

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE OASIS ANIMAL SANCTUARY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 698 CENTRAL AVENUE City or town, state or province, country, and ZIP or foreign postal code FRANKLINVILLE, NJ 08322 F Name and address of principal officer: PHYLLIS VAN DE WEGHE 114 E FINLEY ROAD, UPPER DEERFIELD, NJ 0830	D Employer identification number 22-3810323 E Telephone number 856-284-6311 G Gross receipts \$ 179,117. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I 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		
J Website: WWW.OASISANIMALSANCTUARY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2001 M State of legal domicile: NJ

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE OASIS MISSION IS TO RELIEVE THE SUFFERING OF ABUSED, NEGLECTED OR HOMELESS COMPANION ANIMALS,		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,722.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	175,595.
9	Program service revenue (Part VIII, line 2g)	9	13,935.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	10,550.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	200,080.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	43,904.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	148,726.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	192,630.
19	Revenue less expenses. Subtract line 18 from line 12	19	7,450.
20	Total assets (Part X, line 16)	20	444,716.
21	Total liabilities (Part X, line 26)	21	112,769.
22	Net assets or fund balances. Subtract line 21 from line 20	22	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.

Sign Here	Signature of officer PHYLLIS VAN DE WEGHE, VICE PRESIDENT & CFO	Date	
Paid Preparer Use Only	Print/Type preparer's name PHYLLIS VAN DE WEGHE	Preparer's signature PHYLLIS VAN DE WEGHE	Date 07/24/23
	Firm's name PHYLLIS VAN DE WEGHE	Firm's EIN	Check <input checked="" type="checkbox"/> if self-employed PTIN P00040016
	Firm's address 114 E. FINLEY ROAD UPPER DEERFIELD, NJ 08302	Phone no.	856-455-1013

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 \$ 31,732. including grants of \$) (Revenue \$ 12,520.) STERILIZATION ASSISTANCE PROGRAM: THIS PROGRAM IS RUN TO HUMANELY REDUCE UNWANTED ANIMAL POPULATIONS THROUGH SPAY AND NEUTER SURGERIES. 248 ANIMALS PARTICIPATED IN THE PROGRAM IN 2022, MOST OF WHICH WERE STERILIZED BEFORE YEAR END. FROM THE PROGRAM'S INCEPTION IN 2002 UNTIL 12/31/22, 7,745 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 2022 TOTALED \$12,520; GRANT FUNDING TOTALED \$14,000 AND CONTRIBUTIONS WERE \$353. ADDITIONALLY, \$10,000 OF A GENERAL STOCK DONATION WAS ALLOCATED TO THE PROGRAM. EXPENSES TOTALED \$31,732 WHICH REPRESENTS \$210 IN REFUNDED CO-PAYS; THE BALANCE WAS PAID TO OUR PARTICIPATING VET HOSPITALS PERFORMING THE ACTUAL SURGERIES. THE CLOSURE OF SOME OF THE

4b (Code:) (Expenses \$ 139,315. including grants of \$) (Revenue \$ 1,914.) 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 2022, \$17,250 WAS SPECIFICALLY DONATED VIA INDIVIDUALS AND 1 TRUST FOR ANIMAL CARE. 46 ANIMALS WERE SURRENDERED TO OASIS IN 2022, INCLUDING A 3 DUCKS, 3 GUINEA PIGS, 1 TURKEY CHICK, 3 CHICKENS AND 35 CATS OR KITTENS. ADDITIONALLY, OASIS WAS RESPONSIBLE FOR FINDING HOMES FOR 6 DOGS FROM OTHER SHELTERS OR FROM INDIVIDUAL OWNERS; RESULTING IN 52 ANIMALS BEING ASSISTED BY OASIS IN 2022. BECAUSE OASIS IS A SANCTUARY, IT OFTEN TAKES IN ANIMALS THAT OTHER SHELTERS DO NOT ACCEPT, OR WOULD SIMPLY EUTHANIZE BECAUSE OF THEIR AGE OR THE TIME AND EXPENSE

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 171,047.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see 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>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		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?		X
16b	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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	234.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	142,033.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,365.					
	h Total. Add lines 1a-1f			142,267.				
Program Service Revenue	2 a SPAY/NEUTER CO-PAYS	Business Code	900099	12,520.	12,520.			
	b ANIMAL ADOPTION FEES		900099	1,914.	1,914.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			14,434.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			90.		90.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			3,061.				
				794.				
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				2,267.		2,267.		
9 a Gross income from gaming activities. See Part IV, line 19	9a			19,265.				
				9,633.				
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities				9,632.		9,632.		
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				168,690.	14,434.	9,722.	2,267.	

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	43,056.	40,903.	2,153.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,597.	14,816.	781.	
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.)	1,710.		1,710.	
12 Advertising and promotion	1,557.		1,557.	
13 Office expenses	2,930.		2,930.	
14 Information technology	674.		674.	
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 ANIMAL CARE	43,599.	43,599.		
b STERILIZATION ASSISTANC	31,732.	31,732.		
c MORTGAGE	8,545.	8,545.		
d UTILITIES	6,065.	6,065.		
e All other expenses SEE SCH O	29,589.	15,917.	13,672.	
25 Total functional expenses. Add lines 1 through 24e	194,524.	171,047.	23,477.	0.
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 <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	105,643.	1	33,115.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,940.	4	3,066.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 396,400.		
	b Less: accumulated depreciation	10b 68,737.	337,133.	10c 327,663.
	11 Investments - publicly traded securities		11	
	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 line 33)	444,716.	16	363,844.	
Liabilities	17 Accounts payable and accrued expenses	3,969.	17	3,912.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	108,800.	23	102,828.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	112,769.	26	106,740.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-37,769.	27	-69,272.
	28 Net assets with donor restrictions	369,716.	28	326,376.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	331,947.	32	257,104.
33 Total liabilities and net assets/fund balances	444,716.	33	363,844.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	168,690.
2	Total expenses (must equal Part IX, column (A), line 25)	2	194,524.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	331,947.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-49,009.
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	257,104.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,392.	86,078.	115,941.	116,235.	116,436.	526,082.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	91,392.	86,078.	115,941.	116,235.	116,436.	526,082.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						127,632.
6 Public support. Subtract line 5 from line 4.						398,450.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	91,392.	86,078.	115,941.	116,235.	116,436.	526,082.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37.				90.	127.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,930.	16,765.	18,155.	18,834.	19,265.	86,949.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,167.	13,244.	8,843.	13,935.	14,434.	58,623.
11 Total support. Add lines 7 through 10						671,781.
12 Gross receipts from related activities, etc. (see instructions)					12	15,472.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	59.31 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	59.63 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **THE OASIS ANIMAL SANCTUARY, INC.** Employer identification number **22-3810323**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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.	65,936.	284,064.
c Leasehold improvements				
d Equipment			-2,138.	2,138.
e Other		7,200.	4,939.	2,261.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				327,663.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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))
Revenue	1 Gross revenue			19,265.	19,265.
	2 Cash prizes			9,633.	9,633.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 99.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				9,633.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				9,632.

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 \$ 7,425.

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 2022, \$7,425 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 for the latest information.

OMB No. 1545-0047

2022

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:

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 4. THE BOARD WAS, AT YEAR END, STILL TRYING TO NEGOTIATE WITH OTHER FACILITIES TO JOIN THE PROGRAM.

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

NEEDED TO HEAL THEM. WITH THE PANDEMIC SHUTTING DOWN VET HOSPITALS AND CLINICS FOR OVER 2 YEARS, THE FERAL CAT POPULATION IN SOUTHERN NJ EXPLODED. FOR THIS REASON OASIS CURRENTLY FOCUSES MORE ON RESCUE AND REHABILITATION OF FELINES. 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 776 ANIMALS - MANY OF THEM VIA FOSTER HOMES, BECAUSE OASIS HAD NO FACILITY OF ITS OWN UNTIL MAY 29, 2015. AT THE END OF 2022, 37 WERE STILL WITH US, 20 OF WHICH ARE "PERMANENT RESIDENTS" AS THEY HAVE

Name of the organization

THE OASIS ANIMAL SANCTUARY, INC.

Employer identification number

22-3810323

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, 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:

SUBSTANTIALLY ALL OF THE WORK NEEDED TO RUN THE UNRELATED BUSINESS EVENTS (MONEY RAFFLES) WAS PROVIDED 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 POSITION 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.

Name of the organization THE OASIS ANIMAL SANCTUARY, INC.	Employer identification number 22-3810323
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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 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:

REPAIRS & MAINTENANCE:

PROGRAM SERVICE EXPENSES	5,917.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,917.

INSURANCE (EXCLUDING WORKERS COMP):

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,399.

Name of the organization THE OASIS ANIMAL SANCTUARY, INC.	Employer identification number 22-3810323
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,399.

WORKERS COMP INSURANCE:

PROGRAM SERVICE EXPENSES 4,329.

MANAGEMENT AND GENERAL EXPENSES 228.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,557.

CONSTRUCTION:

PROGRAM SERVICE EXPENSES 2,879.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,879.

POSTAGE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 2,844.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,844.

KUBOTA CREDIT CORP:

PROGRAM SERVICE EXPENSES 2,148.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,148.

LINE OF CREDIT:

Name of the organization THE OASIS ANIMAL SANCTUARY, INC.	Employer identification number 22-3810323
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PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,785.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,785.

TELEPHONE & COMPUTER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,658.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,658.

SMALL TOOLS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,489.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,489.

PROMO ITEMS PURCHASED:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	862.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	862.

VEHICLE EXPENSE:

PROGRAM SERVICE EXPENSES	487.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	487.

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REAL ESTATE TAXES:

PROGRAM SERVICE EXPENSES	157.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	157.

COST OF GOODS SOLD (TEE SHIRT SALES):

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	-593.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-593.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 29,589.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	FARM BUILDINGS	05/29/15	SL	40.00		16	345,800.				345,800.	56,552.		8,645.	65,197.
3	3 HORSE RUN-IN SHED	12/11/15	SL	40.00		16	4,200.				4,200.	634.		105.	739.
	* 990 PAGE 10 TOTAL BUILDINGS						350,000.				350,000.	57,186.		8,750.	65,936.
	FURNITURE & FIXTURES														
4	HOT WATER HTR - FARMHOUSE	12/05/16	SL	10.00		16	1,100.				1,100.	559.		110.	669.
5	HVAC SYSTEM - CAT COTTAGE	01/11/16	SL	10.00		16	6,100.				6,100.	3,660.		610.	4,270.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,200.				7,200.	4,219.		720.	4,939.
	LAND														
2	FARM (LAND)	05/29/15	L				39,200.				39,200.			0.	
	* 990 PAGE 10 TOTAL LAND						39,200.				39,200.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						396,400.				396,400.	61,405.		9,470.	70,875.