

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>THE OASIS ANIMAL SANCTUARY, INC.</b>	<b>D</b> Employer identification number <b>22-3810323</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>856-284-6311</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>698 CENTRAL AVENUE</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>FRANKLINVILLE, NJ 08322</b>	<b>G</b> Gross receipts \$ <b>211,088.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>PHYLLIS VAN DE WEGHE</b> <b>114 E FINLEY ROAD, UPPER DEERFIELD, NJ 0830</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
<b>J</b> Website: ▶ <b>WWW.OASISANIMALSANCTUARY.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2001</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE OASIS MISSION IS TO RELIEVE THE SUFFERING OF ABUSED, NEGLECTED OR HOMELESS COMPANION ANIMALS,</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	9
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	30
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	9,061.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 158,307.	Current Year 175,595.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	8,843.	13,935.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,074.	10,550.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,224.	200,080.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,741.	43,904.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	124,462.	148,726.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	184,203.	192,630.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-7,979.	7,450.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 434,172.	End of Year 444,716.
	<b>21</b>	Total liabilities (Part X, line 26)	109,675.	112,769.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	324,497.	331,947.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer <b>PHYLLIS VAN DE WEGHE, VICE PRESIDENT &amp; CFO</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PHYLLIS VAN DE WEGHE</b>	Preparer's signature <b>PHYLLIS VAN DE WEGHE</b>	Date <b>02/16/22</b>
	Firm's name ▶ <b>PHYLLIS VAN DE WEGHE</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00040016</b>
	Firm's address ▶ <b>114 E. FINLEY ROAD UPPER DEERFIELD, NJ 08302</b>	Firm's EIN ▶	Phone no. <b>856-455-1013</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE OASIS MISSION IS TO RELIEVE THE SUFFERING OF ABUSED, NEGLECTED OR HOMELESS COMPANION ANIMALS, HORSES, AND OTHER PETS. WE DO THIS THROUGH OUR FIVE INITIATIVES: (1) REHABILITATE COMPANION ANIMALS FROM LOCAL SHELTERS & THE GENERAL PUBLIC FOR ADOPTION; (2) PROVIDE A

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

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

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

4a (Code: ) (Expenses \$ 26,563. including grants of \$ ) (Revenue \$ 10,425.) STERILIZATION ASSISTANCE PROGRAM: THIS PROGRAM IS RUN TO HUMANELY REDUCE UNWANTED ANIMAL POPULATIONS THROUGH SPAY AND NEUTER SURGERIES. 336 ANIMALS PARTICIPATED IN THE PROGRAM IN 2021, MOST OF WHICH WERE STERILIZED BEFORE YEAR END. FROM THE PROGRAM'S INCEPTION IN 2002 UNTIL 12/31/21, 7,493 ANIMALS WERE SPAYED OR NEUTERED, EFFECTIVELY AND HUMANELY PREVENTING THE BIRTHS OF TENS OF THOUSANDS OF HOMELESS OR UNWANTED ANIMALS. FEE REVENUE FOR THIS PROGRAM IN 2021 TOTALED \$10,425; GRANT FUNDING TOTALED \$11,125 AND CONTRIBUTIONS WERE \$45. ADDITIONALLY, \$10,000 OF A GENERAL STOCK DONATION WAS ALLOCATED TO THE PROGRAM. EXPENSES TOTALED \$26,563 WHICH REPRESENTS \$823 IN REFUNDED CO-PAYS AND MISCELLANEOUS EXPENSES, \$179 FOR FORMS PRINTING, AND THE BALANCE WAS PAID TO OUR PARTICIPATING VET HOSPITALS PERFORMING THE

4b (Code: ) (Expenses \$ 132,115. including grants of \$ ) (Revenue \$ 3,510.) ANIMAL CARE & ADOPTION/FOSTER/RELOCATE PROGRAMS: THESE PROGRAMS ARE THE MAIN ENDEAVORS OF THE ORGANIZATION, AND MOST OF THE MONEY USED FOR THEM COMES IN THROUGH THE GENERAL ACCOUNT. THE COMBINED PROGRAM IS RUN AT THE FACILITY, ALTHOUGH THERE ARE STILL SOME FOSTER HOMES IN USE. IN 2021, \$31,624 WAS SPECIFICALLY DONATED VIA INDIVIDUALS FOR ANIMAL CARE. 54 ANIMALS WERE SURRENDERED TO OASIS IN 2021, INCLUDING A 15 YEAR OLD HORSE AND HIS 12 YEAR OLD PONY COMPANION, 42 CATS AND KITTENS, 2 ROOSTERS, 3 CHICKENS, 4 DUCKS AND A GUINEA PIG. ADDITIONALLY, OASIS WAS DIRECTLY RESPONSIBLE FOR THE ADOPTIONS OF 3 DOGS FROM TWO OTHER SHELTERS, BRINGING THE TOTAL NUMBER OF ANIMALS ASSISTED IN 2021 TO 57. BECAUSE OASIS IS A SANCTUARY, IT OFTEN TAKES IN ANIMALS THAT OTHER SHELTERS DO NOT ACCEPT, OR WOULD SIMPLY EUTHANIZE BECAUSE OF THEIR AGE

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 158,678.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [X]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial 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 **PHYLLIS VAN DE WEGHE - 856-455-1013**  
**114 E. FINLEY ROAD, UPPER DEERFIELD, NJ 08302**







**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 185.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 2,714.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 172,696.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 2,379.					
	<b>h Total.</b> Add lines 1a-1f .....		175,595.				
<b>Program Service Revenue</b>	<b>2 a</b> SPAY/NEUTER CO-PAYS	Business Code 900099	10,425.	10,425.			
	<b>b</b> ANIMAL ADOPTION FEES	900099	3,510.	3,510.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		13,935.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		2,714.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	1,225.			
		<b>c</b> Net income or (loss) from fundraising events .....		1,489.		1,489.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		18,834.				
		<b>b</b> Less: direct expenses .....	<b>9b</b>	9,415.			
		<b>c</b> Net income or (loss) from gaming activities .....		9,419.		9,419.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		10.				
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>	368.			
		<b>c</b> Net income or (loss) from sales of inventory .....		-358.		-358.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			200,080.	13,935.	9,061.	1,489.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	32,873.	31,229.	1,644.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,031.	10,480.	551.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,369.		1,369.	
12 Advertising and promotion	2,602.		2,602.	
13 Office expenses	4,167.		4,167.	
14 Information technology	678.		678.	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,470.	9,470.		
23 Insurance				
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 O.)				
a <b>ANIMAL CARE</b>	42,965.	42,965.		
b <b>STERILIZATION ASSISTANC</b>	26,563.	26,563.		
c <b>REPAIRS &amp; MAINTENANCE</b>	11,920.	11,920.		
d <b>MORTGAGE</b>	10,008.	10,008.		
e All other expenses <b>SEE SCH O</b>	38,984.	16,043.	22,941.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	192,630.	158,678.	33,952.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	84,779.	<b>1</b>	105,643.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	2,790.	<b>4</b>	1,940.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 396,400.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 59,267.	346,603.	<b>10c</b> 337,133.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		434,172.	<b>16</b> 444,716.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,175.	<b>17</b>	3,969.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	105,500.	<b>23</b>	108,800.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		109,675.	<b>26</b> 112,769.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-48,101.	<b>27</b>	-37,769.
	<b>28</b> Net assets with donor restrictions .....	372,598.	<b>28</b>	369,716.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	324,497.	<b>32</b>	331,947.
<b>33</b> Total liabilities and net assets/fund balances .....	434,172.	<b>33</b>	444,716.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	200,080.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	192,630.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,450.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	324,497.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	331,947.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>THE OASIS ANIMAL SANCTUARY, INC.</b>	Employer identification number <b>22-3810323</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	98,436.	91,392.	86,078.	115,941.	116,235.	508,082.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	98,436.	91,392.	86,078.	115,941.	116,235.	508,082.
<b>5</b> 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) .....						123,726.
<b>6 Public support.</b> Subtract line 5 from line 4.						384,356.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	98,436.	91,392.	86,078.	115,941.	116,235.	508,082.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	95.	37.				132.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	12,970.	13,930.	16,765.	18,155.	18,834.	80,654.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,484.	8,167.	13,244.	8,843.	13,935.	55,673.
<b>11 Total support.</b> Add lines 7 through 10						644,541.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	18,158.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	59.63 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	65.83 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,200.		39,200.
b Buildings		350,000.	57,186.	292,814.
c Leasehold improvements				
d Equipment			-2,138.	2,138.
e Other		7,200.	4,219.	2,981.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>337,133.</b>

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue .....			
Direct Expenses	2	Cash prizes .....			9,415.	9,415.
	3	Noncash prizes .....				
	4	Rent/facility costs .....				
	5	Other direct expenses .....				
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				9,415.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				9,415.	

9 Enter the state(s) in which the organization conducts gaming activities: NJ

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

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

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

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



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	100.00	%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ PHYLLIS VAN DE WEGHE

Address ▶ 114 E. FINLEY RD. - UPPER DEERFIELD, NJ 08302

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ PHYLLIS VAN DE WEGHE

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ OVERSEE MONEY RAFFLES (3 PER YEAR)

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G; LINE 17B

NEW JERSEY REQUIRES THAT ALL NET PROCEEDS FROM GAMING EVENTS BE USED FOR THE SOLE PURPOSE OF THE COMPANY'S EXEMPT PURPOSE. FOR 2021, \$7,241.71 WAS THE NET INCOME FROM THE 3 EVENTS AFTER WINNINGS AND DIRECT ADMINISTRATIVE EXPENSES (EXCLUDING PAYROLL) WERE PAID. ALL OF THAT MONEY WAS USED TO PAY FOR SPAY/NEUTER SURGERIES, VET BILLS, FARRIER VISITS, ANIMAL FEED AND SUPPLIES, AND OTHER EXPENSES DIRECTLY RELATED TO ANIMAL CARE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

THE OASIS ANIMAL SANCTUARY, INC.

Employer identification number

22-3810323

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

HORSES, AND OTHER PETS.

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

LOW-COST SPAY AND NEUTER PROGRAM; (3) PROVIDE SANCTUARY FOR ABUSED FARM ANIMALS - ESPECIALLY HORSES; (4) A HUMANE EDUCATION PROGRAM; AND (5) PROVIDE A PERMANENT, LOVING HOME FOR THOSE ANIMALS THAT HAVE BEEN TOO TRAUMATIZED OR ARE TOO DISABLED FOR ADOPTION.

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

ACTUAL SURGERIES. THE CLOSURE OF SOME OF THE PARTICIPATING HOSPITALS DUE TO THE COVID PANDEMIC, ALONG WITH SIGNIFICANT INCREASES IN THE FEES CHARGED BY THE HOSPITALS, REDUCED THE NUMBER OF PARTICIPATING HOSPITALS AND CLINICS TO 5. THE BOARD WAS, AT YEAR END, TRYING TO NEGOTIATE WITH 2 OTHER FACILITIES TO JOIN THE PROGRAM.

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

OR THE TIME AND EXPENSE NEEDED TO HEAL THEM. OASIS PROVIDES A "KINDNESS FIRST" PHILOSOPHY, WHEREBY EUTHANASIA IS PERFORMED ONLY AFTER OTHER OPTIONS BECOME EITHER FINANCIALLY OR PHYSICALLY PROHIBITIVE. IN ALL, OASIS HAS CARED FOR 724 ANIMALS - MANY OF THEM VIA FOSTER HOMES, BECAUSE OASIS HAD NO FACILITY OF ITS OWN UNTIL MAY 29, 2015. AT THE END OF 2021, 43 WERE STILL WITH US, 18 OF WHICH ARE "PERMANENT RESIDENTS" AS THEY HAVE BEEN TOO TRAUMATIZED OR ARE TOO DISABLED TO BE ADOPTED OUT. OASIS HAS TAKEN IN MANY SPECIES OF ANIMALS OVER THE YEARS, INCLUDING DOGS, CATS, HORSES (FROM DRAFTS TO PONIES), DONKEYS,

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DUCKS, GUINEA PIGS, SNAKES, HAMSTERS, TURTLES, A TURKEY, FERRETS, ROOSTERS, CHICKENS, AND GOATS. THE PROGRAM PROVIDES HEALTHY NUTRITION, EXCELLENT VET CARE, AND SOCIALIZATION WITH OTHERS OF THEIR SPECIES AS WELL AS WITH HUMANS. WE PROVIDE A NON-CAGED ENVIRONMENT FOR AS MANY ANIMALS AS WE CAN TO REDUCE STRESS AND ILLNESS; AND (AGAIN) OASIS DOES NOT EUTHANIZE ANY ANIMAL FOR ANY REASON EXCEPT END-OF-LIFE SUFFERING FOR WHICH THERE IS NO OTHER RELIEF.

FORM 990, PART V, LINE 3B:

ALL OF THE WORK PERFORMED FOR GAMING ACTIVITIES WAS DONE BY VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1A:

LINE 1A EXPLANATION - THE EXECUTIVE BOARD (PRESIDENT/CEO AND VICE PRESIDENT/CFO) HAVE 3 VOTES EACH TO ALL OTHER TRUSTEES' 1 VOTE EACH.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD MEETINGS ARE HELD MONTHLY AND MINUTES ARE WRITTEN AND DISSEMINATED TO THE MEMBERS FOR APPROVAL PRIOR TO THE NEXT MEETING. THERE IS NO COMMITTEE FOR THIS - PHYLLIS VAN DE WEGHE IS THE ACTING RECORDING SECRETARY, UNTIL SUCH TIME AS ANOTHER CAN BE APPOINTED. THE RECORDING SECRETARY IS NOT CONSIDERED A MEMBER OF THE BOARD OF TRUSTEES, HAS NO VOTING POWER AND IS SIMPLY THERE TO TAKE THE MINUTES. THE COMPANY IS TOO SMALL TO HAVE SEPARATE COMMITTEES.

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

LINE 11B EXPLANATION - OUR CFO PROVIDES THE FINANCIAL STATEMENTS AND PREPARES THE TAX RETURNS. THE RETURNS ARE PROVIDED TO THE OTHER BOARD MEMBERS FOR THEIR REVIEW, AND ANY AND ALL QUESTIONS OR COMMENTS ARE

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RESOLVED PRIOR TO FILING THE RETURN.

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

THE FORM 990 IS PRESENTED TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL PRIOR TO IT BEING FILED WITH IRS. THE BOARD HAS UNTIL THE NEXT BOARD MEETING TO FORMULATE QUESTIONS, COMMENTS OR CONCERNS WHICH ARE ADDRESSED AT THE NEXT SUBSEQUENT BOARD MEETING. ONCE ANY QUESTIONS, COMMENTS OR CONCERNS ARE RESOLVED, THE RETURN IS E-FILED.

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

ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE CURRENT AND PRIOR YEAR TAX RETURNS & FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

CONSTRUCTION:

PROGRAM SERVICE EXPENSES	7,494.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,494.

LINE OF CREDIT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,020.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,020.

INSURANCE (EXCLUDING WORKERS COMP):

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PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,603.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,603.

## UTILITIES:

PROGRAM SERVICE EXPENSES	5,430.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,430.

## WORKERS COMP INS:

PROGRAM SERVICE EXPENSES	3,336.
MANAGEMENT AND GENERAL EXPENSES	176.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,512.

## SMALL TOOLS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,499.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,499.

## POSTAGE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,676.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,676.

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## TELEPHONE &amp; COMPUTER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,865.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,865.

## KUBOTA CREDIT CORP:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,790.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,790.

## VEHICLE EXPENSE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	312.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	312.

## REAL ESTATE TAXES:

PROGRAM SERVICE EXPENSES	151.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	151.

## ADJUSTMENT FOR COGS:

PROGRAM SERVICE EXPENSES	-368.
MANAGEMENT AND GENERAL EXPENSES	0.

