,706. 123,253. 12,882. 4,571. 16 Occupancy 8,338. 8,285. 28. 25. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 119. 18,767. 18,886. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 203,438. 181,322. 14,014. 8,102. Depreciation, depletion, and amortization 22 39,801. 33,166. 5,344. 1,291. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 188,258. 188,258. CYBERCRIME LOSS MISCELLANEOUS 46,077. 15,855. 14,363. 15,859. 43,383. 26,780. 13,250. SUPPLIES 3,353. С d All other expenses 7,033,998. 5,710,157. 988,968. 334,873. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	629,825.	1	700.		
	2	Savings and temporary cash investments			302,228.	2	744,976.
	3	Pledges and grants receivable, net			627,134.	3	704,028.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese persor	ns		5	
	6	Loans and other receivables from other disqui	alified perso				
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			47,558.	9	73,396.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	. 10b	2,400,080.	4,063,741.	10c	4,462,810.
	11	Investments - publicly traded securities			2,163,733.	11	2,722,324.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			186,027.	15	89,472.
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33	)	8,020,246.	16	8,797,706.
	17	Accounts payable and accrued expenses	325,950.	17	418,012.		
	18	Grants payable				18	
	19	Deferred revenue			779,300.	19	779,300.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk					
jab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24). (	Complete Part X			
		of Schedule D			1 105 250	25	1 107 212
	26			► ▼	1,105,250.	26	1,197,312.
ý		Organizations that follow FASB ASC 958, c	neck nere				
JCe		and complete lines 27, 28, 32, and 33.			6,870,808.	07	7 506 917
alaı	27	Net assets without donor restrictions			44,188.	27	7,596,817.
d B	28	Net assets with donor restrictions			44,100.	28	3,311•
Ë		Organizations that do not follow FASB ASC	, 958, cnec	k nere			
٩		and complete lines 29 through 33.	d_			00	
Sts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			6,914,996.	31	7,600,394.
ž	32	Total liabilities and not assets/fund balances			8,020,246.	32	8,797,706.
	33	Total liabilities and net assets/fund balances			0,040,440.	<b>ა</b> ა	0,191,100.

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		7,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,03	3,9	98.
3	Revenue less expenses. Subtract line 2 from line 1	3	19	4,0	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,91	4,9	96.
5	Net unrealized gains (losses) on investments	5	49	1,3	32.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,60	0,3	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	<b>)</b> .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2020)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** OASIS CENTER INC. 62-0968273 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4413133.	4600403.	4863952.	5476822.	6917496.	26271806 <b>.</b>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4413133.	4600403.	4863952.	5476822.	6917496.	26271806.
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)						419,108.
	Public support. Subtract line 5 from line 4.						25852698.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4413133.	4600403.	4863952.	5476822.	6917496.	26271806.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	57,723.	62,126.	63,238.	64,311.	39,438.	286,836.
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 VI.)	101,280.	88,780.	104,202.	102,573.		485,980.
11	<b>Total support.</b> Add lines 7 through 10						27044622.
12	Gross receipts from related activities,	,	,			12	511,834.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publi						05 50
14	Public support percentage for 2020 (I					14	95.59 %
15	Public support percentage from 2019					15	95.17 %
16a	33 1/3% support test - 2020. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2019. If the d						. $\Box$
	and <b>stop here.</b> The organization qual		• •				
17a	10% -facts-and-circumstances test	ū					*
	and if the organization meets the fact		•	-		•	<b>.</b> .
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the		•				<b>.</b> □
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, check this box a	na see instructions	<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6			, ,			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5		on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						<b>&gt;</b>
k	33 1/3% support tests - 2019. If the						ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	.,	
	Yes	No
1		
2		
3a		
3b		
30		
3c		
4a		
4.		
4b		
4c		
70		
5a		
F1.		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
0-		
9c		
10a		
10b		
	O F7	0000
n 990 or 99	ıυ-⊑ <b>∠</b> )	ZU2U

Par	t IV   Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		i
Sect	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must		·			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets	<u></u>		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	ovide details ii) i ui i ii)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in <b>Part VI</b> ). See instructions.	io organization to respensive		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a unious and a sign of a unious sign	(i)	(ii)	<u> </u>	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	5	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	o From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020 OASIS CENTE	R, INC.		62-0968273 F	Page 8
Part VI	<b>Supplemental Information.</b> Provide the e Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E (See instructions.)	explanations require , 9a, 9b, 9c, 11a, 1 ection E, lines 1c, 2	1b, and 11c; Part IV, Section B, lines a, 2b, 3a, and 3b; Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C t V, Section B, line 1e; Part	<b>,</b>

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

OASIS	CENTER, INC.	62-0968273			
Organization type (check one):					
Filers of: Secti	ion:				
Form 990 or 990-EZ X	501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
· ·	ed by the <b>General Rule</b> or a <b>Special Rule.</b> or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
dellei ai nuie					
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
out it <b>must</b> answer "No" on Part IV	covered by the General Rule and/or the Special Rules doesn't file Schedule B (For, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forg requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization

CASIS CENTER, INC.

Employer identification number

62-0968273

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,433,541.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 2,085,793.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>141,596.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$243,403.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CASIS CENTER, INC.

Employer identification number

62-0968273

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	S	Person Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number

OASIS CENTER, INC.

62-0968273

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** OASIS CENTER, 62-0968273 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	or advised fu	nds
	are the organization's property, subject to the organization's ea	xclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds	can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	urpose confe	erring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Forn	n 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreation	on or education) Preserv	ation of a his	storically important land area
	Protection of natural habitat	Preserva	ation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in th	e form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated	l by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, hand	ling of	
	violations, and enforcement of the conservation easements it $\ensuremath{\text{h}}$	nolds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	ng conservat	tion easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing co	nservation e	easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and ex	xpense state	ment and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial	statements t	hat describes the
_	organization's accounting for conservation easements.			<u> </u>
Par	t III Organizations Maintaining Collections of A		or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue state	ement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or resear	ch in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statemer	nt and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research	in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for f	inancial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Accets included in Form 900 Part V			

	rt III Organizations Maintaining Col	lections of Art, His	torical Tre	easures, o	r Other S	Similar Ass	sets (cont	inued)	uge –
3	Using the organization's acquisition, accession						•		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	am				
b Scholarly research e Other									
c Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain how t	hey further th	ne organizatio	on's exemp	t purpose in I	Part XIII.		
5	During the year, did the organization solicit or re	eceive donations of art, h	nistorical trea	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be main	tained as part of the orga	anization's co	llection?			Yes		No
Par	rt IV Escrow and Custodial Arrange	ements. Complete if the	ne organizatio	n answered	"Yes" on F	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Part >								
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contribution	s or other as	sets not inc	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII and								
	•						Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Forr						Yes		No
	If "Yes," explain the arrangement in Part XIII. Cl				-				Ī
_	rt V Endowment Funds. Complete if the								
			Prior year	(c) Two yea		I) Three years b	ack (e) Fou	ır years	back
1a	Beginning of year balance				1	,			
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
ŭ	and programs								
f	Administrative expenses								
g	End of year balance								
		t year end halance (line :	Ia column (a	)) pelq as.					
a	<ul> <li>Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>Board designated or quasi-endowment</li> </ul>								
b	Permanent endowment								
C	Term endowment > %								
ŭ	The percentages on lines 2a, 2b, and 2c should	Legual 100%							
3a	Are there endowment funds not in the possessi	•	at are held a	nd administer	red for the	organization			
ou	by:	on or the organization th	at are freid a	na aaministo	ica ioi tiio	organization		Yes	No
	(i) Unrelated organizations						3a(i)		110
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on :	Schedule R2				3b		
4	Describe in Part XIII the intended uses of the or								
	rt VI Land, Buildings, and Equipmer		Tarias.						
	Complete if the organization answered "		IV line 11a S	See Form 990	) Part X lin	ne 10			
	Description of property	(a) Cost or other		t or other		umulated	(d) Bo	ok valu	
	bescription of property	basis (investment)		(other)		eciation	(4) 50	JK Valu	C
12	Land			0,001.	2.5/51		2.0	0,0	01.
ia b	Land			7,983.	1 76	50,455.	3,97		
C	Buildings Leasehold improvements		3,73	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,	, , <u>, , , , , , , , , , , , , , , , , </u>	3,51	,,,,	
d			Я1	6,406.	61	39,625.	17	6,7	81
	Equipment			8,500.	· · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8,5	
	Other	15 000 5	*		<u> </u>		4,46		
ı uta	<ol> <li>Add lines 1a through 1e. (Column (d) must equ</li> </ol>	<u>aı Form 990, Part X. colu</u>	mn (В). line 1	UC.)		<u> </u>	1 -, +0	4,0	± ∪ •

Schedule D (Form 990) 2020 OASIS CENTER	, INC.	62-	-0968273 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) De	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X   Other Liabilities.	<u>5.)                                    </u>	<b>&gt;</b>	
	Form 000 Port IV line	110 or 11f Coo Form 000 Dort V line 25	
Complete if the organization answered "Yes" on  (a) Description of liability	Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25.	(b) Book value
li (1)			(b) DOOK Value
(1) Federal income taxes			
(2)			
(3)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

	dule D (Form 990) 2020 UASIS CENTER, INC.				J9002/3 Page 4
Par	•	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	7,760,835.
				1	1,700,033.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a	491,332.		
	Donated services and use of facilities	2b	41,439.		
	Recoveries of prior year grants	2c	11/1000		
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	532,771.
	Subtract line <b>2e</b> from line <b>1</b>			3	7,228,064.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	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	7,228,064.
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
	Total expenses and losses per audited financial statements			1	7,075,437.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	41 420		
	Donated services and use of facilities	2a	41,439.		
	Prior year adjustments	2b		.	
	Other losses	2c			
	Other (Describe in Part XIII.)				11 120
	Add lines 2a through 2d			2e 3	41,439. 7,033,998.
	Subtract line 2e from line 1			3	1,033,990.
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	7,033,998.
Par	t XIII Supplemental Information.				. / 000 / 000
Provid	de 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			,	-, ····, · -···-,
PAR	T X, LINE 2:				
THE	CENTER IS EXEMPT FROM INCOME TAX UNDER SEC	CTION	501(C)(3)	OF 1	THE
INT	ERNAL REVENUE CODE AND IS NOT A PRIVATE FOU	JNDAT	ON. THEREF	ORE	, NO
DD 0	WIGION DOD INGOND MAYDG HAG DODN WADE IN M	TE 3.00	NOME AND THE		MATAT
PRO	VISION FOR INCOME TAXES HAS BEEN MADE IN TH	HE ACC	COMPANYING	F.TIV	ANCIAL
сшл	пеменис				
STA	TEMENTS.				
тне	CENTER FOLLOWS FINANCIAL ACCOUNTING STANDA	ARDS F	SOARD ("FAS	B")	
	CHAIR TORIOND TIMMOTHE MCCOUNTING BIRMON	IIIDD I	301IIID ( 111B	<u>,                                     </u>	
ACC	OUNTING STANDARDS CODIFICATION GUIDANCE THA	AT CLA	ARIFIES THE	ACC	COUNTING
FOR	UNCERTAINTY IN INCOME TAXES RECOGNIZED IN	AN EN	TITY'S FIN	ANC	IAL
STA	TEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM	M PROE	BABILITY TH	RESI	HOLD THAT
<u>A T</u>	AX POSITION MUST MEET BEFORE A FINANCIAL ST	<b>PATEMI</b>	ENT BENEFIT	IS	
REC	OGNIZED. THE MINIMUM THRESHOLD IS DEFINED A	AS A	TAX POSITIO	N TI	HAT IS

Part XIII   Supplemental Information (continued)
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. THE CENTER HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public

Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

**ջ Employer identification number** 62-0968273 TEEN OUTREACH PROGRAM (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 0 Ö o 0 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 300. 8 792 22,381. 10,230, 10,000, 21,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ο, (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 58-1409385 501(C)(3) 58-1716970 501(C)(3) 27-0972875 501(C)(3) Enter total number of other organizations listed in the line 1 table 62-6044288 62-0515531 20-5504314 INC General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? CENTER 1 (a) Name and address of organization YOUTH OPPORTUNITY INVESTMENT 1531 DICK LOMAS RD, BLDG C FLORENCE CRITTENDON AGENCY or government 503 CARDIFF VALLEY ROAD 3310 PERIMETER HILL DR. 868 N. MANASSAS STREET TN 37744 MADISON OAKS ACADEMY KNOXVILLE, TN 37909 49 OLD HICKORY BLVD Name of the organization NASHVILLE, TN 37211 ROCKWOOD, TN 37854 JACKSON, TN 38305 MEMPHIS, TN 38107 YOUTH VILLAGES HOLSTON HOMES PORTER-LEATH GREENVILLE, PO BOX 188 Part I Part II N

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

Schedule I (Form 990) 2020

Schedule I (Form 990) OASIS CENTER, INC.	62-0968273	Page 1
Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t 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
FRONTIER HEALTH PO BOX 9054 GRAY, TN 37615	62-0582605 501(C)(3)	501(C)(3)	17,141.	0			TEEN OUTREACH PROGRAM
							Schedule I (Form 990)

OASIS CENTER, INC.

Page 2

62-0968273

Schedule I (Form 990) 2020 OASIS CENTER, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
OUTH TRANSPORTATION, RECREATION & MISCELLANEOUS	3200	1,089,455.	•0		
Part IV Supplemental Information. Provide the information required in		e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	ditional information.	
PART I, LINE 2:					
PART II:					
AWARD SELECTION IS BASED ON INDEPENDENT	NDENT PANEL	REVIEW	OF APPLICATIONS	TIONS AND	
PROGRAM MONITORING OF AWARDS OCCURS		THROUGH MONTHLY R	REVIEW OF R	REIMBURSABLE	
EXPENDITURES PRIOR TO PAYMENT, SITE	SITE-VISITS	AND BI-ANNUAL	UAL PERFORMANCE	MANCE	
REPORTING.					

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

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OASIS CENTER, INC.

Employer identification number 62-0968273

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

PROCESS THAT INCLUDES SELF-EXPLORATION,

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

YEARS OLD . STAFF ENGAGE YOUTH IN A THREE - PHASE CAREER DEVELOPMENT

CAREER EXPLORATION,

CAREER

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 62-0968273 OASIS CENTER, INC. PLANNING AND MANAGEMENT. RAPID REHOUSING AND HOMELESS DIVERSION SERVICES OFFERED TO YOUTH 18-24 TO ASSIST WITH SECURING PERMANENT HOUSING; PREVENTING HOMELESSNESS AND PROVIDING SUPPORTIVE SERVICES EXPENSES \$ 1,573,673. INCLUDING GRANTS OF \$ 129,538. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 IS SENT TO THE EXECUTIVE AND FINANCE COMMITTEE OF THE BOARD FOR REVIEW PRIOR TO ISSUE. A SUMMARY OF EXPLAINATION IS INCLUDED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE HANDLED ON A CASE BY CASE BASIS. IN THE EVENT A CONFLICT OF INTEREST DOES OCCUR, THE BOARD MEMBER INVOLVED WILL ABSTAIN FROM VOTING AND WILL NOT PARTICIPATE IN THE VOTING PROCESS. ALSO, AN ANNUAL REVIEW AND SIGNATURE IS OBTAINED AT THE BOARD ORIENTATION FROM NEW AND RETURNING MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION AND ANNUAL MERIT ADJUSTMENTS FOR THE CEO OF THE ORGANIZATION. COMPENSATION IS DETERMINED BASED ON MARKET VALUE AND OTHER IDENTIFIED KEY OBJECTIVES.

OASIS CENTERS SALARY RANGES AND LEVEL CLASSIFICATIONS ARE BASED UPON A LOCAL (NASHVILLE, TN) COMPARISON OF NON-PROFIT AGENCIES WITH SIMILAR STAFF RESPONSIBILITIES AND DUTIES TO DETERMINE STARTING, MID-LEVEL AND MAXIMUM WAGES FOR EACH POSITION.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization  OASIS CENTER, INC.	Employer identification number 62-0968273
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUES	T AND FINANCIAL
INFORMATION IS AVAILABLE THROUGH GIVINGMATTERS.COM	
	-

EXTENDED TO MAY 16, 2022

For	<sub>m</sub> 990-T	-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
		For cal	1	2020					
Dep	For calendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 .  Solution of the Treasury real Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								
A	Check box if address changed.		Name of organization (		yer identification number				
 В	Exempt under section	6:	2-0968273						
	X 501(c)(3) 408(e) 220(e)	or Type		exemption number structions)					
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37203	F _	Check box if				
			ok value of all assets at end of year > 8,797,706.		an amended return.				
G				pplicab	le reinsurance entity				
<u>H</u>	Check if filing only to	<u> </u>	Claim credit from Form 8941 Claim a refund shown on Form 2439						
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation						
J			ed Schedules A (Form 990-T)	1					
K				▶ ∟	Yes X No				
			d identifying number of the parent corporation.						
<u>_</u>			1	615	327-4455				
<u> </u>			d Business Taxable Income						
1		busines	ss taxable income computed from all unrelated trades or businesses (see		22 21 5				
	instructions)	1	-33,215.						
2	Reserved	2	22 21 5						
3	Add lines 1 and 2			3	-33,215.				
4			see instructions for limitation rules)	4	0.				
5	Total unrelated bu	taxable income before net operating losses. Subtract line 4 from line 3	5	-33,215.					
6		•	ng loss. See instructions	6	0.				
7			ss taxable income before specific deduction and section 199A deduction.		22 21 5				
	Subtract line 6 from			7	-33,215.				
8			rally \$1,000, but see instructions for exceptions)	8	1,000.				
9		duction. See instructions	9	1 000					
10	Total deductions.			10	1,000.				
11	_	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0				
Б	enter zero Part II Tax Com		A.	11	0.				
		•		Т. Т					
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.				
2			ates. See instructions for tax computation. Income tax on the amount on						
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041) ▶	2					
3	Proxy tax. See ins			3					
4	Other tax amounts		nstructions trusts only)	4					
5	Alternative minimu	5							
-									

Form **990-T** (2020)

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 2 Other taxes. Check if from: Form 4255 | Form 8611 | Form 8697 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 0. 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 6a 2020 estimated tax payments. Check if section 643(g) election applies \_\_\_\_\_ ▶ \_ b 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Form 4136 U Other Total ▶ Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \_\_\_\_\_ > \$ 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here BOARD CHAIR the preparer shown below (see Signature of officer Date instructions)? X Yes Preparer's signature Date if PTIN Print/Type preparer's name Check self- employed Paid P01336455 RYAN BLANKENSHIP **Preparer** Firm's name ► CHERRY BEKAERT LLP 56-0574444 Firm's EIN ▶ **Use Only** 222 SECOND AVE, SOUTH STE 1240

Form 990-T (2020)

Phone no. 615 - 383 - 6592

Firm's address ► NASHVILLE,

TN 37201

### **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

<b>A</b> N							mployer identification number 2 – 0 9 6 8 2 7 3			
<u>с</u> и							nce: 1 of 1			
<b>E</b> D	escribe the unrelated trade or business ►ACCOUNTING S	ERVT	CES							
Par			(A) Inco	me	(B) Expen	505	(C) Net			
rai	Chileteted Trade of Business mostlic		(A) IIICO	iiie	(b) Expen	363	(O) Net			
	Gross receipts or sales									
b	Less returns and allowances c Balance ▶	1c		_						
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4 a	Capital gain net income (attach Sch D (Form 1041 or Form									
	1120)) (see instructions)	4a								
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		_						
С	Capital loss deduction for trusts	4c								
5	Income (loss) from a partnership or an S corporation (attach									
	statement)	5								
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled									
	organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17)									
	organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10								
11	Advertising income (Part IX)	11	4.4	100			44 100			
12	Other income (see instructions; attach statement) STMT 1 12 44,100.  Total. Combine lines 3 through 12 13 44,100.						44,100.			
<u>13</u>	Total. Combine lines 3 through 12		44,100.							
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in		r limitatior	s on ded	uctions) De	ductions i				
1	Compensation of officers, directors, and trustees (Part X)					. 1	30,787.			
2	Salaries and wages					2	11,119.			
3	Repairs and maintenance					3				
4	Bad debts									
5	Interest (attach statement) (see instructions)					5				
6	Taxes and licenses					6				
7	Depreciation (attach Form 4562) (see instructions)			7						
8	Less depreciation claimed in Part III and elsewhere on return		L	Ва		8b				
9	Depletion									
10	Contributions to deferred compensation plans					10				
11	Employee benefit programs					11				
12	Excess exempt expenses (Part VIII)					12				
13	Excess readership costs (Part IX)					13				
14	Other deductions (attach statement)		35,409.							
15	<b>Total deductions.</b> Add lines 1 through 14						77,315.			
16	Unrelated business income before net operating loss deduction. Su	ubtract li	ine 15 from F	art I, line 13	3,					
	column (C)						-33,215.			
17	Deduction for net operating loss (see instructions)						0.			
18	Unrelated business taxable income. Subtract line 17 from line 16	·				. 18	-33,215.			
LHA	For Paperwork Reduction Act Notice, see instructions.					Schedule A	A (Form 990-T) 2020			

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on D		Page Z
1		nod of inventory valuation	511	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part					
1	Description of property (property street address, city, s	· · · · · · · · · · · · · · · · · · ·	•		
-	A	,,-		,	
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				_
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	<b>&gt;</b>	0.
Part	ŢS				
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use (see	instructions)	
	<u> </u>				
	B				
	D			0	
•	Out and improve a fundamental and allowed the state of	Α	В	С	D
2	Gross income from or allocable to debt-financed				
3	property  Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	/0	70
8	Total gross income (add line 7, columns A through D)		L line 7. column (A)	<b>•</b>	0.
9			, ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A the	rough D. Enter here and	on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line				0.

Schedu	ile A (Form 990-T) 2020	) .:1: D:	avaldias and Da		Combrid							Page 3
Part	VI Înterest, Annu	lities, Ko	oyaities, and Re	ents tror	n Control		<u> </u>	, , ,	e instruct			
				Exempt Controlled Organizations								
	<ol> <li>Name of controlled organization</li> </ol>		2. Employer	income (loss) paym				rt of colur		6. Deductions directly		
			identification			nents made		that is included in the controlling organiza-			connected with	
			number	(see ins	structions)			tion's gross income			ind	come in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	ganizati	ions			•		
7	. Taxable Income	1.8	Net unrelated	<b>9.</b> To	otal of specif	ied	<b>10.</b> Part o	of colur	nn 9	11.	. Dec	ductions directly
		in	come (loss)	pa	yments mad	е	that is include				connected with	
		(see	e instructions)				controlling	organız income		in	com	e in column 10
(1)							gross	HIOOHII				
(2)												
(3)												
(4)												
(4)							Add colum	no 5 or	nd 10	٨٨	d 00	lumns 6 and 11.
							Enter here					ere and on Part I,
							line 8, c		,			8, column (B)
Totalo						_			0.			0.
Totals Part	VII Investment	Income	of a Section 50	1(c)(7) (	9) or (17)	Organ	ization /s	!				0.
· are		cription of		1(0)(1), (	_				uctions)	:-	ı	5. Total deductions
	1. Desc	Shiption of	income		2. Amou incon		3. Deduction		<ol> <li>Set- (attach st</li> </ol>			and set-asides
							(attach stater		(411415)			(add cols 3 and 4)
(4)											$\dashv$	
(1)											$\dashv$	
(2)								-			$\dashv$	
(3)											$\dashv$	
(4)					Add amou	ınte in						Add amounts in
					column 2							column 5. Enter
					here and o							here and on Part I,
					line 9, colu							line 9, column (B)
Totals				<u></u>		0.						0.
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income (	see ins	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, columi	n (A) .		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
•	4 Enter here and on F			,						7		

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

Page 4

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repo	rting two or r	nore periodicals on a	consolidated basis	S.	
	A 🔲	•	•			
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in t	ne correspon	idina column			
			Α	В	С	D
2	Gross advertising income					
-	Add columns A through D. Enter here and		a 11 column (Δ)	1		0.
а	Add coldmins A through b. Enter here and	orr arti, iirk				
3	Direct advertising costs by periodical	1				
а	Add columns A through D. Enter here and		a 11 column (R)	1		0.
u	Add coldming A through b. Enter here and	Offi art i, iii k				
4	Advertising gain (loss). Subtract line 3 from	line				
7	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comp					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less the			<u> </u>		
'	line 5, subtract line 6 from line 5. If line 5 is					
8	than line 6, enter zero					
0	deduction. For each column showing a gai	n on				
	line 4, enter the lesser of line 4 or line 7					
•	Add line 8, columns A through D. Enter the		no lino 9a, columne to	tal or zoro boro an	d on	
а	Part II, line 13	greater or ti	ie iirie oa, coluiriris to	tai or zero nere an	d on	0.
Part		Directors.	and Trustees	eee instructions)		•
	2		(5	ice instructions,	3. Percentage	4. Compensation
	<b>1.</b> Name		<b>2.</b> Title		of time devoted	attributable to
	n Name		21 1110		to business	unrelated business
(1)		CHIEF	FINANCIAL		%	uniciated basiness
	IMBERLY REESE	OFFIC			80.00%	30,787.
(3)		01110			%	3071011
(4)					%	
(-)					70	
Total	Enter here and on Part II, line 1					30,787.
Part		(coo instruct	ione)			3071011
1 4.11	Zu Cuppionioniui morniuion	(See Ilistiuct	10113)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
ACCOUNTING SERVICES			44,100.
TOTAL TO SCHEDULE A, PART 1	I, LINE 12		44,100.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
OFFICE EXPENSE OCCUPANCY ADMINISTRATIVE OVERHEAD INSURANCE IT SERVICES			7,678. 7,855. 13,418. 3,204. 3,254.
TOTAL TO SCHEDULE A, PART I	II, LINE 14		35,409.