

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form 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 1545-1150

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

Ā	or the	2015 calend	ar year, or tax year beginning August 1 , 2015, ar	nd ending	De	cember 31	, 20	15
В	Check If ap	pplicable C Name of organization		D Emp	oloyer identific	ation number		
	Address cl	ress change Oasis Companies International				45-516	6960	
$\overline{}$	Name cha	•	Number and street (or P.O box, if mail is not delivered to street address)	Room/suite	E Tele	phone number		
_	initial retur	m n/terminated	200 N Main Street	Mezz B		949-933	-8407	
=	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemptio	n	
	Application		Santa Ana, CA 92701		Nur	mber 🕨		
G /	Account	ing Method:	✓ Cash	Н	Check	▶ ☐ if the o	organization is	s not
I V	Vebsite	:► <u>www</u>	oasiscenterintl org			d to attach S		
J T	ax-exem	npt status (che	eck only one) — ✓ 501(c)(3)	□527	(Form 9	990, 990-EZ,	or 990-PF).	
			☐ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo		al assets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	▶ \$		8813
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balance					
			the organization used Schedule O to respond to any question in			<u></u>		✓
	1		ons, gifts, grants, and similar amounts received			1	7	<u> 1813</u>
	2	-	ervice revenue including government fees and contracts			2		0
	3		ip dues and assessments			3		0
	4	Investmen				4		0
	5a		ount from sale of assets other than inventory		0			
M	b		or other basis and sales expenses		0	La Messacia		
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line and fundacing events	e 5a)		5c		0
2	6	_	of fundraising events			*		
Zo	а		ome from gaming (attach Schedule G if greater than					
Revenue NASS	Ь		<u> </u>	contributio	nc			
≥ 0	"		alsing events reported on line 1) (attach Schedule G if the	CONTINUUTO	115			
P R			th gross income and contributions exceeds \$15,000) 6b		0			
~· =·	C		at expenses from gaming and fundraising events 6c					
20	ď		e or (loss) from gaming and fundraising events (add lines 6a and	6b and su	ubtract			
.		line 6c)				6d		n
<u>}</u>	7a	Gross sale	s of inventory, less returns and allowances		0	Allin Streethas		
• 0	b		of goods sold	-	0	<i>-{ %u%:‱</i> .}		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c		0
	8	•	nue (describe in Schedule O)			8		0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	▶	9		8813
	10	Grants and	d similar amounts paid (list in Schedule O)			10		0
	11	Benefits pa	aid to or for members	 ,		11		0
es	12		ther compensation, and employee benefits	E .		12	1:	2850
Sui	13		al fees and other payments to independent contractors, 🧃 🗿 💆 🤈 🧛	13 · 16 ·		13		229
Expenses	14	•	y, rent, utilities, and maintenance	<u> a :</u>		14		3350
Ú	15		ublications, postage, and shipping	ut · l		15		81
	16		enses (describe in Schedule O)			16	3	1477
	17		enses. Add lines 10 through 16	<u></u>	▶	17	47	<u> 7987</u>
ţ	18		(deficit) for the year (Subtract line 17 from line 9)		·	18	4(<u>0826</u>
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (_				
Ä		_	ar figure reported on prior year's return)			19		<u> 2596</u>
Š	20		nges in net assets or fund balances (explain in Schedule O)			20		<u>171)</u>
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .	<u> </u>	<u>.</u> ▶	21		<u>9251</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2015)

Pa	rt II Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			31946		38601
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			650		650
25	Total assets			32596		39251
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			32596	27	39251
Par		- '		•		_
	Check if the organization used Schedule		ny question in this	Part III 🔽	/ _D _	Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O				quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline in the surple of the service accompline in the surple of the service accompliance in the service accomplished by the service accomplished in the service accomplished in the service accomplished by the service accomplished in the service accomplished in the service accomplished by the service accomplished in the se	nanner, describe the				anizations; optional for ers.)
28	Implemented After-school arts programs in Santa Ar	na, CA, that involves t	oth visual arts and	performing arts		1
	classes and partnered with City of La Habra, CA, to i	mplement the commu	inity arts program I	rom serving 50		
	students during last fiscal year, we have impacted of	over 1,000 low to mod	erate income youth			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	19797
29						
		includes foreign gra	ints, check here .	▶ □	298	a
30						
	(Grants \$) If this amount	includes foreign gra	ints. check here .	▶ 🗆	30a	<u>.</u>
31	Other program services (describe in Schedule O)					1
		includes foreign gra			312	,
32	Total program service expenses (add lines 28a	through 31a)			32	
Par						, ,,,,,,
	Check if the organization used Schedule			•		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	(d) Health benefits, contributions to employed benefit plans, and	ee (e)	
			(pana) on o		+	<u>-</u>
Jin S	5		1000			•
Exec	utive Director	60	1000	υ <u> </u>	<u> </u>	0
		 				
		.				
		ļ			_	
		_[
	<u></u>	 			_	
		.				
		<u> </u>		<u> </u>		
		_]				
]			I	
]				
					\top	
		1				
		-			+	
		-†				
		·		-	+	
		-		1		
-		 			+	
				1		

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	33		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	\vdash	✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a				
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	2000-0000000		
39	Section 501(c)(7) organizations. Enter:	*	14	9 8 1
а	Initiation fees and capital contributions included on line 9		, T	
b	Gross receipts, included on line 9, for public use of club facilities	1 3	1 4 3	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 Section 501(c)(3) 501(c)(4) and 501(c)(90) constitutions. Did the extension of tax imposed on the organization during the year under:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1 7		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	j	
41	List the states with which a copy of this return is filed ▶			
42a		949 33		7
L	Located at ► 200 N Main Street, Mezz B, Santa Ana, CA ZIP + 4 ►	927		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: N/A	420	7/2	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	3 (1)	91	g Jr
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	ا . ایجا	<u> </u>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		*

46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political c	ampaign activities o	n behalf of or	in opposit	ion 46	Yes	No
Part '	Vi	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only is must answer que	stions 47–49b and	d 52, and con			for lin	ies
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI	· · · ·	· · ·	 Tva	; . ⊢
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electi	ion in effect d	uring the		Yes	No
48	•	organization a school as described in		i\2 If "Vos " complete		• • •	. 47 . 48	┿	
49a		ne organization make any transfers t						+	1
b		s," was the related organization a se					. 49b		
50		plete this table for the organization's pyees) who each received more than							
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health b	enefits, employee nd deferred	(e) Estimat	ed amo	unt of
							···		
									
- -						İ			
	Takal		Φ100 000	. ▶ 0	_l			_	
51	Comp	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest compe	ensated independen	t contractors	who each	received	l more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of se	rvice	(c)	Compensat	ion	-
			· · · · · · · · · · · · · · · · · · ·						
	-								
									
d	Total	number of other independent contra	actors each receiving	over \$100.000	. •)		
52	Did t	the organization complete Scheduleted Schedule A	_		anizations mu		a .► ✓ Yes	· 🗆	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and staten	nents, and to the b	est of my kno			
true, cor	rect, and	d complete Declaration of preparer (other tha	officer) is based on all info	ermation of which prepare	nas any knowledg	e ラノナ	111		
Sign		Signature of officer	The state of the s		Date	-120	10		
Here		Type or print name and title	/						
Paid		Print/Type preparer's name	Preparer's signature Melanie M.	Swrift h	Date 2/24/16	Check	ıf PTIN		
Prepa	arer	Melanie M Swift, MNM, CNC, CFRE	Tricumate IVI.	JW91 P		self-employ		14646	01
Use (Only	Firm's name BizCentral USA, Inc	#13 Orlando El 220			EIN ►	20-12		
May th	ne IRS	Firm's address ► 2151 Consulate Drive discuss this return with the prepare			Phone	: no	407-857 ► □ V es		No.

SCHEDULE A (Form 990 or 990-EZ)

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.

totrial in a constant of the constant

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

0.000	Companies International					45-51	eenen
Par	s Companies International Reason for Public Chai	rity Status (All	organizations must	complete	e this p		
	organization is not a private founda						
1	A church, convention of church		•		-	•	
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990 o	r 990-E	Z).)	
3	☐ A hospital or a cooperative hos	spital service org	janization described i	n section	170(b)(1)(A)(iii).	
4	☐ A medical research organization	on operated in co	onjunction with a hosp	pital descri	ibed in s	ection 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state	e:					
5	An organization operated for a section 170(b)(1)(A)(iv). (Com		college or university	owned or	operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in section	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)		· · · · · · · · · · · · · · · · · · ·	port from	a govern	nmental unit or from	n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An organization that normally						
	receipts from activities related						
	support from gross investme acquired by the organization a				-		x) from businesses
10	☐ An organization organized and		·		•	·	
11	☐ An organization organized and	-	-	-			out the purposes of
	one or more publicly supported						
	the box in lines 11a through 11c	d that describes	the type of supporting	organızati	on and c	complete lines 11e, 1	1f, and 11g.
а	the supported organization(s) the power to re	egularly appoint or ele				
	organization. You must com						o(a) bu ba da a
b	 Type II. A supporting organized control or management of the 						
	organization(s). You must co			ic same pe	,, 30113 ti	iat control of manag	je trie supported
С				ted in conr	nection v	with, and functionally	v integrated with.
Ū	its supported organization(s)						,g,
d	I ☐ Type III non-functionally in	tegrated. A supp	porting organization of	perated in	connec	tion with its support	ed organization(s)
	that is not functionally integrated requirement (see instructions						an attentiveness
е		•	•				I, Type III
	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting org	anızatıoı	n.	
f	- · · · · · · · · · · · · · · · · · · ·						
g	Provide the following information	n about the supp	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the org listed in your docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
				103			
(A)							
(B)							
(C)							
(D)							-
(E)						-	
		to the species of	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	* * * * * *			
Tota	ıl		to the state that the ten state of ten stat	40 Apr 14 14 14 14 14 14 14 14 14 14 14 14 14	n n in		

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) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 43869 17322 77253 136420 88813 363677 levied 2 Tax revenues for the organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 17322 43869 77253 136420 88813 363677 5 The portion of total contributions by (other each person than governmental unit or vollidua supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 104178 Public support. Subtract line 5 from line 4. 259499 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 7 17322 43689 77253 136420 88813 363677 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 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 0 **Total support.** Add lines 7 through 10 11 363677 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2014 Schedule A, Part II, line 14 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2015. 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 10%-facts-and-circumstances test -2014. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Part III	Support Schedule for O	rganizations D	escribed i	n 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.)

O 41	if the organization rails to quality	under the tex	sts listed bei	ow, piease co	ompiete i ait	11./	
	on A. Public Support	1 2 2 2 2 4	(1-) 0010	(-) 0040	(-1) 0014	(-) 0045	(0 T-1-1
	dar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities				İ		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				1		
	to or expended on its behalf				1		
5	The value of services or facilities						
•	furnished by a governmental unit to the	ļ					
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3	_					
<i>,</i> a	received from disqualified persons .						1
	· · · · · · · · · · · · · · · · · · ·						
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				1		
	•						
_	Add lines 7a and 7b						
8	* -		11111				
<u> </u>	line 6.)						
	on B. Total Support	(-) 0011	(h) 0010	(c) 2013	(d) 2014	(e) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(6) 2013	(a) 2014	(e) 2015	(i) Total
9	Amounts from line 6					:	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .						
b	Unrelated business taxable income (less						İ
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					ŀ	
	or not the business is regularly carried on	<u> </u>	-				
12	Other income. Do not include gain or						
	loss from the sale of capital assets				i		
	(Explain in Part VI.)		L		ļ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u></u>	<u> </u>			<u> </u>	504(1)(5)
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he			· · · · ·	<u> </u>		· · · > []
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2015 (line						%
16	Public support percentage from 2014 Sc				· · · · ·	16	%
	on D. Computation of Investment Ir				- (0)	1.= 1	
17	Investment income percentage for 2015						<u>%</u>
18	Investment income percentage from 201					18	<u>%</u>
19a	331/3% support tests-2015. If the organ						
	17 is not more than 331/3%, check this box						_
b	331/3% support tests-2014. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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**.
- 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, the determine whether the organization had excess business holdings.)

		Yes	No
ng by	1	i Les	
us ed	**************************************		
er	#± 3a		
nd he	3b		
B)	3c	(3 /9)	
If	4a	¥AÇ	
gn o <i>n</i>	4b		
on ed (B)	4c		E CO
;," IN n; on		# 1442 T	
dy	5a 5b	15:2	***************************************
to ed or	5c 		# 12 m
or th	7		
7?	8		
re ed	9a	1	
ch	9b		
fit		4	
on ed		† †	
to	10b		

Schedu	le A (Form 990 or 990-EZ) 2015	Page 5
Part	Supporting Organizations (continued)	
	•	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
_	below, the governing body of a supported organization?	11a
b	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. on B. Type I Supporting Organizations	11c
Secu	on 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	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
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).	Yes No
Secti	on D. All Type III Supporting Organizations	<u> </u>
		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?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	-
b c	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the cont	see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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.

За

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations					
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 complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1	<u> </u>					
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):			4 1 1				
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, see 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	ALLEGE STATE					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4 1 1 1 1 1 1 1 1 1 1					
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5	4111 345 (64 4)					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III supporting	g organization (see				

Part	Type III Non-Functionally Integrated 509(a)(3	3) Suppo	rting	Organ	izations	(continued)			
Secti	on D - Distributions						Curre	nt Year	_
1_	Amounts paid to supported organizations to accomplish e	exempt p	urpose	es					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity						1		
3	Administrative expenses paid to accomplish exempt purp	oses of s	uppor	ted orga	anızatıons	3	1		
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	h the ora	anizatio	on is res	sponsive				_
	(provide details in Part VI). See instructions.	Ŭ			•				
9	Distributable amount for 2015 from Section C, line 6								_
10	Line 8 amount divided by Line 9 amount								_
			/:\			(ii)	((iii)	_
Se	ection E - Distribution Allocations (see instructions)	Excess	(i) Diotrik	tiono	Under	distributions	Distri	butable	
		EXCESS	DISTIL	Julions	P	re-2015	Amoun	t for 2015	
1	Distributable amount for 2015 from Section C, line 6	Ni ku		il bul	. <i>1</i> 6. 1	Market San Ass			_
2	Underdistributions, if any, for years prior to 2015	u suga aggi i						3 %	
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2015:			1 1 10 10 10 10 10 10 10 10 10 10 10 10	93 V 10 V 10 V 10 V 10 V 10 V 10 V 10 V 1		1 20 45 400 44		
а	Standard Control Standard Standard Control Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Stand	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					0/0 <u>0</u> 97 (0) +4		
b		4 May 14 - 40	D-4/01	David of the	\$-0\$r0\$\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Or 100, 15 414	
С	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	A 3.3			والأنجالات			<u> </u>	
d	From 2013				. % .3		To Bo Kind	Ka. A. Alizad	
е	From 2014								
f	Total of lines 3a through e		-		7/11/4/2/11/11/11/11/11/11/11/11/11/11/11/11/1				
g	Applied to underdistributions of prior years								
h	Applied to 2015 distributable amount				1 4 m m	An Anthrope		200 200 200	<u>**</u>
i	Carryover from 2010 not applied (see instructions)	" " " " " " " " " " " " " " " " " " "		Max Biraya	San Barton	Barrell Commencer			
j	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.								
4	Distributions for 2015 from Section								1
	D, line 7: \$								
а	Applied to underdistributions of prior years		Deligrally.						
b	Applied to 2015 distributable amount	h lis dien	life will be	() , (*)/%					
С	Remainder. Subtract lines 4a and 4b from 4.	772 770	····			19-740 G-74	Bernellin 1		
5	Remaining underdistributions for years prior to 2015, if	a la la la la la la la la la la la la la	lla rimilla:	Ma Asia	<i>a</i>		Do to Carilla 2	la ilariliant	<u> </u>
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).							AND WATER WATER WATER	
6	Remaining underdistributions for 2015. Subtract lines 3h			a til till tellio - i					
	and 4b from line 1 (if amount greater than zero, see	raille Mili		And of			4		
	instructions).	10 m	A O		Organis (S				
7	Excess distributions carryover to 2016. Add lines 3j				Servilla illa	e iddiga Amerika Am	May has design		
	and 4c.				. 3 3			 Ata u direiu llatin di	
8	Breakdown of line 7:		3 1	X. X			afar Mar Alic	etta etta mere	
а	istrate be a where is to be it absoluted at all the bear	% "YEM" ! "M		7 1		T I I	7 1	ansa ansa a	31000
b	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	n alprovila		44 - 44	Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Marin Ma	· A mall a place and and	14.6 1.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing the say	
_ с	Excess from 2013	in the most	Mar Alp	in in		An allegade resu	· * **********************************	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W
d	Excess from 2014	Lille Mar	ritta lista	in in	brok in	All the till 1994	· to -affair May		
е	Excess from 2015	h. In Itten	turktin liven	ilm In	tu min illa	tin tin in sie	· · · · · · · · · · · · · · · · · · ·	May 140 1	
									_,

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Oasis Companies International	45-5166960
PART I, LINE 16	
Membership Fees- 300	·
Programs Materials/Refreshments- 266	
Programs MLK-698	
Programs EBC Project- 1641	
Fundraising Cash prizes- 7064	
Liability Insurance- 1190	·····
Licenses & Permits- 27	
Printer- 464	
Office Supplies- 572	
Travel- 688	
Board Meetings- 613	
Employee Appreciation- 43	
Gifts- 420	
Web Hosting- 379	
Telephone- 72	
Software- 40	
Services In-kind- 17000	
PART I, LINE 20	
Balance Sheet Reconciliation- (34171)	
PART II, LINE 24B	
Equipment/Tablet- 650	
	·

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Oasis Compagies International	Employer identification number 45-5166960
dasis compagies international	43-3100960
PART III, PRIMARY EXEMPT PURPOSE	
Oasis Companies International is established to inspire a generation of youth to fulfill their highe	st level of life achievement possible
through discovery and development of their inherent gifts. We achieve our mission through imp	ementation of after-school arts and
community arts program, serving Orange County cities	······