## **EXTENSION FILING INSTRUCTIONS**

FORM 8868 FOR FORM 990

#### FOR THE YEAR ENDING

June 30, 2024

#### **Prepared For:**

Oasis Center, Inc. 1704 Charlotte Avenue 200 Nashville, TN 37203

#### **Prepared By:**

UHY Advisors Midwest, Inc. 1889 Gen. George Patton Dr., Ste 200 Franklin, TN 37067

#### Amount Due:

Not applicable

#### Mail Check Payable To:

Not applicable

#### Mail Extension And (Check If Applicable) To:

Not applicable

#### Extension Must Be Mailed On Or Before:

Not applicable

#### **Special Instructions:**

The extension for Form 990 has qualified for electronic filing. Form 8868 extends the due date of the organization's Form 990 return until May 15, 2025. The extension has been transmitted electronically to the IRS and no further action is required.

			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047
Form <b>990</b> Department of the Treasury Internal Revenue Service					0000
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (a		
			Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection
-				JUN 30, 2024	mepeeden
_	Check if		f organization	D Employer identificat	tion number
	applicab	le:	5		
	Addr	Je UASI	S CENTER, INC.		
	Name Chan	ge Doing b	usiness as	62-0968273	3
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returi termi		CHARLOTTE AVENUE 200	615-327-44	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,481,872.
	returr Appli	NASH	VILLE, TN 37203	H(a) Is this a group retu	
	tion pend	F Name a	nd address of principal officer: JILL HEYMAN AS C ABOVE	for subordinates?	
		empt status:		<b>H(b)</b> Are all subordinates inclu If "No," attach a lis	
	Webs		OASISCENTER.ORG	H(c) Group exemption r	
_				ear of formation: 1969 M S	
	art I	<u>v</u> –			inte et legal definente, ==+
	1	Briefly describ	e the organization's mission or most significant activities: OASIS CEI	NTER IS ONE OF	THE
Governance			S LEADING YOUTHSERVING ORGANIZATIONS,		
nar	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net asset	S.
Nel	3	Number of vot	ting members of the governing body (Part VI, line 1a)	3	20
ğ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		20
es 8	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)	5	116
viti	6	Total number	of volunteers (estimate if necessary)		781
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	6,442,935.	6,210,547.
/ent	9	U U	ce revenue (Part VIII, line 2g)	15,760.	4,184.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	<u>69,774.</u> 269,171.	210,917. 224,093.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,797,640.	6,649,741.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,255,147.	894,175.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,376,571.	4,636,429.
Expenses	160		undraising fees (Part IX, column (A), line 11e)	0.	0.
en	h		ing expenses (Part IX, column (D), line 25) 505,688.		
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,196,507.	1,390,870.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,828,225.	6,921,474.
	19		expenses. Subtract line 18 from line 12	-30,585.	-271,733.
or				Beginning of Current Year	End of Year
ets	20	Total assets (F	Part X, line 16)	8,608,759.	8,701,811.
Ass	21		(Part X, line 26)	309,302.	298,635.
Net Assets or	22		fund balances. Subtract line 21 from line 20	8,299,457.	8,403,176.
	art II				
Unc	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kr	nowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	

Sign	Signature of officer		Date								
Here	JILL HEYMAN, PRESIDENT										
	Type or print name and title										
	Print/Type preparer's name Preparer's signa	ure	Date Check	PTIN							
Paid	W. CRAIG BALLENTINE W. CRAIG	BALLENTINE	02/03/25 self-employed	₽00992231							
Preparer	Firm's name UHY ADVISORS MIDWEST, INC	•	Firm's EIN 43-	1305800							
Use Only	Firm's address 1889 GEN. GEORGE PATTON D	R., STE 200									
	FRANKLIN, TN 37067		Phone no. 615-	750-5537							
May the II	RS discuss this return with the preparer shown above? See instruct	ions		X Yes No							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) OASIS CENTER, INC. 62-0968273 Page 2
	t III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OASIS CENTER TARGETS UNDESERVED YOUTH, FAMILIES, SCHOOLS, AND
	NEIGHBORHOODS WITH A MISSION TO HELP YOUTH GROW, THRIVE AND CREATE
	POSITIVE CHANGE IN THEIR LIVES AND IN OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	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.
7	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	
Ha	(Code:) (Expenses \$2, 796, 590. including grants of \$707, 532. ) (Revenue \$4, 184. ) RESIDENTIAL AND CRISIS SERVICES PROVIDES IMMEDIATE RESPONSE TO YOUTH
	IN CRISIS, WHO HAVE RUN AWAY OR WHO ARE EXPERIENCING HOMELESSNESS.
	THESE SERVICES INCLUDE AN EMERGENCY SHELTER FOR YOUTH AGES 13 TO 17
	YEARS OLD, ALONG WITH STREET OUTREACH, A DROP-IN CENTER, CASE
	MANAGEMENT, AND CONNECTIONS TO PERMANENT HOUSING FOR YOUTH EXPERIENCING
	HANAGEMENT, AND CONNECTIONS TO PERMANENT HOUSING FOR TOUTH EXPERIENCING HOMELESSNESS, AGES 18 TO 22 YEARS OLD.
	HOMELESSNESS, AGES 10 10 22 TEARS OLD.
4b	(Code:) (Expenses \$ 636,895. including grants of \$ 11,624. ) (Revenue \$ ) YOUTH ENGAGEMENT SERVICES ENGAGES AT-RISK YOUTH IN BUILDING POSITIVE
	IDENTITIES AND STRONG CONNECTIONS TO THEIR COMMUNITIES.
	SERVICE-LEARNING IS CENTRAL TO THIS WORK AS A TOOL FOR DEVELOPING
	MEANINGFUL RELATIONSHIPS, CIVIC RESPONSIBILITY, AND A POSITIVE SENSE OF
	SELF. THESE SERVICES INCLUDE PROGRAMS LIKE THE INTERNATIONAL TEEN
	OUTREACH PROGRAM, R.E.A.L., THE BIKE WORKSHOP, AND JUST US.
	OUTREACH FROGRAM, R.E.A.H., THE DIRE WORKSHOF, AND 0051 05.
4c	(Code: ) (Expenses \$ 547,763. including grants of \$ 29,538. ) (Revenue \$ )
10	YOUTH ACTION SERVICES HELPS YOUTH DEVELOP LEADERSHIP AND LIFE SKILLS
	WHILE WORKING TO CREATE CHANGE ON SYSTEMIC ISSUES THEY DEEM CRITICAL TO
	THEIR LIVES AND TO OTHER YOUTH IN THE COMMUNITY. YOUTH ACTION SERVICES
	INCLUDES PROGRAMS LIKE THE MAYOR'S YOUTH COUNCIL, WEGO PUBLIC TRANSIT
	YOUTH ACTION TEAM, STUDENTS OF STONEWALL, AND BUILDING BRIDGES.
4d	Other program services (Describe on Schedule O.)
τu	(Expenses \$ 1,168,399. including grants of \$ 85,481.) (Revenue \$ )
4e	Total program service expenses 5,149,647.
	Form <b>990</b> (2023)

Form	aan	(2023)
FUIII	990	(2023)

 Form 990 (2023)
 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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?			<u>-</u> -
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			- v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	<u></u>	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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 OASIS CENTER, INC.

 Part IV
 Checklist of Required Schedules (continued)

22       Ddt the organization regord more than 55.000 of grants or other assistance to or for domestic individuals on Part X, climps, complete Schedule I, Part I and IIII.       22       X         23       Ddt the organization answer. Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization surrent and former offices, directors, trustes, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.       23       X         24       Ddt the organization have at a common bond issue with an outstanding principal amount of more than 5100.000 as of the Schedule J. This 'Yes,' answer lines 24b through 24d and complete Schedule J.       24a       X         25       Ddt the organization markin an ecorow account other than a retunding enropeal amount of more than 5100.000 as of the schedule J.       24a       X         26       Ddt the organization invariant an ecrow account other than a retunding enropeal and an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person on any other organization's graphs and excess the schedule L, Part I       25a       X         25       Ddt the organization organization organization's graph and excess the schedule L, Part I       25a       X         26       Ddt the organization organization or explace to any or these persons P if Yes, 'complete Schedule L, Part II       25a       X         26       Ddt the organization regord any amount on Part X, line 5 or 22, or receivables toom or payables to any current or from office, director, trustes, key employee, creator or foun				Yes	No
23       Ddt the organization answer "Ye" to Part Wi, Section A, line 3, 4, or 5, about compensation of the organization's current and former officer, directors, trustees, key employees, and highest compensated amployees? If 'Yes, 'complete Schedule I, Wi No, 'go to line 25a       24       X         24a       Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lists day of the year, it tax as its asset after Desember 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule K If No, 'go to line 25a       24a       X         24b       Did the organization maintan an escow account of ther than a refunding escow at any time during the year' to defease any tax-esempt bonds?       24d       24d <td>22</td> <td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td> <td></td> <td></td> <td></td>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officer, directors, trustese, key employees, and highest compensated employees? If "Yes," complete Schedule I, I was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K, If 'No," or to line 36a       24a       X         24a       Did the organization invest any proceeds of tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K, If 'No," or to line 36a       24a       X         24b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24d       24d         25a       Schedule K, If 'No," or to line 36a       24d       24d       24d         25a       Schedule K, If 'No," and the person during the year?       24d       24d       24d         25a       Schedule L, Part I       25a       X       25a       X         25b       Did the organization append any amount on Part X, line 5 or 22, line cavables from or payables to any current, or former officer, director, trustes, key employee, creator or founder, substantial contributor or 355.       25a       X         27       Did the organization approximation approximation and part to a business transaction with an officer, director, trustes, key employee, creator or founder, substantial contributor? J       25b       X         27       Did the organization aport to a business transaction with any officer director, trustes,		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	L
Schedule J       23       X         24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yea' answer lines 24b through 24d and complete Schedule K, If 'No,'' go to line 25a       24a       X         24b Did the organization maintain an escow account other than a refunding secow at any time during the year to detease any tax-event bonds?       24a       X         25a Section 501(6)(3), 501(c)(4), and 501(c)(3) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year?       24d       24d         25a Section 501(c)(3), 501(c)(4), and 501(c)(3) organizations. Did the organization ange in an excess benefit transaction has not been reported on any of the organization ange in an excess benefit transaction with a disqualified person during the year?       24d       24d         25 Did the organization arout at it angeapt in an excess benefit transaction with a disqualified person during the year?       25d       X         26 Did the organization appet 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 majore thereof or family member of any of these person? If 'Yes,' complete Schedule L, Part I       26b       X         27 Did the organization approxement than 250,000 in noneash contributions? If 'Yes,' complete Schedule L, Part I V, instructions for applicable filling thresults, contained and organization and exceptions?       Yes,' complete Schedule L, Pa	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a       Do 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 issue 26a       24a       X         25a       Schedule K, 11%o, * go to line 26a       24a       X         25a       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         25a       Section 501(c)(3), 601(c)(4), and 501(c)(2)) organizations. Did the organization are excess barrefit transaction with a disqualified person hin a prior year, and that the transaction has not been reported on any of the organization's port Forms 990 or 9902? If "Yes," complete Schedule L, Part I       25a       X         25b       Ib the organization report any amount on Part X, line 5 or 22, for receivables form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 356       26b       X         25b       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 356       26b       X         25b       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 engloyee thereori, a grant selection committee member. or to a 35% controlled entity for family member of any of these persons? // ''wes,' complete Schedule L, Part IV, instructions for applicable line flags. provide schedule K, Part II       26a       X         26 <td></td> <td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</td> <td></td> <td></td> <td></td>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       Is be observed in the organization meets any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       Is be organization meets any proceeds of tax exempt bonds beyond a temporary period exception?     24c     24d       Is be organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       Is be organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       Is be organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       Is be organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       Is be organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       Issuer for any and the langaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not ben reported on any of the organization approximate term or the ord off. Part I     25a     25b       Is be organization approximation approximation any of these persons? If "Yes," complete Schedule L, Part II.     26b     X       If the organization approximation is a prior year, and these persons? If "Yes," complete Schedule L, Part II.     27     X       If the organization necove contrel analy of these persons? If "Yes," complete Sch			23		<u> </u>
Schedule K. If "No." go to line 25a	24a				
b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrew account other than a refunding escrew at any time during the year 0 defease any tax-exempt bonds?       24c         d       Did the organization at as an 'on behalf of 'issue for bonds outstanding at any time during the year?       24d         25a       Section 50(16(3), 50(16(4), and 50(16(2)) organizations. Dub the organization engage in an excess benefit transaction with a disputatified person during the year?       25a         J       Is the organization aware that it engaged in an excess benefit transaction with a disputation are scale short its disputation's prior Forms 990 or 990-E2?       #'Yes,' complete Schedule L, Part I         D       Did the organization provide a grant or other assistance to any ourrent 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         Z       Did the organization reporties entity or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II       27         Was the organization report of amily member of any of these persons? If 'Yes,' complete Schedule L, Part II       28       X         Yes, 'complete Schedule L, Part IV       28       X         Was the organization receive more than 325, 000 in noncash contributions? If 'Yes,' complete Schedule L, Part IV       28       X		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization regote in a price year, and that the transaction has not been reported on any of the organization's price Forms 990 or 990 E27. If 'Yes,' complete Schedule L, Part I       25a         25a       Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former foller, director, trustee, ley employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // 'Yes,' complete Schedule L, Part II       26a       X         25b       Z       Z       X       X       X       X         261       Did the organization provide any of these persons? // 'Yes,' complete Schedule L, Part II       26a       X         27       X       Was the organization provide any of these persons? // 'Yes,' complete Schedule L, Part II       27a       X         28a       X       X       X       X       X       X         28a       X       X       X       X       X       X         28a       X       X       X					X
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(q/3), 501(q/4), and 501(q/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     25a       25a Did the organization aware that lengaged in an excess banefit transaction with a disqualified person during the year?     25a       25a Did the organization aware that lengage in an excess banefit transaction with a disqualified person of up of 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%     25b       27 Did the organization apport there of any of the expensors?     If "Yes," complete Schedule L, Part I     26       28 Was for the organization applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II.     28       29 Was formily for the organization applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II.     28       20 Did the organization applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       20 A A Sth Controlle entity of			24b		
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 in a por year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       25a         25b Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or form orfifeer, 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       26a       X         27 Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or form orfifeer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member or any of these person? If "Yes," complete Schedule L, Part II       26       X         28 Was the organization provide thereof or family member of any of these person? If "Yes," complete Schedule L, Part II       28a       X         28 Was the organization provide thereof on family member of any of these person? If "Yes," complete Schedule L, Part II       28a       X         29 Did the organization provide thereof on family member of any individual described in line 28a? If "Yes," complete Schedule L, Part II       28a       X         29 Did the organization neceive more than \$25,000 in noncesh contributions? If "Yes," complete Schedule	С				
25a       Section 501(c)(3), 501(c)(20) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the yea? 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-E27. If 'Yes,' complete Schedule L, Part I       25a       X         26b       Ut 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, and space for a 35% controlled entity of annih member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following partee? (See the Schedule L, Part II)       27       X         28       Was the organization receive more than \$25,000 in noncesh contributions or substantial contributor? If 'Yes,' complete Schedule L, Part II       28a       X         29       Did the organization receive more than \$25,000 in noncesh contributions? If 'Yes,' complete Schedule L, Part II       28a       X         29       Did the organization receive more than \$25,000 in noncesh contributions? If 'Yes,' complete Schedule N, Part I       20       20       X         20       Did the organization neceive and party discoper or thore singene than \$25% of its at assets? If 'Yes,' comple					
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 pior Forms 900 or 905-E27       II "Yes," complete Schedule L, Part I       25b       X         2D       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 (including an employee thereof) 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?       27       X         28       Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?       27       X         28       Was the organization reports there0 or family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions of at, historical tressures, or other similar assets, or qualified conservation contributions If "Yes," complete Schedule N, Part I       30       X         30       Did the organization receive and thy dis			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a priory para, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # 'Yes,' complete Schedule I, 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, truste, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27 Did the organization applicable fling thresholds, conditions, and exceptions;       a Acurrent or former officer, director, truste, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV       27       X         28 Was the organization applicable fling thresholds, conditions, and exceptions;       a Acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in noncesh contributions? If 'Yes,' complete Schedule M       280       X         29 Did the organization receive contributions of art, historical treasures, or druster similar assets? If 'Yes,' complete Schedule M       30       X         20 Did the organization receive onor than \$25,000 in noncesh contributions? If 'Yes,' complete Schedule N, Part I       31       X         29 Did the organization receive onor than \$25,000 in noncesh contributions? If 'Yes,' complete Schedule R, Pa	25a				v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?     # 'Yes, ' complete Schedule I, Part I     25b     X       20     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furstee, key employee, creator or founder, substantial contributor, or 35%     X       27     Did the organization provide a grant or other assistance to any current or former officer, fuestor, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof or faint or any of these persons?)     Yes, ' complete Schedule L, Part II     Z     X       28     Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>H</i> 'Yes,' complete Schedule L, Part IV     28a     X       28     Did the organization receive more than 252,000 in noncash contributions? <i>H</i> 'Yes,' complete Schedule N, Part I     28b     X       30     Did the organization selle, exchange, dispose of, or transfer more than 25% of its net assets? <i>H</i> 'Yes,' complete Schedule N, Part I     31     X       31     X     33a     X     33a     X       32     V     30     X     33a     X       33     Did the organization receive any payment from			25a		
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, truste, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II '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 thereot, a grant selection committee member, or to a 35% controlled entity (including an employee thereot) or family member of any of these persons? II 'Yes,' complete Schedule L, Part IV.       28       X         28       Was the organization a pay to ba business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       ??       X         28       Did the organization receive contributions of rank and/or organizations described in line 28a or 28b? II       ??       ??       ??         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule N, Part I       31       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II 'Yes,' complete Schedule N, Part I       32 <td< td=""><td>b</td><td></td><td></td><td></td><td></td></td<>	b				
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 of family member of any of these persons? If "Yes," compilete 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 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part IV.       28       X         28       Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable, conditions, and exceptions):       28       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         29       D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organi			051		v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       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 II       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         2 A same of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       28a       X         2 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I       30       X         31       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I       31       X         32       Did the organization set, exchange, dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part		,	250		<u>^</u>
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 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28b       X         29       D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28c       X         29       D Id the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.       29       X         30       D Id the organization individual described in dire 28a or parization liquidate, terminate, or discove and cease operations? If "Yes," complete Schedule N, Part I       30       X         31       X       D Id the organization individual ferminate, or discove and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       D Id the organization incliduidate, terminate, or discove and cease operations?	26				
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 thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, rank) member of any of these persons? If "Yes," complete Schedule L, Part II, and the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II, and the organization criterio, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         29       A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes," complete Schedule M       29       X         29       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes," complete Schedule M.       30       X         30       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes," complete Schedule N, Part II.       30       X         31       Did the organization receive more than \$250,000 in noncash contributions? If 'Yes," complete Schedule N, Part II.       31       X         32       Did the organization receive contributions of art, historical treasu					v
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 II     Z7     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):     a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV     28a     X       29     b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV     28b     X       29     Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M     29     X       30     Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M     30     X       31     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M     30     X       32     Did the organization needve to more than \$25,000 in roncash contributions? If "Yes," complete Schedule N, Part I     31     X       32     Did the organization sol art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I     33     X       33     Did the organization soll, exchange, dispose of, or transfer more than \$25% of its	07		20		
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.       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         29       D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II       31       X         20       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         32       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV	21				
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): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>H</i></li> <li>**es," <i>complete Schedule L, Part IV</i></li> <li>A family member of any individual described in line 28a? <i>H</i> *ys," <i>complete Schedule L, Part IV</i></li> <li>A family member of any individual described in line 28a? <i>H</i> *ys," <i>complete Schedule L, Part IV</i></li> <li>A 53% controlled entity of one or more individuals and/or organizations described in line 28a? <i>B</i></li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> </ul> <li>28c</li> <ul> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> <li>28b</li> <li>X</li> </ul> <li>28c</li> <ul> <li>29</li> <li>X</li> <li>29</li> <li>30</li> <li>X</li> </ul> <ul> <li>29b</li> <li>X</li> <li>29b</li> <li>20b</li> <li>28c</li> <li>29c</li> <li>30</li> <li>31</li> <li>32c</li> <li>31</li> <li>32c</li> <li>32c</li> <li>33c</li> <li>34c</li> <li>35c</li> <li>35c</li> <li>35c</li></ul>			07		x
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV. b A tamily member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // "Yes," complete Schedule L, Part IV. c Did the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule M. 20 Lid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M. 21 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? // tryes," complete Schedule N, Part I. 23 Did the organization and 10.1701.3? // tryes," complete Schedule R, Part I. 24 Was the organization netated to any tax-exempt or taxable entity? // tryes," complete Schedule R, Part I, III, or IV, and Part V, line 1 23 Lid the organization have a controlled entity within the meaning of section 512(b)(13)? // tryes," complete Schedule R, Part V, line 2 35 Both the organization. Did the organization make any transfers to an exempt on-charitable related organization and that is treated as a partnership for federal income tax purpose? // tryes," complete Schedule R, Part V, line 2 36 Did the organization complete Schedule C and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 Did the organization complete Schedule C and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Z  39 Did the organization complete Schedule C and pr	20		21		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       ************************************	20				
"Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // # "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // #       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? // # "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // # "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // # "yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // # "yes," complete Schedule R, Part I       33       X         34       Was the organization netated to any tax-exempt or taxable entity? // # "yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b H "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)? // # Yes," complete Schedule R, Part V, l	а				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sele, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization real ways the segurad as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         33       Did the organization new a controlled entity within the meaning of section 512(b)(13)?       35a       X         34       Was the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related orga	u		28a		x
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //       ************************************	b				
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization nealty disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neceive 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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       36       <					
29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization related to an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neceive any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization coduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a 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 tr	-		28c		х
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I       33       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explana	29			х	
contributions? /f "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? /f "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? // "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? /f "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         35       Did the organization complete Schedule R, Part V, line 2       36       37       36       X         36       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the					
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X         9       Note: All Form 990 filers are required to complete Schedule O       37       X         39       Did the organization complete Schedule O       38       X         9       Note: All Form 990 filers are requir			30		Х
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         37       Did the 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         38       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       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         30       Did the organization complete Schedule O       Ma	31		31		Х
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule O, Part V, line 2       36       X         38       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 V I       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       If "Yes," Complete Schedule O contains a response or note to any line in this Part V       38       X         1a       Take Torm 990 filers are required to complete Schedule O       Ima tore tax purposes?       Ima torm store tax pu	32				
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34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Statements Regarding Other IRS Filings and Tax Compliance       38       X         1a       3       1b       0       0       0       0         1a       3       1b       0       0       0         c       It he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       3	33				
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       24       X         Check if Schedule O contains a response or note to any line in this Part V       1a       3       3         1a       3       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       3		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? // f"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?       38       X         38       Did the organization complete Schedule O       38       X         39       Did the organization complete Schedule O       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         30       Note: All Form 990 filers are required to complete Schedule O       38       X       X         39       Did the organization contains a response or note to any line in this Part V       38       X       X         31       Ent	34				
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule O       38       X         39       Statements Regarding Other IRS Filings and Tax Compliance		Part V, line 1	34		
within the meaning of section 512(b)(13)? /f "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?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         Note: All Form 990 filers are required to complete Schedule O         Y Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       31       1b       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       31       1b       0         o Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI.       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O complete Schedule O       38       X         9art V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1a       3       3         1a       3       1b       0       0       0         1a       Ib       0       0       0       0       0         1b       0       0       1b       0       0       0         1a       0       1b       0       0       0       0       0         1a       0       1b       0       0       0       0       0       0       0         1a	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
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?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9at V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1       1       3         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       3       1         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1       1       1		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		<u> </u>
38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Opert V         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       3         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       3         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1	37				
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         Check if Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Image: Schedule O contains a response or note to applicable       Image:			37		X
Part V         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       1a       3         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       3         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Image: Colspan="2">Colspan="2"Colsp	38			37	
Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       3         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Image: Comparison of the payment is to vendors and reportable gaming	Dar		38	X	1
Yes       No         1a       3         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       3         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       3	rai				
1a       1a       3         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       3         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       3		Uneck it Schedule U contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		
	C		10	x	

Form	990 (2023) OASIS CENTER, INC. 62-0968	273	Р	<sub>age</sub> 5					
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 116								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	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 contributions or gifts								
	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 services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	9 Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans 13b 13c								
		140		X					
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 27					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x					
		15							
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.								

	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 20										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	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 approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а		15a	X								
b	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 arrangement with a										
	taxable entity during the year?	<u>16a</u>		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
<u></u>	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 $\{TN}$										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	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 on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	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 books and records JENNIFER HENDRICKS - 615-983-6857										
	1704 CHARLOTTE AVENUE, SUITE 200, NASHVILLE, TN 37203										
33200	6 12-21-23	Form	990	(202							

### OASIS CENTER, INC.

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing

Form 990 (2023)

20

1a

X

Yes No

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 line in this Part VI Section A. Governing Body and Management

332006 12-21-23

Form 990 (2023) OASIS CENTER, INC.	62-0968273	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year end</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations).</li> </ul>	<b>č</b>	

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, box 6 of 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.

(A)	(B)	(C)						(D)	(F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box, unless per				s both	ı an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	<u> </u>	Key employee	st co	Ŀ	,		organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			
(1) MARK DUNKERLEY	40.00									
PRESIDENT / CEO		1		х				135,654.	0.	11,652.
(2) KIMBERLY REESE	40.00									
CHIEF FINANCIAL OFFICER		1		x				95,221.	0.	5,213.
(3) JILL HEYMAN	1.00									
PRESIDENT		x		х				0.	0.	0.
(4) JASON JENSEN	1.00									
TREASURER		х		x				0.	0.	0.
(5) ADAM WINSTEAD	1.00									
DIRECTOR		x						0.	0.	0.
(6) BRIAN MCKINLEY	1.00									
DIRECTOR		x						0.	0.	0.
(7) CHRIS PATTERSON	1.00									
DIRECTOR		Х						0.	Ο.	0.
(8) FRANK DRUMMOND	1.00									
DIRECTOR		Х						0.	Ο.	0.
(9) JIANNE MCDONALD	1.00									
DIRECTOR		X						0.	Ο.	0.
(10) JIM WHATTON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOHN OZIER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JONATHAN ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KRISTIE NETTLES	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LYNN BLAKE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MAREK KWASNIEWSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(16) MARTHA EARLS	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MELISSA ELI	1.00									
DIRECTOR		Х						0.	0.	0.

OASIS CENTER, INC.

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable		Es	timate	d
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensatio	n	am	nount d	of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related			other	
	(list any	recto						the	organization			pensat	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS			om the	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati 1 relate	
	below	ual tr	tional		ploye	t con		1099-NEC)				nizatio	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	inzanc	/15
(18) REXFORD B. MARTIN, JR.	1.00			0	×	<u> </u>							
DIRECTOR	1.00	x						0.		0.			0.
(19) RICK THEOBALD	1.00							0.		••			<u> </u>
DIRECTOR	1.00	x						0.		0.			0.
(20) SANDRA CROWE	1.00	<u> </u>				-		0.		••			0.
	1.00							0					0
DIRECTOR	1 0 0	Х				-		0.		0.			0.
(21) SUNNY EATON	1.00							0					~
DIRECTOR	1	х						0.		0.			0.
(22) TASHINA MASON	1.00												
DIRECTOR		Х						0.		0.			0.
(23) SHANDA HAMPTON	40.00	_											
CHIEF OPERATING OFFICER				Х				0.		0.			0.
		1											
1b Subtotal	1							230,875.		0.	10	5,86	55.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								230,875.		0.	1(	5,86	
2 Total number of individuals (including but									000 of reportable	-			
compensation from the organization		1030	11310	u ac	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010						1
compensation nom the organization												Yes	No
<b>3</b> Did the organization list any <b>former</b> office	r director truct			mol	~~~~	~ ~	hia	boot componented amp		1			
6 ,	, ,		,	•		,	0		,		3		Х
line 1a? If "Yes," complete Schedule J for											3	_	<u></u>
4 For any individual listed on line 1a, is the s													Х
and related organizations greater than \$1											4	-	
5 Did any person listed on line 1a receive or	•				-			•			_		v
rendered to the organization? <i>If "Yes," co</i>	mplete Schedul	e J fe	or su	ich i	oers	ion .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest c	-	-								pensat	ion fro	m	
the organization. Report compensation fo	r the calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)			(C		
Name and busines	s address	NC	ONE	6				Description of s	ervices	C	omper	nsatior	1
							$\neg$						
2 Total number of independent contractors	(including but p	ot lin	niter	to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ					(			, <u>.</u>					

Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains a resp	onse	or note to any lin				
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f f h	Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f <b>TRAINING REVE</b>	1b       1c       1d       ributions)       grants, and       I above       Innes 1a-1f       1g	2, \$	293,221. 917,326. 50,129. Business Code 900099	6,210,547. 4,184.	4,184.		
n S /ent	с								
graı Rev	d								
Proj	e f	All other program service	revenue						
	a					4,184.			
	3	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro			est, and	67,799.			67,799.
	5	Royalties							
	U		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss	)						
	7 a	Gross amount from sales of	(i) Secur		(ii) Other				
		assets other than inventory	7a 848,3	67.					
	b	Less: cost or other basis							
en		and sales expenses	7ь705,2	49.					
Revenue	С	Gain or (loss)	7c143,1	18.					
		Net gain or (loss)				143,118.			143,118.
Other	8 a	Gross income from fundraisi including \$ contributions reported on	of						
		Part IV, line 18	-	82	286,082.				
	b	Less: direct expenses			126,882.				
		Net income or (loss) from				159,200.			159,200.
		Gross income from gamin Part IV, line 19	ng activities. Se	e					
	b	Less: direct expenses		9b					
		Net income or (loss) from		es					
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of invento	ory	Business Code				
sn	11 0	MISCELLANEOUS	TNCOME		900099	64,893.	64,893.		
Miscellaneous Revenue	n a b				500055	0-1,055.	01,000		
ellaı wer	c b								
isce Be	d	All other revenue							
Σ	e	Total. Add lines 11a-11d				64,893.			
		Total revenue See instruction				6,649,741.	69,077.	0.	370,117.

OASIS CENTER, INC.

Form 990 (2023)

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Page **9** 

Form 990 (			(
Part IX	Statement	of	Fu

OASIS CENTER, INC. Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	80,401.	80,401.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	813,774.	813,774.				
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	322,535.	240,630.	51,517.	30,388.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	2 516 000	0 600 140		221 061		
7	Other salaries and wages	3,516,002.	2,623,142.	561,599.	331,261.		
8	Pension plan accruals and contributions (include	30 060	27 244	8,594.	2 1 2 1		
•	section 401(k) and 403(b) employer contributions)	39,069. 469,360.	27,344. 328,505.	103,242.	<u>3,131.</u> 37,613.		
9 10	Other employee benefits	289,463.	202,595.	63,671.	23,197.		
10 11	Payroll taxes Fees for services (nonemployees):	209,405.	202,393.	05,071.	23,197.		
	Management						
b	Legal						
	Accounting	1,980.		1,980.			
	Lobbying	,		,			
	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	82,320.		82,320.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A), amount, list line 11g expenses on Sch 0.)	319,887.	132,234.	176,961.	10,692.		
12	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties	104 800		0 (00	00.400		
16	Occupancy	104,799.	72,675.	9,628.	22,496.		
17	Travel	101,556.	80,832.	19,409.	1,315.		
18	Payments of travel or entertainment expenses						
10	for any federal, state, or local public officials	24,576.	21,764.	2,812.			
19 20	Conferences, conventions, and meetings	21,570.	21,101.	2,012.			
20 21	Payments to affiliates						
22	Depreciation, depletion, and amortization	233,779.	207,266.	15,405.	11,108.		
23	Insurance	58,603.	39,169.	17,073.	2,361.		
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	155,827.	125,711.	24,841.	5,275.		
b	PRINTING & PUBLICATIONS	118,644.	45,447.	64,154.	9,043.		
с	MAINTENANCE	66,184.	43,767.	20,187.	2,230.		
d	EQUIPMENT	47,378.	28,745.	18,597.	36.		
	All other expenses	75,337.	35,646.	24,149.	15,542.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	6,921,474.	5,149,647.	1,266,139.	505,688.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
00001	······································				Eorm <b>990</b> (2023)		

SIS	CENTER,	INC.	

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		Check if Schedule O contains a response or note to	o any line ir	this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			364,132.	1	1,400.
	2	Savings and temporary cash investments	871,064.	2	355,535.		
	3	Pledges and grants receivable, net			628,948.	3	860,560.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial contribu	utor, or 35%			
		controlled entity or family member of any of these p	persons .			5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	section 49	58(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side success and defense deals success			92,642.	9	100,427.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	0a 6	5,963,083.			
	b	Less: accumulated depreciation	0b 3	3,084,775.	4,037,918.	10c	3,878,308.
	11	Investments - publicly traded securities			2,614,055.	11	3,505,581.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal li			8,608,759.	16	8,701,811.
	17	Accounts payable and accrued expenses	309,302.	17	298,635.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
S	22	Loans and other payables to any current or former	officer, dire	ector,			
Liabilities		trustee, key employee, creator or founder, substant	tial contribu	utor, or 35%			
lide		controlled entity or family member of any of these p	persons			22	
Ë	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated th	ird parties			24	
	25	Other liabilities (including federal income tax, payab	oles to relat	ed third			
		parties, and other liabilities not included on lines 17	7-24). Comp	olete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			309,302.	26	298,635.
		Organizations that follow FASB ASC 958, check	here	X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	7,820,357.	27	7,854,378.		
Bal	28	Net assets with donor restrictions	479,100.	28	7,854,378. 548,798.		
pu		Organizations that do not follow FASB ASC 958,					
Ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated incor		Г		31	
let	32	Total net assets or fund balances			8,299,457.	32	8,403,176.
_	33	Total liabilities and net assets/fund balances			8,608,759.	33	8,701,811.

Form **990** (2023)

# Form 990 (2023) Part X Balance Sheet

OAS	I	S

Form	OASIS CENTER, INC.	62-09	968273	Pac	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,649	,74	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,921	.,4	74.
3	Revenue less expenses. Subtract line 2 from line 1	3	-271	.,7:	33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,299	, 45	57.
5	Net unrealized gains (losses) on investments	5	375	5,45	52.
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	8,403	,1	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
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?		<b>2</b> b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2023)

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. 1	545-0047
20	23
Open to Inspe	

### Name of the organization

Name	e of t	he organization						Employer	identification number
				INC.					2-0968273
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	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	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [	X	An organization that normal	•	ntial part of its support fr	rom a gove	ernmental	unit or from th	ie general p	public described in
г	_	section 170(b)(1)(A)(vi). (C							
8 [		A community trust describe							
9 [		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
<b>40</b> [	_	university:		No. 00 1/00/					1
<b>10</b> [		An organization that normal							
		activities related to its exem							-
		income and unrelated busin See section 509(a)(2). (Cor		(less section 511 tax) ind	in pusines	ses acqui	ed by the org	anization a	inter June 30, 1975.
11 [		An organization organized a		vely to test for public sat	fotu Soo	saction 50	0(2)(4)		
12	=	An organization organized a	•					rry out the	nurnoses of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	•••			-		-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must c			, ,				
b		<b>Type II.</b> A supporting orga	-		ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management or	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,
		its supported organizatior	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	ation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Туре I, Туре	I, Type III	
		functionally integrated, or	<i>,</i>	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g	Prov	vide the following informatior i) Name of supported	i about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)
		-		above (see instructions))	Yes	No			
Total									

332022 12-21-23

Sch	edule A (Form 990) 2023 O	ASIS CENT	ER. INC.			62-096	8273 Page 2
Pa	Int II Support Schedule for			Sections 170(	o)(1)(A)(iv) and		
	(Complete only if you checked fails to qualify under the tests				n failed to qualify u	inder Part III. If the	organization
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5476822.	6917496.	7319047.	6442935.	6210546.	32366846.
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	5476822.	6917496.	7319047.	6442935.	6210546.	32366846.
	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)						451,750.
	Public support. Subtract line 5 from line 4.						31915096.
	ction B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2019 5476822.	(b)2020 6917496.	(c) 2021 7319047.	(d) 2022 6442935.	(e) 2023	(f) Total 32366846.
	Amounts from line 4	5470022.	091/490.	/31904/.	0442955.	0210540.	52300040.
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	64,311.	39,438.	43,879.	55,176.	67,799.	270,603.
9	Net income from unrelated business	01/0110		10,0,00		0171550	
Ū	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.)	102,573.	89,145.	51,111.	57,732.	64,893.	365,454.
11	Total support. Add lines 7 through 10						33002903.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li		-			14	96.70 %
	Public support percentage from 2022					15	95.74 %
16a	33 1/3% support test - 2023. If the c	-					77
	stop here. The organization qualifies		•		lia - 45 ia 00 4/00/		
b	<b>33 1/3% support test - 2022.</b> If the c	-					
17-	and stop here. The organization qual 10% -facts-and-circumstances test		•••		13 16a or 16b a		
110			a nearon ala not c		, ioa, or iob, c		or more,

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization \_\_\_\_\_L b 10% -facts-and-circumstances test - 2022. 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

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

Schedule A (Form 990) 2023

%

%

Schedule A	Form 990	) 2023

OASIS CENTER, INC.

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	:023	<b>(f)</b> 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							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		•	•	•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	:023	(f) Total
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) oi	rganizatic	on,
	check this box and <b>stop here</b>							
Se	ction C. Computation of Publi							
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15		%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16		%
-	ction D. Computation of Invest					<u> </u>		
17	Investment income percentage for 20	<b>023</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
	Investment income percentage from					18		%
	<b>33 1/3% support tests - 2023.</b> If the					· · · ·	nd line 17	
	more than 33 1/3%, check this box ar							
Ł	<b>33 1/3% support tests - 2022.</b> If the						3 1/3%. a	nd
~	line 18 is not more than 33 1/3%, che							
20	<b>Private foundation.</b> If the organization							
				,				

1

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

Schedule A	(Form 990) 2023	OASIS	CENTER,	INC.
Part IV	Supporting Organi	zations (co	ntinued)	

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> <b>Part VI</b> <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	d. or controlled th	e supportina oraa	anization.
Section C. T	ype II Suppor	rting Organiza	ations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

			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 that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	---	-------------------------	-----------------	---------------------	---------------------

- 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 qualifyir     All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

62-0968273 Page 6

(Form 990) 2023 OASIS CENTER, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

Part V

332026 12-21-23

_	dule A (Form 990) 2023 OASIS CENTER,	INC.			<mark>2-0968273</mark> Ра
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
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> <b>Part VI</b> ). 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.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

y , explai Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 OASIS CI	ENTER,	INC.		62-0968273 Page 8
Part VI	<b>Supplemental Information.</b> Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Pa Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	rt IV, Sectio	n E, lines 1C, 2a, 2	b, 3a, and 3b; Part V, line 1; Part	V, Section B, line Te; Part V,

Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

#### 2023

### \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CARLETT FAMILY FOUNDATION	1,111,808.	451,750
otal Excess Contributions to Schedule A, Part II, Line 5		451,750

\*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

2023

Employer identification number

62-0968273

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

## OASIS CENTER, INC. Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

Schedule B (Form 990) (2023)

	CENTER, INC.		62-0968273
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$135,000	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$125,00	Person     X       Payroll
(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.)
(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.)

Name of organization

Employer identification number

Name of o	rganization		Employer identification number
OASIS	CENTER, INC.		62-0968273
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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.	
		   s	

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of or	rganization		Employer identification number
OASIS	CENTER, INC.		62-0968273
Part III	Exclusively religious, charitable, etc., contributi	) through (e) and the following line er charitable, etc., contributions of <b>\$1,000 or</b>	ection 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 g	l
-	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
-		e) Transfer of g	ift
-	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
		(e) Transfer of g	ift
-	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
-		(e) Transfer of g	 ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

60	HEDULE D	Supplement	al Financial Statements			OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,			2023
•	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b .ttach to Form 990.	).		Open to Public
	I Revenue Service		0 for instructions and the latest information			Inspection
Nam	e of the organizati					er identification number 62-0968273
Pa	rt I Organiza	OASIS CENTER, INC. ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Acc		
Iu		n answered "Yes" on Form 990, Part IV, lin			ounto.	Complete li the
			(a) Donor advised funds	(b)	Funds a	and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised			
-			exclusive legal control?			Ves No
6	0		dvisors in writing that grant funds can be u		•	
	impermissible priv		r donor advisor, or for any other purpose co			
Pa		ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV. lii	ne 7.	
1		servation easements held by the organization				
		o of land for public use (for example, recrea		a histori	cally imp	ortant land area
	Protection o	f natural habitat	Preservation of a	a certifie	d histori	c structure
	Preservation	n of open space				
2		<b>o o</b> .	ied conservation contribution in the form of	f a cons		
	day of the tax year			_		d at the End of the Tax Year
a					2a	
b	•		veture in churched and line Oc	····· F	2b	
c d		vation easements on a certified historic struver vation easements included on line 2c acque		·····  -	2c	
u		•			2d	
3			eased, extinguished, or terminated by the c			ng the tax
	year			- <u>J</u>		
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	iodic monitoring, inspection, handling of			
	,	orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easemer	nts during the year
-						
7	Amount of expens	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation	on ease	ments at	uning the year
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(	4)(B)(i)		
•	and section 170(h)					Yes No
9	In Part XIII, describ		on easements in its revenue and expense s			
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statemer	nts that	describe	s the
D	organization's acc	ounting for conservation easements.		0.		<b>1</b> -
Pa			Art, Historical Treasures, or Oth	ier Sin	nilar As	ssets.
		f the organization answered "Yes" on Form		d balan	aa ahaat	worke
Ia	•		8, not to report in its revenue statement an plic exhibition, education, or research in furt			
		· ·	ncial statements that describes these items			
b	•		8, to report in its revenue statement and ba		heet wor	ks of
	-		exhibition, education, or research in furthe			
		ng amounts relating to these items.				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	
	(ii) Assets include	ed in Form 990, Part X			\$	
2			asures, or other similar assets for financial g	gain, pro	ovide	
	-	unts required to be reported under FASB A	-			
a L						
		eduction Act Notice, see the Instructions	for Form 990			edule D (Form 990) 2023
LINA		equention Act Notice, see the manufactions			301	

Sche		ENTER, INC						68273	Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, Historic	al Treasures, c	or Othe	r Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the following tha	at make si	ignificant (	use of its		
	collection items (check all that apply).								
а	Public exhibition		d 🔄 Loan	or exchange prog	ram				
b	Scholarly research		e 🔄 Othe	r					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how they fu	ther the organizati	ion's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historic					-	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" on I	Form 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod		-					-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
								Amount	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
t	Ending balance							7	<u> </u>
	Did the organization include an amount on F					ity?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if		1				<u></u>		
		(a) Current year	(b) Prior y		r		/ears back	(e) Four y	ears back
1a	Beginning of year balance		(3) 1 1101 )		are such	(u) 11100	youro buon		
h	Contributions								
0	Net investment earnings, gains, and losses								
с А	Grants or scholarships								
	Other expenditures for facilities								
C	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1a. col	umn (a)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
c		%							
	The percentages on lines 2a, 2b, and 2c sho	- uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held and administe	ered for th	e			
	organization by:							٢	'es No
	(i) Unrelated organizations?							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sched	ule R?				Зb	
4	Describe in Part XIII the intended uses of the		owment funds						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line	11a. See Form 99	0, Part X,	line 10.			
	Description of property	<b>(a)</b> Cost or basis (invest	•	<b>)</b> Cost or other basis (other)	1	ccumulate preciation		<b>(d)</b> Book	value
19	Land			290,000.	-			290	,000.
	Buildings			803,911.		861,5	15.	2,942	
	Leasehold improvements			966,412.		424,0			,335.
	Equipment			459,191.		415,5			,617.
	Other			443,569.		383,6			,960.
-	. Add lines 1a through 1e. (Column (d) must e		X line 10c c		•			3,878	
								- · · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2023

Schedule D	(Form 99	0) 2023	C	ASIS	CENTER,	INC.
			<b>•</b> •••	-		

62-0968273 Page 3

Part VII	Investments - Other Securities Complete if the organization answered "Yes" or	Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	b) must equal Form 990, Part X, line 12, col. (B))			
i art i m	Complete if the organization answered "Yes" or	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	d-of-vear market value
(1)	(-)	(-)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" or	escription	TId. See Form 990, Part X, line 15.	(b) Book value
(4)	(a) D	escription		
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes" or	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) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (2 (	<u> </u>	(2))		
ι otal. (Colu	imn (b) must equal Form 990, Part X, line 25, col.	( <u>B))</u>		L

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) 2023 OASIS CENTER, INC.			62-	0968273 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		
	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	6,942,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	375,452.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	375,452.
3	Subtract line 2e from line 1			3	6,567,421.
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	82,320.	-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	82,320.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	6,649,741.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per l	Returi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				<u> </u>
1	Total expenses and losses per audited financial statements			1	6,839,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments			-	
С	Other losses				
d	Other (Describe in Part XIII.)	2d			•
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line 2e from line 1			3	6,839,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		82,320.		
b	Other (Describe in Part XIII.)	4b			
С				4c	82,320.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,921,474.
Pa	rt 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 XI, 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

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

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivit	ies	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, o	r if the	2023
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization		ENTER, INC.					Employer i 62-096	dentification number 8273
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17.	Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	<b>Y</b>	<b>'es 🗌 No</b> be
(i) Name and addres or entity (fund	s of individual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fL	mount paic retained by undraiser ed in col. (i)	(v) to (or retained by)
			Yes	No	-			
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is ex	empt from	registration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	
			ONLY IN	BREELAND AND	NONE	(d) Total events
			NASHVILLE	FRIENDS		(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
שמאפווחפ		Gross receipts	147,831.	138,251.		286,082
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	147,831.	138,251.		286,082
	4	Cash prizes				
	5	Noncash prizes				
Ser lees		Rent/facility costs		8,000.		25,395
nirect Expenses	7	Food and beverages	12,686.			12,686
31						
	8	Entertainment		53,000.		53,000
		Entertainment Other direct expenses		53,000. 705.		35,801
	9		35,096.	53,000. 705.		35,801 126,882
_	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	35,096. h 9 in column (d) line 3, column (d)	705.		35,801 126,882
_	9 10	Other direct expenses	35,096. h 9 in column (d) line 3, column (d)	705.		35,801 126,882
'a	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	35,096. h 9 in column (d) line 3, column (d)	705.		35,801 126,882 159,200
Pa	9 10 11	Other direct expenses	35,096. h 9 in column (d) line 3, column (d) answered "Yes" on Form	705.	eported more than	53,000 35,801 126,882 159,200 (d) Total gaming (add col. (a) through col. (c
'a	9 10 <u>11</u> rt I	Other direct expenses	35,096. h 9 in column (d) line 3, column (d) answered "Yes" on Form	705.	eported more than	35,801 126,882 159,200
aniavan	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	35,096. h 9 in column (d) answered "Yes" on Form (a) Bingo	705.	eported more than	35,801 126,882 159,200
	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	35,096. h 9 in column (d) answered "Yes" on Form (a) Bingo	705.	eported more than	35,801 126,882 159,200
aniavan	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	35,096. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	705.	eported more than	35,801 126,882 159,200
a evenue	9 10 <u>11</u> rt I 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	35,096. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	705.	eported more than	35,801 126,882 159,200
	9 10 11 rt I 2 3 4 5	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	35,096. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	705.	eported more than	35,801 126,882 159,200

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? Yes **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:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

332082 09-13-23

Yes

No

No

Sch	Chedule G (Form 990) 2023 OASIS CENTER, INC.	62-09	68	273	Pa	ge <b>3</b>
11	I1 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 partnershi					
	to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity conducted in:					
á	a The organization's facility		3a			%
	<b>b</b> An outside facility		3b			%
14	I4 Enter the name and address of the person who prepares the organization's gaming/speci	al events books and records:				
	Name					
	Address					
15a	15a Does the organization have a contract with a third party from whom the organization rece	vives gaming revenue?		Yes		No
ł	b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount				
	of gaming revenue retained by the third party \$					
C	c If "Yes," enter name and address of the third party:					
	News					
	Name					
	Address					
16	I6 Gaming manager information:					
10						
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer Employee Independent contrac	tor				
17	17 Mandatory distributions:					
á	a Is the organization required under state law to make charitable distributions from the gar	ning proceeds to	_			
	retain the state gaming license?			Yes		No
ł	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exem	pt organizations or spent in the				
Pa	organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, I	ing 2b. columns (iii) and (e); and Dart III	1	~ ^ ^	)h 10	)h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. Se		,	es 9, s	<i>3</i> D, TC	ю,

	G (Form 990)		CENTER,	INC.
Part IV	Supplemental	Information (co	ontinued)	

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	nd Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp		Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization OASIS CEN	TER. INC.						Employer identification number $62 - 0968273$
Part I General Information on Grants a	-						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>2 Describe in Part IV the organization's propert II Grants and Other Assistance to</li> </ol>	stance?	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than	-				anization answered i	es on Form 990, Fait	TV, III 2 1, IOI ally
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRONTIER HEALTH PO BOX 9054 GRAY, TN 37615	62-0582605	501C3	18,030.	0.			TEEN OUTREACH PROGRAM
UCHRA 580 SOUTH JEFFERSON AVE, STE B COOKEVILLE, TN 38501	62-0906260	501C3	9,954.	0.			TEEN OUTREACH PROGRAM
HOLSTON HOMES PO BOX 188 GREENVILLE, TN 37744	62-0515531	501C3	9,300.	0.			TEEN OUTREACH PROGRAM
YOUTH VILLAGES 3310 PERIMETER HILL DR NASHVILLE, TN 37211	58-1716970	501C3	21,650.	0.			TEEN OUTREACH PROGRAM
PORTER – LEATH 868 N MANASSAS ST MEMPHIS, TN 38107	58-1409385	501C3	10,000.	0.			TEEN OUTREACH PROGRAM
YOUTH OPPORTUNITY INVESTMENT 503 CARDIFF VALLEY RD ROCKWOOD, TN 37854 2 Enter total number of section 501(c)(3) a	27-0972875		7,240. e line 1 table	0.			TEEN OUTREACH PROGRAM

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

OASIS CENTER, INC.

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
YOUTH TRANSPORTATION, RECREATION & MISCELLANEOUS					
ASSISTANCE	0	1,157,124.	٥.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PART II:

AWARD SELECTION IS BASED ON INDEPENDENT PANEL REVIEW OF APPLICATIONS AND

PROGRAM MONITORING OF AWARDS OCCURS THROUGH MONTHLY REVIEW OF REIMBURSABLE

EXPENDITURES PRIOR TO PAYMENT, SITEVISITS AND BIANNUAL PERFORMANCE

REPORTING.

PART III:

#### ASSISTANCE IS PROVIDED TO YOUTH/CLIENTS IN THE FORM OF BUS PASSES AND TAXI

Schedule I (Form 990) OASIS CENTER, INC. Part IV Supplemental Information	62-0968273 Page 2
	ALC BY MUETD ACCTONED COINCELOD
FARES. GOODS ARE ALSO PURCHASED FOR INDIVIDU	
AND CERTAIN BILLS ARE PAID DIRECTLY TO VENDO	RS ON THE INDIVIDUAL'S BEHALF.
NO DIRECT FUNDS ARE GIVEN TO INDIVIDUALS THE	REFORE, THERE IS NO NEED TO
MONITOR SPENDING BY OASIS CENTER, INC.	
332291	Schedule I (Form 990)
04-01-23	

sc	HEDULE J	Compen	sation Information	OME	3 No. 1545-	0047
(Form 990)			tors, Trustees, Key Employees, and Highest		202	2
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		.UZ	J
	tment of the Treasury	Α	ttach to Form 990.		en to Pu	
	al Revenue Service		0 for instructions and the latest information.		nspectio	
man	e of the organizatior			Employer identified 62-0968		umber
Pa	rt I Question	OASIS CENTER, INC. s Regarding Compensation	•	02-0900	213	
10	iti Questiona	stregarding compensation			Ye	s No
19	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990 F	Te	5 110
ia		line 1a. Complete Part III to provide any rel		330,		
	First-class or c	,	Housing allowance or residence for persor	naluse		
	Travel for com		Payments for business use of personal res			
		ation and gross-up payments	Health or social club dues or initiation fees			
		spending account	Personal services (such as maid, chauffeu			
	,					
b	If any of the boxes	on line 1a are checked, did the organization	n follow a written policy regarding payment or			
	•	·	bove? If "No," complete Part III to explain		1b	
2			g or allowing expenses incurred by all directors,	Γ		
	trustees, and office	rs, including the CEO/Executive Director, re	egarding the items checked on line 1a?		2	
3	Indicate which, if ar	y, of the following the organization used to	o establish the compensation of the organization's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check ar	ny boxes for methods used by a related organization	on to		
	establish compensa	ation of the CEO/Executive Director, but ex	plain in Part III.			
	Compensation	committee	Written employment contract			
		ompensation consultant	Compensation survey or study			
	X Form 990 of of	her organizations	X Approval by the board or compensation c	ommittee		
4		any person listed on Form 990, Part VII, S	ection A, line 1a, with respect to the filing			
	organization or a re	-				v
a L		e payment or change-of-control payment?		Г	4a	X X
b	-	eive payment from a supplemental nonqua			4b	X
с	•	eive payment from an equity-based compe	•		4c	
	I res to any or in	ies 4a-c, list the persons and provide the ap	pplicable amounts for each terr in Part III.			
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	ns must complete lines 5-9			
5			d the organization pay or accrue any compensatio	n		
-	contingent on the re					
а	e e				5a	x
b	Any related organiz	ation?		F	5b	X
		or 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any compensatio	n		
	contingent on the n					
а					6a	X
b	Any related organiz	ation?			6b	X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization provide any nonfixed payments			
					7	X
8			crued pursuant to a contract that was subject to th			
	initial contract exce	ption described in Regulations section 53.4	4958-4(a)(3)? If "Yes," describe in Part III		8	X
9	If "Yes" on line 8, di	d the organization also follow the rebuttab	le presumption procedure described in			
	Regulations section				9	
For	Paperwork Reducti	on Act Notice, see the Instructions for Fe	orm 990.	Schedule J	Form 99	0) 2023

#### 62-0968273

Page 2

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

For each individual whose compensation must be reported 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.

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.

	(B) Breakdown of W	/-2 and/or 1099-MIS	C and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					benefits	(B)(i)-(D)	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
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)	1						
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(1)							
(ii)							
(1)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

ſ /

Employer identification number

62-0968273

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Open to Public
test information.	Inspection

Name of the organization

#### OASIS CENTER, INC.

Par	rt I Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	•	Ints
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	1	50,129.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
						Ye	s No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used t	for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.		-				
For F	Paperwork Reduction Act Notice, see the Instr	ructions for	Form 990.		Schedule M	(Form 9	90) 2023

62-0968273 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990) 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

62-0968273

OMB No. 1545-0047

OASIS CENTER, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERVENTION TO NASHVILLE'S MOST VULNERABLE YOUTH, WHILE SEEKING TO

ALSO TEACH YOUNG PEOPLE HOW TO TRANSFORM THE CONDITIONS THAT CREATE

PROBLEMS FOR THEM IN THE FIRST PLACE.

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

STATEWIDE TOP A STATE-WIDE EFFORT TO DISSEMINATE THE WYMAN CENTER'S

EVIDENCE-BASED TEEN OUTREACH PROGRAM ("TOP") IN FOSTER CARE, JUVENILE

JUSTICE, AND EDUCATIONAL SETTINGS ACROSS TENNESSEE. THIS INITIATIVE

FOCUSES ON TRAINING AND SUPPORTING STAFF IN THESE SETTINGS TO IMPLEMENT

TOP AS A MEANS TO IMPROVE LIFE SKILLS, HEALTH BEHAVIORS, AND SENSE OF

PURPOSE FOR PARTICULARLY AT-RISK YOUTH POPULATIONS.

EXPENSES \$ 427,860. INCLUDING GRANTS OF \$ 83,147. REVENUE \$ 0.

COLLEGE CONNECTION HELPS MAKE COLLEGE A REALITY FOR LOW-INCOME, NEW

AMERICAN, AND POTENTIAL FIRST GENERATION COLLEGE STUDENTS BY OFFERING

COMPREHENSIVE COLLEGE COUNSELING SERVICES. MOBILE STAFF ENGAGE STUDENTS

AND FAMILIES IN SCHOOLS, LIBRARIES, AND COMMUNITY CENTERS TO HELP THEM

BUILD COLLEGE-GOING IDENTITIES, EXPLORE COLLEGE/CAREER OPTIONS,

COMPLETE FINANCIAL AID AND ADMISSIONS PAPERWORK, AND FIND THEIR MOST

APPROPRIATE "FIT" IN ORDER TO BE SUCCESSFUL.

EXPENSES \$ 568,558. INCLUDING GRANTS OF \$ 1,090. REVENUE \$ 0.

COUNSELING SERVICES FAMILY, INDIVIDUAL, AND GROUP COUNSELING DESIGNED

TO ADDRESS A WIDE RANGE OF ISSUES AFFECTING TEENS AND THEIR FAMILIES.

THIS WORK FOCUSES ON HELPING YOUTH AND FAMILIES FIND HOPE AND HEALING

lame of the organization	Employer identification number
OASIS CENTER, INC.	62-0968273
BUILD STRONGER RELATIONSHIPS, DISCOVER PERSONAL STRENGTHS	AND

EXPENSES \$ 171,981. INCLUDING GRANTS OF \$ 1,244. 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 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 CENTER'S SALARY RANGES AND LEVEL CLASSIFICATIONS ARE BASED UPON A LOCAL (NASHVILLE, TN) COMPARISON OF NON-PROFIT AGENCIES WITH SIMILAR STAFF RESPONSIBILITIES AND DUTIES TO DETERMINE STARTING, MID-LEVEL AND MAXIMUM WAGES FOR EACH POSITION.

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

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST AND FINANCIAL

INFORMATION IS AVAILABLE THROUGH GIVINGMATTERS.COM

Schedule O (Form 990) 2023 lame of the organization OASIS CENTER, INC.	Pag Employer identification numb 62-0968273
UASIS CENTER, INC.	02-0908275
ORM 990, PART XII, LINE 2C:	
O CHANGE TO THE PROCESS.	