

			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form 990 Department of the Treasury		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundations)	2021
		of the Treasury	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
A	For th			JUN 30, 2022	
	Check if applicat	le: C Name of	organization	D Employer identifica	tion number
_	Addr		C CENTER INC		
-	Chan		S CENTER, INC.	62-096827	3
-	_]chan		usiness as and street (or P.O. box if mail is not delivered to street address) Room/su		5
F	returr Final	170/	CHARLOTTE AVENUE #200	(615) 327	-4455
	⊥returi termi ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,260,933.
	Amer returr	ided NTA CU	VILLE, TN 37203	H(a) Is this a group retu	
	Appli tion	^{ca-} F Name ar	nd address of principal officer: JILL HEYMAN		Yes X No
	pend	SAME	AS C ABOVE	H(b) Are all subordinates inclu	
		empt status:		527 If "No," attach a lis	st. See instructions
			OASISCENTER.ORG	H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ▶ L Y	ear of formation: 1969 M	State of legal domicile: TN
Pa	art I	Summary			mite
e	1		e the organization's mission or most significant activities: OASIS CEI S LEADING YOUTH-SERVING ORGANIZATIONS,		
ano	2		★ ► if the organization discontinued its operations or disposed of m.		
Governance	3				.s. 28
ĝ	4		ependent voting members of the governing body (Part VI, line 1a)		28
ა ი			of individuals employed in calendar year 2021 (Part V, line 2a)		138
itie	6		of volunteers (estimate if necessary)		250
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	6,917,496.	7,319,047.
Revenue	9	•	ce revenue (Part VIII, line 2g)	17,662.	13,534.
Bev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	203,761.	166,009.
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>89,145.</u> 7,228,064.	<u>134,554.</u> 7,633,144.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	1,194,731.	988,011.
	14			0.	0.
	40	•		4,717,873.	4,462,378.
Ises	16a	Professional fu	undraising fees (Part IX. column (A). line 11e)	0.	0.
Expenses	. b	Total fundraisi	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) • 404,465.		
ũ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,121,394.	1,131,825.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,033,998.	6,582,214.
	19	Revenue less	expenses. Subtract line 18 from line 12	194,066.	1,050,930.
S OF	277			Beginning of Current Year	End of Year
ssets	20	Total assets (F		8,797,706.	8,507,294.
Net Assets or	21		(Part X, line 26)	1,197,312.	<u>383,828.</u> 8,123,466.
	art II	Net assets or f	Block	7,600,394.	0,1400.
			declare that I have examined this return, including accompanying schedules and stat	ements and to the hest of my b	nowledge and belief it is
	-		Declaration of preparer (other than officer) is based on all information of which prepa		ונוא מווע שבוובו, וג וא
	,				

Sign Here	Signature of officer JILL HEYMAN, PRESIDENT			Date			
	Type or print name and title						
Paid	Print/Type preparer's name LAUREN MOSES	Preparer's signature	Date 2023.05.10 10:07:32 -	04'00' Check PTIN if self-employed P02156583			
Preparer	Firm's name 🕒 CHERRY BEKAERT A	DVISORY LLC		Firm's EIN 88-2730877			
Use Only	Firm's address 222 SECOND AVE,	SOUTH STE 1240					
	NASHVILLE, TN 37	201		Phone no. 615-383-6592			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) OASIS CENTER, INC. 62-0968273 Page 2
Pa	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?
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,745,940. including grants of \$ 850,145.) (Revenue \$ 13,534.)
	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 \$627,052. including grants of \$7,828.) (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.
4c	(Code:) (Expenses \$ 489, 112 including grants of \$ 35, 219.) (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.
44	Other program services (Describe on Schedule O.)
μu	(Expenses \$ 1,422,343. including grants of \$ 94,819.) (Revenue \$)
4e	Total program service expenses ► 5,284,447.
	Form 990 (2021)

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 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? See instructions	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 Rev. Proc. 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			
	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,			
	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			
	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			
	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,		37	
	Part VI	<u>11a</u>	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			v
	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			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		
a	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	444		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	
100	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	- 23	
IZd		12a	х	
h	Schedule D, Parts XI and XII	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	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,			
~	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		x
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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 OASIS CENTER, INC.

 Part IV
 Checklist of Required Schedules (continued)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			
	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%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		_ <u>A</u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "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	31		- 23
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 138			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
			3a	Х	
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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?	I	7c		X
d	, 5,	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the	-		
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		•		
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
		10a			
		10b			
11	Section 501(c)(12) organizations. Enter:	110			
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a			
b		11b			
12a	amounts due or received from them.)		12a		
		12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D.		13b			
с		13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	าง			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-	17		
	If "Ves " complete Form 6069				

Form	990	(2021)	
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OASIS CENTER, INC.

X

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.

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			
	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	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, st	ockho	lders, 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	-	-			
а	The governing body?			8a	X	
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 read	ched a	t the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	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 ch	apters	, affiliates,	101		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y belor	e ming the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			120	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}	,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by in	aoponaon			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m TN}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	financ	cial	
	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 boo	oks and	d records			
	KIMBERLY REESE - (615) 327-4455					
	1704 CHARLOTTE AVE. STE 200, NASHVILLE, TN 37203					

Form 990 (2		62-0968273	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	nsated	
	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 Comple	te 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

Name and title Average hours per tensor per tensor per weak (it any) hours for the and stretch tubel (it any) hours for the and hours per tensor hours for the and stretch tubel (it any) hours for the and hours per tensor hours for the and stretch tubel (it any) hours for the and stretch tubel (it any) hours for the and stretch tubel (it any) hours for the and stretch tubel (it any) for the stretch tubel (it any) fo	(A)	(B)				C)			(D)	(E)	(F)
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	BOARD MEMBER		Х						0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)							(E)	(F)			
Name and title	Average			Posi				Reportable	Reportable		nated
	hours per		not cl					compensation	compensation		unt of
	week	offi	cer an	d a di	recto	r/trus	tee)	from	from related	ot	her
	(list any	ctor						the	organizations	compe	ensation
	hours for	r dire				ed		organization	(W-2/1099-MISC/	fror	n the
	related	itee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orgar	nization
	organizations	ll trus	nal tr		oyee	duo		1099-NEC)		and r	related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organi	izations
	line)	Ind	Inst	Offi	Key	eng	Бr				
(18) ANDRES MARTINEZ	1.00										
BOARD MEMBER		Х						0.	0.		0.
(19) TASHINA MASON	1.00										
BOARD MEMBER		Х						0.	0.		0.
(20) BRIAN MCKINLEY	1.00										
BOARD MEMBER		Х						0.	0.		0.
(21) SUSAN MOSLEY-HOWARD	1.00										
BOARD MEMBER		х						0.	0.		0.
(22) KRISTIE NETTLES	1.00										
BOARD MEMBER		x						0.	0.		0.
(23) JOHN OZIER	1.00										
BOARD MEMBER	1.00	x						0.	0.		0.
(24) CHRIS PATTERSON	1.00	A						0.	0.		0.
	1.00	v						0.	0		0
BOARD MEMBER	1 0 0	Х		-+		-		0.	0.		0.
(25) MICHAEL PEACOK	1.00								•		•
BOARD MEMBER		Х						0.	0.		0.
(26) JASON RINGBLOOM	1.00										
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal								239,025.	0.	24	,144.
c Total from continuation sheets to Part VI	, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								239,025.	0.	24	,144.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											1
										Y	'es No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	mplo	ove	e. or	hia	hest compensated emp	ovee on		
line 1a? If "Yes," complete Schedule J for su										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	x
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com								•	idal for services	5	x
Section B. Independent Contractors	<u>piete Scheaule</u>	<u>ə J T</u>	or su	<u>cn p</u>	bers	on .				5	
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1 Complete this table for your five highest cor	-									LION IFON	I
the organization. Report compensation for t	ne calendar ye	ear e	enain	g wi	th c	or wi	<u>tnin</u>		ear.	(2)	
(A) Name and business	addross	370						(B) Description of s	onvicos	(C) Compens	ation
	2001635	INC	ONE				-+	Description of s		ompens	a.ion
							_				

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

Form 990OASIS CEN	ITER, IN	C.							62-096	8273
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd H	lighe	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cł	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee 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								0	0
BOARD MEMBER		X						0.	0.	0.
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>		<u></u>			

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	se or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
is s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b]			
Ame Ame	с	Fundraising events 1c	9,484.				
Sifts ar /	d	Related organizations 10					
is, (imil	е	Government grants (contributions) 1e	1,239,703.				
tion sr Si	f	All other contributions, gifts, grants, and					
ibu			3,069,860.				
ontr od C	g	Noncash contributions included in lines 1a-1f		B 210 04 B			
<u>a Č</u>	h	Total. Add lines 1a-1f		7,319,047.			
		MDAINING DEVENUE	Business Code 900099	12 524	12 524		
ice	2 a		_	13,534.	13,534.		
erv ue	b						
m S ven	c d						
gra Re	u		_				
Program Service Revenue	f	All other program service revenue	-				
	a	Total. Add lines 2a-2f		13,534.			
	3	Investment income (including dividends, int					
		other similar amounts)	,	43,879.			43,879.
	4	Income from investment of tax-exempt bond					-
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securitie	. ,				
		assets other than inventory 7a 708 ,014	•				
•	b	Less: cost or other basis					
Revenue		and sales expenses 7b 585,884 Gain or (loss) 7c 122,130	•				
eve		. ,		122,130.			122,130.
		Net gain or (loss)	>	122,130.			122,130.
Other	0 4	including \$9,484 • of					
0		contributions reported on line 1c). See					
			8a125,348.				
	b	Less: direct expenses	8b 41,905.	1			
		Net income or (loss) from fundraising events		83,443.			83,443.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		F	10a				
			10b				
	С	Net income or (loss) from sales of inventory					
sr		MICOULIANDOLIC INCOME	Business Code	F1 111			51 111
leo(11 a	MISCELLANEOUS INCOME	900099	51,111.			51,111.
llan	b						
Miscellaneous Revenue	с С	All other revenue	-				
Ĭ	u o	All other revenue		51,111.			
	12	Total revenue. See instructions		7,633,144.	13,534.	0.	300,563.

OASIS CENTER, INC.

Form 990 (2021)

62-0968273

Page **9**

С d

25

26

b MISCELLANEOUS

Total functional expenses. Add lines 1 through 24e 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)

e All other expenses

Form	0990 (2021) OASIS CENTER			62-09	68273 Page
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must cor	nnlete column (A)	
5000	Check if Schedule O contains a respons				[
Dor	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	99,761.	99,761.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	888,250.	888,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	244,031.	191,810.	33,377.	18,84
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,529,389.	2,774,123.	482,720.	272,54
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,372.	21,118.	3,364.	<u>1,89</u> 27,67
9	Other employee benefits	386,218.	309,276.	49,267.	27,67
10	Payroll taxes	276,368.	221,310.	35,255.	19,80
11	Fees for services (nonemployees):				
а	Management				
	Legal	00.110			
	Accounting	20,113.		20,113.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	051 050	100 000	100 100	1 4 4 5
	column (A), amount, list line 11g expenses on Sch 0.)	<u>251,953.</u> 15,110.	137,306.	100,197.	14,45
12	Advertising and promotion	,	11,606.	3,090.	41
13	Office expenses	250,087.	157,772.	79,842.	12,47
14	Information technology				
15	Royalties	144 050	117 107	22.200	4 0.0
16		144,859. 21,885.	117,467.	22,399.	4,99
17	Travel	41,000.	21,786.	29.	7
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	50,395.	39,394.	11,001.	
19 00	Conferences, conventions, and meetings	50,395.	37,394.	,UU1.	
20					
21	Payments to affiliates	231,297.	198,294.	24,622.	Q 20
22	Depreciation, depletion, and amortization	42,317.	34,209.	6,435.	<u> </u>
23	Insurance	44,J1/.	54,209.	0,400.	1,0/
24	Other expenses. Itemize expenses not covered 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 0.)				
а	SUPPLIES	71,549.	54,959.	14,631.	1,95
a	MICORIIANEOUC	22,260	6 006	6 060	

32,260.

6,582,214.

19,294.

404,465.

6,960.

893,302.

6,006.

5,284,447.

Form 990 (2021)

Pa		Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			700	1	700.
	2	Savings and temporary cash investments		744,976	2	1,242,498.	
	3	Pledges and grants receivable, net			704,028	3	455,979.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			73,396	9	119,265.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,882,732.			
	b	Less: accumulated depreciation	10b	2,631,527.	4,462,810		4,251,205.
	11	Investments - publicly traded securities			2,722,324	11	2,330,130.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		I		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			89,472	15	107,517.
	16	Total assets. Add lines 1 through 15 (must equa		I	8,797,706		8,507,294.
	17	Accounts payable and accrued expenses	418,012	17	383,828.		
	18	Grants payable		18			
	19	Deferred revenue			779,300	19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
S	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
labi		controlled entity or family member of any of thes	e perso	ins		22	
	23	Secured mortgages and notes payable to unrelate	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····	1 105 010	25	
	26				1,197,312	26	383,828.
Ś		Organizations that follow FASB ASC 958, chee	ck here				
Ce		and complete lines 27, 28, 32, and 33.					0 100 074
alar	27	Net assets without donor restrictions	7,596,817		8,123,274. 192.		
Ä	28	Net assets with donor restrictions	3,577	28	192.		
ŭ		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🛄			
г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
ά	31	Retained earnings, endowment, accumulated inc			7 600 204	31	0 100 466
Ne	32	Total net assets or fund balances			7,600,394		8,123,466.
	33	Total liabilities and net assets/fund balances			8,797,706	33	8,507,294.

8,507,294. Form **990** (2021)

Form 990 (
Part X	Balance	Sheet

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Form 990 (2021) OASIS CENTER, INC. 62-096	8273	Pad	_{ge} 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	7,633	3,1	44.
2 Total expenses (must equal Part IX, column (A), line 25)	6,582	2,2	14.
3 Revenue less expenses. Subtract line 2 from line 1 3	1,050),9	30.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	7,600),3	94.
5 Net unrealized gains (losses) on investments 5	-527	7,8	58.
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	8,123	3,4	66.
Part 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 on Schedule O.			
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	Х	
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			
c 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 Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a	Х	L
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b	X	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name	e of t	he organization	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						dentification number			
Deve			S CENTER,						2-0968273			
Par	נו	Reason for Public (Sharity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S				
The o	rgani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only (one box.)						
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	n 170(b) (1	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)							
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4 [A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5 [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). (C	Complete Part II.)									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	-					e general i	oublic described in			
		section 170(b)(1)(A)(vi). (C						- 5				
8		A community trust describe		(1)(A)(vi) (Complete Par	ни)							
9	=	An agricultural research org				ed in conii	inction with a l	and-grant	college			
J L		or university or a non-land-g										
		university:	grant concyc or agric			name, eny	, and state of t	ine conege				
10		An organization that norma		than 22 1/20/ of its supr	ort from o	optributior	na mambarahi	n food on	d aroon ronninto from			
		activities related to its exem		•	. ,				•			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	inter June 30, 1975.			
	_	See section 509(a)(2). (Con	-	and the stand for the later of			DO(-)(A)					
11 L	=	An organization organized a	-		•							
12		An organization organized a	-	-	-			•				
		more publicly supported or	-						Sheck the box on			
		lines 12a through 12d that	• •					-				
а		Type I. A supporting orga	-	-	•	-						
		the supported organization			majority o	of the direc	ctors or trustee	s of the su	ipporting			
		organization. You must c	-									
b		Type II. A supporting org	-				-		•			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally	y integrate	ed with,			
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		J Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	vith its support	ed organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	l, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g		ride the following information										
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)			
Total												

132022 01-04-22

		ASIS CENT		Postions 170/	a)/1)/A)/is/ and	62 - 096	
	(Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I or	r if the organizatior			-
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	<u> </u>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4600403.	4863952.	5476822.	6917496.	7319047.	293
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	4600403.	4863952.	5476822.	6917496.	7319047.	291
	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)						66
6	Public support. Subtract line 5 from line 4.						285
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	
7	Amounts from line 4	4600403.	4863952.	5476822.	6917496.	7319047.	291
8	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	62,126.	63,238.	64,311.	39,438.	43,879.	27
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.)	88,780.	104,202.	102,573.	89,145.	51,111.	43
11	Total support. Add lines 7 through 10						298
12		etc. (see instructio	ons)			12	4(
13	First 5 years. If the Form 990 is for th	e organization's fi	,				
	organization, check this box and stop						<u></u>
Ser	TION (. (.OMDI ITATION OT DUDI						
	ction C. Computation of Publi Public support percentage for 2021 (li		-	clump (f)		14	95

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

7319047.29177720.

7319047.29177720.

7319047.29177720.

(f) Total

662,670. 28515050.

(f) Total

272,992.

435,811.

29886523. 402,854.

95.41

95.59

%

%

X

170(b)(1)(A)(vi) der Part III. If the organization

Schedule A (Form	990) 202
------------------	-----	-------

			CENTER,		
Part III	Support Schedule for	Organiza	ations Desc	ribed in	i Section 509(a)(2)
	(Complete only if you checke	d the box o	on line 10 of Par	t I or if th	e organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	LION A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21 (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		1	1	1		
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
-	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21 (f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 on 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	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) org	janization,
	check this box and stop here	<u></u>	<u></u>	<u></u>		<u></u>	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020		-			16	%
	ction D. Computation of Inves						
17				ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						
100	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33	
	line 18 is not more than 33 1/3%, che						zation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	

OASIS CENTER, INC.

1

Yes

No

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

		Organizations (co		
Schedule A	(Form 990) 202	OASIS	CENTER,	INC

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	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.	
Section 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
 Image: Control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support

Section 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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization	used to satisfy the	Integral Part Test durin	a the year (see instructions).
	Check the box heat to the method				

- **a** 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.*

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
------------	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**
- **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.*

2a

2b

3a

No

Yes

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 mu	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) 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				
Sect	ion 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-function	ally integrate	ed Type III supporting orga	nization (see		

 Schedule A (Form 990) 2021
 OASIS CENTER, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

62-0968273 Page 6

instructions).

Schedule A (Form 990) 2021

Sche	dule A	(Form 990)	2021	OASIS	CENT
Part V Type III Non-Functionally Integra			egrated		
Sect	ion D	- Distributio	ns		
1	Amou	unts paid to s	supported or	ganizations to a	accomplis
2	Amou	unts paid to j	perform activ	vity that directly	furthers e

Sche Par	dule A (Form 990) 2021 OASIS CENTER, t V Type III Non-Functionally Integrated 509		al a di a ca	2-0968273 Page 7
	on D - Distributions		nizations (continued)	Current Year
<u>3ecu</u>	Amounts paid to supported organizations to accomplish exe	mot nurnoses	1	
2	Amounts paid to supported organizations to accomption exemption Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		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 Part VI). See instructions.	5	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	OASIS	CENTER,	INC.			62-0968273 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4t lines 2 and 3	o, 4c, 5a, 6, 9a, ; Part IV, Sectio	9b, 9c, 11a, n E, lines 1c,	11b, and 11c; Part IV , 2a, 2b, 3a, and 3b; F	?, Section B, lines ⁻ Part V, line 1; Part ^v	V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

62-0968273

me of the organizatio	n	
	OASIS	CENTER

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

INC.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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), 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 1h; 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>1,356,249.</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
2		\$ <u>1,910,339.</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
3		\$450,400.	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
4		\$ <u>779,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I

OASIS CENTER, INC.

Page 2

Employer identification number

62-0968273

Name of o	rganization		Employer identification number
OASIS	CENTER, INC.		62-0968273
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - \$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number
OASIS	CENTER, INC.		62-0968273
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	pift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	jift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		jift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

60	HEDULE D	Supplement	al Financial S	tatements		OMB No. 1545-0047
	1EDULE D n 990)		anization answered "Ye			2021
•	,	Part IV, line 6, 7, 8, 9, 10				Open to Public
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form9		the latest information		Inspection
Nam	me of the organization Employer identification number					
D	OASIS CENTER, INC. 62-0968273 art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
Par		n answered "Yes" on Form 990, Part IV, lin		Similar Funds or A	ccounts.	Complete if the
	organizatio		(a) Donor advise	ed funds	(h) Funds ar	nd other accounts
1	Total number at or	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		eld in donor advised fur	nds	
	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose confer	ring	
		ate benefit?				Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Ye	es" on Form 990, Part IV	/, line 7.	
1		servation easements held by the organization	· · · · · ·	_		
		of land for public use (for example, recrea	tion or education)	Preservation of a hist		
		f natural habitat		Preservation of a cer	tified historic	structure
0		of open space	ind concernation contrib	ution in the form of a a	ano an estion	accoment on the last
2	day of the tax year	through 2d if the organization held a qualit	led conservation contrib	oution in the form of a co		asement on the last
2		onservation easements			2a	
a b					2a 2b	
c	•	vation easements on a certified historic structure			2c	
		vation easements included in (c) acquired a			20	
		nal Register			2d	
3		vation easements modified, transferred, rel			nization durin	ig the tax
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located -			
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspec	tion, handling of		
	,	orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservati	on easement	ts during the year
_		<u> </u>				
7		es incurred in monitoring, inspecting, hanc	lling of violations, and er	nforcing conservation ea	asements du	ring the year
8		vation easement reported on line 2(d) abov	a action the requiremen	to of position $170(h)(4)/E$)/i)	
0)(4)(B)(ii)?			, ()	Yes No
9						
-	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's acc	ounting for conservation easements.	-			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Tre	easures, or Other S	Similar As	sets.
		f the organization answered "Yes" on Form				
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and ba	lance sheet v	works
		easures, or other similar assets held for put			ince of public	0
		Part XIII the text of the footnote to its finar				
b		elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, c	or research in furtheranc	e of public s	ervice,
	-	ng amounts relating to these items:			•	
		ded on Form 990, Part VIII, line 1				
2		ed in Form 990, Part X received or held works of art, historical tre	asures or other similar a			
2		unts required to be reported under FASB A			PLOVIDE	
а		on Form 990, Part VIII, line 1			▶ \$	
		Form 990, Part X				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research c Deter	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of it collection items (check all that apply): a □ Ubitio exhibition d □ Loan or exchange program b □ Scholarly research e □ Other c □ Preservation for future generation's collections and explain how they further the organization's exempt purpose in Pe 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to ba sold to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII And complete the following table: c Beginning balance d If we capanization an agent, trustee, custodian or other ganization naswered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a<)968273 Page 2
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basis (investment) basis (other) depreciation	basis (investment) basis (other) depreciation	
basis (investment) basis (other) depreciation	basis (investment) basis (other) depreciation	(d) Book value
1a Lond 290 001 290 001	200.001	(
	1a Land 290,001.	290,001.
b Buildings 5,737,983. 1,943,683. 3,794,300.		
c Leasehold improvements		
d Equipment 836,248. 687,844. 148,404.		148,404.
e Other 18,500. 18,500.		
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	4,251,205.

Schedule D (Form 990) 2021

	(Form 990) 2021		CENTER,	TINC
Part VII	Investments -	• Other Secu	rities.	

Complete if the organization answered "Yes" o	n 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" o	n Form 990, Part IV, line [.]	11c. See Form 990, Part X, line 13.	
(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" o	n Form 990, Part IV, line [.]	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	- ,		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line [.]	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		

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

X

Sche	dule D (Form 990) 2021 OASIS CENTER, INC.			62-0	0968273 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,147,191.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-527,858.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	41,905.		
е	Add lines 2a through 2d			2e	-485,953.
3	Subtract line 2e from line 1			3	7,633,144.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,633,144.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	leturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,624,119.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	44 005		
d	Other (Describe in Part XIII.)	·	41,905.		44 005
е	Add lines 2a through 2d			2e	41,905.
3	Subtract line 2e from line 1			3	6,582,214.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	6,582,214.
Pal	t XIII Supplemental Information.				

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

PART X, LINE 2:

THE CENTER IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. THEREFORE, NO

PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL

STATEMENTS.

THE CENTER FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")

ACCOUNTING STANDARDS CODIFICATION GUIDANCE THAT CLARIFIES THE ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL

STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT

A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS

RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS

Schedule D (Form 990) 2021 OASIS CENTER, INC. Part XIII Supplemental Information (continued)	62-0968273 Page 5
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE	
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEAL	S OR
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE P	OSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOU	NT OF BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIM	ATE
SETTLEMENT. THE CENTER HAS NO TAX PENALTIES OR INTEREST REPO	RTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	41,905.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	41,905.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2	021
Department of the Treasury Internal Revenue Service		Attach to Form 990							n to Public ection
Name of the organization		to www.irs.gov/Form990 for instr	ruction	s and	the latest information	on.	Employer	-	ation number
rtanio or the organization		ENTER, INC.					62-096		
Part I Fundrais		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1			
 Indicate whether the a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o red in Form 990, Pa) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?			Yes b be	No No
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i	by) to (Amount paid or retained by) organization
			Yes	No					
Total			1	•					
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (exempt from	n registra	ation

62-0968273 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1 BREELAND AND FRIENDS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	134,832.			134,832.
	2	Less: Contributions	9,484.			9,484.
	3	Gross income (line 1 minus line 2)	125,348.			125,348.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs	13,777.			13,777.
Direct Expenses	7	Food and beverages				
D	8	Entertainment	24,994.			24,994.
	9	Other direct expenses				24,994. 3,134.
		Direct expense summary. Add lines 4 through	. ,		►	41,905.
		Net income summary. Subtract line 10 from li				83,443.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	

7 Direct expense summary. Add lines 2 through 5 in column (d)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain:

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

 b If "Yes," explain:

132082 10-21-21

Yes

No

No

Sch	Chedule G (Form 990) 2021 OASIS CENTER, INC.	62-0	968	273	Pa	ge 3
11	1 Does the organization conduct gaming activities with nonmembers?			Yes		No
12	12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a	partnership or other entity formed				
	to administer charitable gaming?			Yes		No
	13 Indicate the percentage of gaming activity conducted in:					
	a The organization's facility		13a	1		%
	b An outside facility		13b			%
14	4 Enter the name and address of the person who prepares the organization's ga	ming/special events books and records:				
	Name					
	Address 🕨					
15a	15a Does the organization have a contract with a third party from whom the organi	zation receives gaming revenue?		Yes		No
ł	b If "Yes," enter the amount of gaming revenue received by the organization ► of gaming revenue retained by the third party ►\$	\$ and the amount				
c	c If "Yes," enter name and address of the third party:					
	Name 🕨					
	Address ►					
16	6 Gaming manager information:					
	Name					
	Gaming manager compensation 🕨 💲					
	Description of services provided 🕨					
	Director/officer Employee Independe	ent contractor				
17	7 Mandatory distributions:					
á	a Is the organization required under state law to make charitable distributions from	om the gaming proceeds to				
	retain the state gaming license?			Yes		No
k	b Enter the amount of distributions required under state law to be distributed to	other exempt organizations or spent in the				
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required	by Dart L line 2b. columns (iii) and (v); and Dar	L III 1:2)h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional infor		. 111, 111	185 9, 3	9D, TC	<i>,</i> 00,

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury		G G Complexity	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	Other Assistance to Organizations, , and Individuals in the United States zation answered "Yes" on Form 990, Part IV, line 21 or 2 Mattach to Form 990.	ce to Organi s in the Unit on Form 990, Parl n 990.	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047	
Internal Revenue Service			Go to www.irs	Go to www.irs.gov/Form990 for the latest information.	· the latest inform	ation.		Inspection	
Name of the organization	DN OASIS CENTER,	ER, INC.						Employer identification number 62-0968273	ber 3
Part I General Inf	General Information on Grants and Assistance	Assistance							
 Does the organization of the second se	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the	amount of the grants o	or assistance, the c	Jrantees' eligibility i	for the grants or assis	stance, and the selecti	XYes	No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monit	oring the use of grant f	unds in the United	States.]	
Part II Grants and recipient th	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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organi z 000. Part II can	ations and Domestic be duplicated if additio	nestic Governments. Cor additional space is needed	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part	: IV, line 21, for any	
1 (a) Name and ad	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
HOLSTON HOMES PO BOX 188 GREENVILLE, TN 37744	55	62-0515531	501(C)(3)	9,300.	.0			TEEN OUTREACH PROGRAM	
PORTER-LEATH 868 N. MANASSAS ST MEMPHIS, TN 38107	STREET 17	58-1409385	501(C)(3)	10,000.	0.			teen outreach program	
YOUTH VILLAGES 3310 PERIMETER HILL DR. NASHVILLE, TN 37211	ьт DR.	58-1716970	501(C)(3)	21,400.	0.			TEEN OUTREACH FROGRAM	
YOUTH OPPORTUNITY INVES 503 CARDIFF VALLEY ROAD ROCKWOOD, TN 37854	INVESTMENT 7 ROAD 4	27-0972875	501(C)(3)	16,681.	0.			TEEN OUTREACH PROGRAM	
FRONTIER HEALTH PO BOX 9054 GRAY, TN 37615		62-0582605	501(C)(3)	16,666.	.0			TEEN OUTREACH PROGRAM	
UCHRA 580 SOUTH JEFFERSON AVENUE SUITE B COOKEVILLE, TN 38501	N AVENUE SUITE B	62-0906260	501(C)(3)	6,424.	0.			teen outreach program	
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table	government org	ions listed	in the line 1 table					• 9
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	se the Instruction	ons for Form 990.					Schedule I (Form 990) 2021	21

132101 10-26-21

Schedule I (Form 990) 2021 OASIS CENTER, II	INC.				62-0968273 Page 2
ier Assist ä uplicated i	. Complete if the	organization answe	red "Yes" on Form 9	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
YOUTH TRANSPORTATION, RECREATION & MISCELLANEOUS ASSISTANCE	1618	888,250.	. 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
PART II:					
AWARD SELECTION IS BASED ON INDEPENDENT	NDENT PANEL	REVIEW	OF APPLICATIONS	LONS AND	
PROGRAM MONITORING OF AWARDS OCCURS	I	THROUGH MONTHLY R	REVIEW OF RI	REIMBURSABLE	
EXPENDITURES PRIOR TO PAYMENT, SITE	SITE-VISITS	AND BI-ANNUAL	UAL PERFORMANCE	MANCE	
REPORTING.					
PART III:					
132102 10-26-21					Schedule I (Form 990) 2021

Schedule I (Form 990) OASIS CENTER, INC. Part IV Supplemental Information	62-0968273 Page 2
ASSISTANCE IS PROVIDED TO YOUTH/CLIENTS IN THE FORM OF	BUS PASSES AND TAXI
FARES. GOODS ARE ALSO PURCHASED FOR INDIVIDUALS BY THEI	R ASSIGNED COUNSELOR
AND CERTAIN BILLS ARE PAID DIRECTLY TO VENDORS ON THE I	NDIVIDUAL'S BEHALF.
NO DIRECT FUNDS ARE GIVEN TO INDIVIDUALS THEREFORE, THE	RE IS NO NEED TO
MONITOR SPENDING BY OASIS CENTER, INC.	

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees		20		
Denar	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior		Employer ic			nber
		OASIS CENTER, INC.	62-0	96827	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		pending account Personal services (such as maid, chauffer	ir, chei)			
h	If any of the bayes	n line to are abacked, did the argonization follow a written policy regarding payment or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant Compensation survey or study				
	X Form 990 of o		ommittee			
		5				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	ated organization:				
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	The organization?			. 5 a		X
b		ation?		5 b		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n	0				
а	The organization?			. <u>6a</u>		X
b		ation?		<u>6b</u>		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
_		es 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				37
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)	2021

Schedule J (Form 990) 2021 OASIS	ບ ທ	OASIS CENTER, INC.			62-0968273	273		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldm	yees, and Highest C	compensated Empl	oyees. Use duplicat	e copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	be rel	oorted on Schedule J 990, Part VII.	, report compensati	on from the organize	tion on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed inc	lividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indi	ridual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK DUNKERLEY	Ξ	132,000.	9,000.	0.	2,310.	11,214.	154,524.	0.
PRESIDENT / CEO	; []]	.0	0.	0.	0.	.0	0.	.0
	Ξ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2021 OASIS CENTER, INC.	62-0968273	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	te this part for any additional information.	
	Schedule J (Form 990) 2021	990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

OASIS CENTER, INC.

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.

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

COUNSELING SERVICES - FAMILY, INDIVIDUAL AND GROUP COUNSELING DESIGNED

TO BRING HOPE AND HEALING FOR TEENS AND FAMILIES; BUILD STRONGER,

HEALTHIER RELATIONSHIPS; DISCOVER PERSONAL STRENGTHS AND RESOURCES; AND

FIND SOLUTIONS THAT NURTURE ONGOING POSITIVE GROWTH . THESE SERVICES

INCLUDE COUNSELING, COMMUNITY EDUCATION AND THERAPEUTIC GROUPS.

COLLEGE CONNECTION - A 100% MOBILE COLLEGE COUNSELING PROGRAM PROVIDING

ADMISSIONS AND FINANCIAL AID EXPERTISE, COLLEGE RESOURCES, AND

ASSISTANCE TO STUDENTS TO FIND THEIR MOST APPROPRIATE "FIT" IN ORDER TO BE SUCCESSFUL

STATEWIDE TOP - PROVIDES TRAINING AND SUPPORT TO TENNESSEE CONGREGATE CARE STAFF IN THE IMPLEMENTATION OF THE TEEN OUTREACH PROGRAM ("TOP") TO DECREASE PREGNANCY AND INCREASE LIFE SKILLS AMONG TENNESSEE FOSTER YOUTH LIVING IN CONGREGATE CARE SETTINGS.

TRANSITION INITIATIVE - PROVIDES WORKFORCE DEVELOPMENT AND JOB PREPAREDNESS TRAINING FOR LOW-INCOME AND AT- RISK YOUTH, AGES 14- 24 YEARS OLD . STAFF ENGAGE YOUTH IN A THREE - PHASE CAREER DEVELOPMENT PROCESS THAT INCLUDES SELF-EXPLORATION, CAREER EXPLORATION, CAREER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

Name of the organization

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 \$ 1,422,343. INCLUDING GRANTS OF \$ 94,819. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED AND APPROVED BY EXECUTIVE BOARD OF DIRECTORS PRIOR TO

FINALIZATION AND IS PRESENTED TO THE FULL BOARD OF DIRECTORS.

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.

OASIS CENTER, INC.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST AND FINANCIAL

INFORMATION IS AVAILABLE THROUGH GIVINGMATTERS.COM