990

Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For	r the	2015 calend	dar year, or tax year begin	ning		, 2015, and e	nding		, 20
В	Che	ck if a	pplicable:	C Name of organization OASI	S NC				D E	Employer identification no.
	Add	ress c	hange	Doing business as					27	-5002032
	Nam	ne cha	nge	Number and street (or P.O. box	x if mail is not delivered to stre	eet address)		Room/suite	ΕT	elephone number
	Initia	al retur	rn	3114 RANDALL PR	CWY			4	(9	10)769-4586
	Fina	al retur	n/terminated	City or town, state or province,	country, and ZIP or foreign pe	ostal code				245,097
	Ame	ended	return	WILMINGTON, NC					G	Gross receipts\$
	Appl	lication	n pending	F Name and address of principal		RRIMAN				
				245 SILVER SLOC	P WAY, CAROLIN	A BEACH, NC	28428	H(a) Is this a gre subordinate	oup return fo es?	Yes X No
ı	Tax-	-exem	pt status:	501(c)(3) 501(c) () ◀ (insert no.)	947(a)(1) or	527	H(b) Are all sub	ordinates in	cluded? Yes No st. (see instructions)
J	Web	osite:		W.OASISNC.ORG				If "No H(c) Group exe	," attach a li nption numl	st. (see instructions) ber ►
K	Forn	n of or	ganization: X	Corporation Trust Asso	ociation Other ►		L Year of formation: 2	2011 M State	of legal don	nicile: NC
Pa	art	I	Summar					'	-	
		1		ribe the organization's missi	on or most significant a	activities: OAS	S NC IS A N	ONPROFIT OR	GANIZA	TION THAT
			-	S SUPPORT AND INST	_		LDREN WITH .	AUTISM AND :	THEIR	FAMILIES
Governance										
r L										
Ş.		2	Check this b	oox ▶ ☐ if the organization	discontinued its opera	tions or disposed	of more than 25%	of its net assets.		
ŏ		3		voting members of the gove	•	•			3	4
∞ თ		4		ndependent voting members					4	4
itie		5		er of individuals employed in					5	12
Activities &		6		er of volunteers (estimate if r	• ,	•			6	
ď				ited business revenue from I	• • • • • • • • • • • • • • • • • • • •				7a	0
				ed business taxable income					7b	0
								Prior Year		Current Year
		8	Contributions	s and grants (Part VIII, line	1h)				,293	23,173
ā		9		rvice revenue (Part VIII, line	•				,458	221,924
en		10	-	income (Part VIII, column (A				103	, 130	0
Revenue		11		ue (Part VIII, column (A), lin						
_		12		ue - add lines 8 through 11 (i				214	,751	245,097
-	-	13		similar amounts paid (Part I					,290	11,872
		14		d to or for members (Part IX	12	, 250	11,072			
		15		ner compensation, employee	T	132	,458	193,047		
es				If fundraising fees (Part IX, o			T	132	, 130	155,047
Expenses				ising expenses (Part IX, col			519			J
Ϋ́				nses (Part IX, column (A), lin				50	,694	50,935
_				ses. Add lines 13-17 (must			T		,442	255,854
		19		ss expenses. Subtract line			_		,309	(10,757)
_	-		110101100100	20 OXPORIOGO: CUBRICUS IIIIO	10 11011111110 12			Beginning of Current		End of Year
Net Assets or	anc	20	Total assets	s (Part X, line 16)			<u> </u>		,294	22,002
Asse	. Ba	21		es (Part X, line 26)			<u> </u>		,064	4,529
ž,		 22		or fund balances. Subtract			-		,230	17,473
	art			re Block					7230	17,173
				clare that I have examined this return	, including accompanying sch	edules and statements	and to the best of my ki	nowledge and belief, it i	S	
true,	corre	ect, an	d complete. Decl	claration of preparer (other than office	er) is based on all information	of which preparer has a	any knowledge.			
			ERIK	CA MERRIMAN					5 /	12/16
Sig	gn		B —	re of officer					Date	
He	re		ERIK	CA MERRIMAN, EXECU	TIVE DIRECTOR					
	. •		-	r print name and title						
			,	reparer's name	Preparer's signature		Date	Check	if PTIN	
Pa	id			,	JOHN M TYRPAK ("PA	05-12-2016	self-employe		01587084
		arer			& Taylor, CPAs		US 12-2010	Firm's EIN		01307001
	-	Only			_			Phone no.		
J J	-	-···y	i iiiii s adules	_	on NC 28403				L0-392	-4650
Max	/ the	ı IR c	discuss this	s return with the preparer sh		ıctions)			LU-392	. Yes X No
ivid	י נווכ	> 11 \C	, นเอบนออ แ แอ	rotain with the preparer sil	CM11 aDOVC: (SEE 111511)	,		· · · · · · · · ·		163

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Part IV Checklist of Required Schedules

ı uı	The official of frequired confedence		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40'		7.7
46	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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	4.41-		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16		13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		_X_
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u></u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
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Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
a b		20a		Λ
D		200		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
i	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		25
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
,	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			25
2	complete Schedule N, Part II	32		Х
		32		Λ
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\dots \dots \dots \dots \dots \dots \dots$	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
7				
7	and that is treated as a partnership for rederal income tax purposes? If if es, complete schedule K.			
7	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
7 8	Part VI	37		Х

Part V

15) OASIS NC Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		7.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		v
h	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		22
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u></u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Manag

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 in Schedule Q. See instructions

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3.7
	one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
	stockholders, or persons other than the governing body?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	90	X	
a b	The governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	Λ	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		_X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		3.7
L	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Don request Other (explain in Schedule O)			
19	Describe in 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:			
	ERIKA MERRIMAN (910)769-4586, 245 SILVER SLOOP WAY, CAROLINA BEACH, NC 28428			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related	d organizatio	n comp	ens	ated	any	curre	nt of	ficer, director, or tr	ustee.	
	(C)									
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					nan one s both ar	•	Reportable	Reportable	Estimated
rano ana mio	hours per					/trustee)		compensation	compensation from	amount of
	week (list any							from the	related organizations	other
	hours for related	or o	Ins	Officer	Ke.	em Hig	For		(W-2/1099-MISC)	compensation from the
	organizations	direc	titutio	cer	em/	hest	Former	(W-2/1099-MISC)		organization
	below dotted line)	al tru	onal		Key employee	e com				and related organizations
	,	Individual trustee or director	Institutional trustee		ě	pen				3
			ee			Highest compensatec employee				
						٦				
(1) ERIKA MERRIMAN	40.00									
EXECUTIVE DIRECTOR				Χ		Х		50,400	0	0
(2) THERESA NARDI	5.00									
TREASURER				Χ				0	0	0
(3) SUSAN CATAPANO	5.00									
VICE PRESIDENT				Χ				0	0	0
(4) BLAIR KUTROW	5.00									
SECRETARY				Χ				0	0	0
<u>(5)</u>										
(6)										
<u>(6)</u>										
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YL										
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12										
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(13)										
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Section A.

Continued Cont		90 (2015) OASIS NC									27-50020	32	Pa	age 8
Comparison of the Comparison	Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	and I	High	est	Comp	ensa	ated Employees (continued)	1		
Comparison of the Name and th														
(15) (16) (17) (19) (20) (21) (22) (23) (24) (25) (27) (27) (28) (29) (29) (29) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20)				(do n	ot che			nan one						
Comparison from the organization for the organization from the o		Name and title	1	box,	unless	s pers	on is	both an	1					
to bose for a grant principle of the properties of the company of the properties of				office	er and	_	_	/trustee)		'		ar		
Compensation Comp				or a	Insti	9	Key	emp	High		-		npensation	1
(19)				irect	tutio	ĕ	emp	loye	ner		(W-2/1099-MISC)	1		
(19)			"	or all	nal		Joy	ä	3	(W-2/1099-WISC)		1	,	
(19)				stee	rust		ď	De l'				org	anizations	š
(19)					e e			Saled	į į					
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(20) (21) (22) (23) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29														
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Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total (add lines 1b and 1c) Tota	(0.4)													
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reportable compensation from the organization Post No	-									•	•			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	-		2 10 111000 1101	ou ub	,,,	*****	, , , ,	orroa		σ αιωι φτου,σου σι				
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		· ·	•		•		_	•				3		Х
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4													
individual														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						•						4		Х
for services rendered to the organization? If "Yes," complete Schedule J for such person	5													
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		• •	•		-			-				5		Χ
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year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your five highest compensate	d independer	nt cont	racto	ors t	hat r	eceive	ed m	ore than \$100,000	of			
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Report comper	nsation for the	e caler	ndar	yea	r en	ding w	ith o	r within the organiz	zation's tax			
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		year.												
2 Total number of independent contractors (including but not limited to those listed above) who		(A)								(B)			(C)	
		Name and business address								Description of	services	Comp	pensation	
received more than \$100,000 of compensation from the organization	2	-				liste	d at	ove) v	who					

F 00	0 (00)							David 0
Form 99	$\overline{}$	Statement of Revenue					27-50020	32 Page 9
Part	/ 111			-4- 4 line in 4hi	- D+ \ ////			
		Check if Schedule O contains a response	e or no	ote to any line in thi	(A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a					
ga	b	Membership dues	1b					
ָם ב <u>ַ</u>	С	Fundraising events	1c	4,396				
ifts ar /	d	Related organizations	1d					
.,E	е	Government grants (contributions)	1e					
Sign	f	All other contributions, gifts, grants,						
the		and similar amounts not included above	1f	18,777				
ξO	g	Noncash contributions included in lines 1a-	-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			23,173			
				Business Code				
une	2a	EDUCATION SERVICE		611710	221,924	221,924		
Revenue	b							
ě E	l c							

						revenue		512-514
δ	1a	Federated campaigns	1a					
•	b	Membership dues	1b					
	С	Fundraising events	1c	4,396				
۱ ۲	d	Related organizations	1d	1,000				
<u> </u>	e	Government grants (contributions)	1e					
and Other Similar Amounts		All other contributions, gifts, grants,	16					
ē	f	and similar amounts not included above						
5			18,777					
<u>و</u>	g	Noncash contributions included in lines 1a-						
ਲ	h	Total. Add lines 1a-1f			23,173			
				Business Code				
	2a	EDUCATION SERVICE		611710	221,924	221,924		
	b							
3	С							
	d							
	е							
5		All other program service revenue						
:		Total. Add lines 2a-2f			221,924			
-+					221,924			
		Investment income (including dividends, inte						
		and other similar amounts)						
		Income from investment of tax-exempt bond						
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	72	Gross amount from sales of (i) Securities	es	(ii) Other				
	<i>1</i> a	assets other than inventory		,,				
	L	•						
	D	Less: cost or other basis and sales expenses						
		Gain or (loss)						
,		Net gain or (loss)						
		Gross income from fundraising						
}		events (not including \$ 4,39	96					
:		of contributions reported on line 1c).						
		See Part IV, line 18						
•		Less: direct expenses						
	С	Net income or (loss) from fundraising events	s .					
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b					
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	ıud	returns and allowances	. а					
	h	Less: cost of goods sold						
		3						
}	С	Net income or (loss) from sales of inventory	• • •					
-		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			245,097	221,924	0	0

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											
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	(D) Fundraising							
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	11,872	11,872									
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	50,400	50,400									
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	129,051	129,051									
8	Pension plan accruals and contributions (include											
•	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	12 506	12 506									
10	Payroll taxes	13,596	13,596									
11	Fees for services (non-employees):											
a b	Management											
C	Accounting	582	582									
d	Lobbying	302	302									
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											
9	(A) amount, list line 11g expenses on Schedule O.)											
12	Advertising and promotion	75	75									
13	Office expenses	-	-									
14	Information technology											
15	Royalties											
16	Occupancy	25,817	25,817									
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											
23	Insurance	10,174	10,174									
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
_	(A) amount, list line 24e expenses on Schedule O.)	F10										
a	FUNDRAISING EXPENSES	519	10 500		519							
b	SUPPLIES PANY GUARGES	12,790	12,790									
Q C	BANK CHARGES	12	12									
d	MISCELLANEOUS All other expenses	901	901 65									
е 25	All other expenses	65 255 854		0	519							
25 26	Joint costs. Complete this line only if the	255,854	255,335	U	213							
	organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)											
	1010 mig 001 00 2 (100 000-120)											

Form 990 (2015) OASIS NC 27-5002032 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	12,294	1	2,002
	2	Savings and temporary cash investments	20,000	2	20,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	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 34)	32,294	16	22,002
	17	Accounts payable and accrued expenses	4,064	17	4,529
	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	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	4,064	26	4,529
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ses	07	complete lines 27 through 29, and lines 33 and 34.		07	
lanc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
Ę.		Organizations that do not follow SFAS 117 (ASC 958), check here 🔻 🗵 and			
S	20	complete lines 30 through 34.		20	
sset	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	22 222	31	45.450
Š	32	Retained earnings, endowment, accumulated income, or other funds	28,230	32	17,473
	33	Total net assets or fund balances	28,230	33	17,473
	34	Total liabilities and net assets/fund balances	32,294	34	22,002

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Open to Public

Employer identification number

OASIS NC 27-5002032 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990 or 990-EZ) 2015 OASIS NC 27-5002032

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

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

Sec	tion A. Public Support			· •	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						•
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	·					▶ 🗌
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6, o		•	. , ,		14	%
15	Public support percentage from 2014 Scheo						%
16a	33 1/3% support test - 2015. If the organiz			·	1/3% or more, che	ck this	
	box and stop here. The organization qualifi-						▶ ⊔
b	33 1/3% support test - 2014. If the organiz						
	check this box and stop here. The organiza			-			▶ ⊔
17a	10%-facts-and-circumstances test - 2015	_					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fac		_				
b	organization	. If the organization	n did not check a b	oox on line 13, 16a	, 16b, or 17a, and li		▶ ⊔
	15 is 10% or more, and if the organization n				-		
	Explain in Part VI how the organization mees supported organization						▶ □
18	Private foundation. If the organization did						_
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2015 OASIS NC 27-5002032 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		31,381	35,920	46,917	18,277	132,495
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		42,720	77,875	163,458	2,221,924	2,505,977
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		74,101	113,795	210,375	2,240,201	2,638,472
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,638,472
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		74,101	113,795	210,375	2,240,201	2,638,472
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		0 74,101	113,795	210,375	2,240,201	2,638,472
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here		econd, third, fourth, or				▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co	lumn (f) divided b	y line 13, column (f))			15	100.00 %
16	Public support percentage from 2014 Schedu					16	100.00 %
Se	ction D. Computation of Investmer	nt Income Per	rcentage				
17	Investment income percentage for 2015 (line	10c, column (f) di	vided by line 13, colur	mn (f))		17	0.00 %
18	Investment income percentage from 2014 Sch	nedule A, Part III,	line 17			18	0.00 %
	33 1/3% support tests - 2015. If the organization of the organizat	and stop here. Th	ne organization qualific	es as a publicly su	ipported organizati	ion	▶ 🏻
	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this bearing the private foundation. If the organization did not be a support to the organization of	ox and stop here	e. The organization qu	ualifies as a publicl	y supported organ		• 📋
ZU	Frivate roundation, if the organization did no	л спеска вохов	mue 14. 19a. Of 19b.	CHECK THIS DOX AND	i see instructions		

Schedule A (Form 990 or 990-EZ) 2015 OASIS NC 27-5002032 Page 4

Part IV Supp

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Sa		
	3b		
	3с		
	4a		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
A /E) or 990	-F <i>Z</i>) 201

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

Department of the Treasury Internal Revenue Service

OASIS NC

Name of the organization

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

27-5002032

Organization type (check one):					
Filers o	of:	Section:			
Form 9	90 or 990-EZ	∑ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 9	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check i	f your organization is cover	ed by the General Rule or a Special Rule .			
Note. C), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	I Rule				
X	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.			
Special	I Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	contributor, during the year	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one r, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
		ot covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its			

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

OASIS NC

Employer identification number
27-5002032

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	LANDFALL FOUNDATION 1924 PEMBROKE JONES DR WILMINGTON, NC 28405	\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	GET STUFF DONE 4 KIDS 9650 STRICKLAND RD STE 103-131 Raleigh, NC 27615	\$ \$	Person X Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Onncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

OASIS NC

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Doon to Public

Open to Public Inspection

Employer identification number

27-5002032

01. Form 990 governing body review (Part VI, line 11)
THE ANNUAL TAX RETURN WAS REVIEWED BY THE BOARD PRIOR TO ITS FILING
02. Conflict of interest policy compliance (Part VI, line 12c)
OASIS NC HAS A CONFLICT OF INTEREST POLICY WHICH IS MONITORED THROUGHOUT THE YEAR
03. Governing documents, etc, available to public (Part VI, line 19)
THE TAX RETURN IS AVAILABLE FOR INSPECTION UPON REQUEST

990	Overflow Statement	2015 Page 1
Name(s) as shown on return		FEIN
OASIS NC		27-5002032

Description		Z	Amount
RENT		\$	20,640
INTERNET			1,753
ELECTRIC			1,998
WATER AND SEWER			1,426
	Total:	\$	25,817

Description		Amo	ount
SUBSTITUTE TEACHER		\$	65
	Total:	\$	65

orm	1990 (2015) OASIS NC	27-50	02032		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		:	245,	097
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		:	255,	854
3	Revenue less expenses. Subtract line 2 from line 1	. 3		((10,	757)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			28,	230
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				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10			17,	473
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					\Box
					Yes	No
1	Accounting method used to prepare the Form 990: 🗓 Cash 🗌 Accrual 🗍 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		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 in Schedule O and describe any steps taken to undergo such audits			3h		

EEA Form **990** (2015)

Schedule A (Form 990 or 990-EZ) 2015 OASIS NC 27-5002032 Page 5

Part IV Supporting Organizations (continued)

Pa	supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	7 11 0 11			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		V	NI -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
S00	supported organizations played in this regard. ction E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etruct	ions)	
а		ou do	,	•
b				
С		see in	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must comp	olete S	Sections A through E.		
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	octors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount				Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
_en	nergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-instructions).	integr	rated Type III supportin	g organization (see	

Current Year

Section D - Distributions

Part V

27-5002032 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a b c d From 2013	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) (ii) (iii) (iii) (iii) (iiii) (iiii) (ivi) (prevaluations) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b c d From 2013	
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Pre-2015 Amount for 2 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b c d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: \$ a Applied to underdistributions of prior years	
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d From 2013	
e From 2014	
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D, line 7: \$ a Applied to underdistributions of prior years	
a Applied to underdistributions of prior years	
b Applied to 2015 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2015, if	
any. Subtract lines 3g and 4a from line 2 (if amount	
greater than zero, see instructions).	
6 Remaining underdistributions for 2015. Subtract lines 3h	
and 4b from line 1 (if amount greater than zero, see	
instructions).	
7 Excess distributions carryover to 2016. Add lines 3j	
and 4c.	
8 Breakdown of line 7:	
a	
b	
c Excess from 2013	
d Excess from 2014	
e Excess from 2015	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)