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·Form **990-EZ**

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)

2016

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.

Α	For the	2016 calend	ar year, or tax year beginning	January 1	, 2016, a	and ending	De	cemb	er 31 , 20 16
В	Check if ap	oplicable	C Name of organization				D Empl	oyer ide	entification number
		oss change Oasis Companies International							5-5166960
님	Name cha	•	Number and street (or P O box, if mail is	not delivered to street add	lress)	Room/suite	E Telep	hone nu	umber
H	Initial retur	rn n∕terminated	200 N Main Street			Mezz B	L	94	9-933-8407
Ħ	Amended		City or town, state or province, country, a	nd ZIP or foreign postal co	ode		F Gro	ір Ехеі	mption
	Applicatio	n pending	Santa Ana, CA 92701				Nun	nber 🕨	N/A
G	Account	ting Method.	✓ Cash	ecify) ►		Н	Check	▶ □ ı	f the organization is not
•	Website	:► <u>www</u>	oasiscenterintl org				required	to atta	ach Schedule B
J.	Tax-exen	npt status (ch	eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no) [☐ 4947(a)(1) or	□ 527	(Form 9	90, 990)-EZ, or 990-PF).
K	Form of	organization	. 🗹 Corporation 🔲 Trust	☐ Association	Other				
			7b to line 9 to determine gross receip	-	· ·	nore, or if tota	al assets		
(Pá	art II, col	umn (B) belo	w) are \$500,000 or more, file Form 990	Instead of Form 990-1	EZ.			▶ \$	175728
G	art I	Revenu	e, Expenses, and Changes ir	Net Assets or F	und Balanc	es (see the	instru	ctions	for Part I)
		Check If	the organization used Schedule	O to respond to a	ny question i	n this Part	١		🗹
	1	Contribution	ons, gifts, grants, and similar amou	unts received				1	175728
	2	Program s	ervice revenue including governm	ent fees and contrac	ts			2	0
	3	-	nip dues and assessments		<i>.</i>			3	0
	4	Investmen	it income					4	0
	5a	Gross amo	ount from sale of assets other than	n inventory .	5a		0		
	b	Less: cost	or other basis and sales expense	s	5b		0		
	c	Gain or (lo	ss) from sale of assets other than	inventory (Subtract I	ine 5b from li	ne 5a)		5c	0
	6	Gaming ar	nd fundraising events	• •		·			
	а	Gross inc	come from gaming (attach Sch	edule G if greater	than				
9		\$15,000)			- 6a		0		
Revenue	b	Gross inco	ome from fundraising events (not i	ncluding \$	0 of	contributio	ns		
é		from fundraising events reported on line 1) (attach Schedule G if the							
-	` 	sum of suc	ch gross income and contributions	exceeds \$15,000)	- 6b		0	Millionii	
	С	Less: direc	ct expenses from gaming and fund	draising events .	. 6с	**	0		
	d	Net incom	ne or (loss) from gaming and fund	draising events (add	lines 6a and	6b and su	btract	52.7%	
	1	line 6c)						6d	0
	7a	Gross sale	es of inventory, less returns and all	owances	7a		0		
	b		of goods sold		. 7b		0		_
	С	Gross pro	fit or (loss) from sales of inventory	(Subtract line 7b fro	m line 7a) .			7c	0
	8	Other reve	enue (describe in Schedule O)					8	0
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8			. ▶	9	175728
_	10		d similar amounts paid (list in Scho			7	a · ·	10	350
	11	Benefits p	aid to or for members		RECEIV	/ED	1	11	0
ď	12	Salaries, o	other compensation, and employee	benefits		ن از ب		12	34761
Ů.	13	Profession	nal fees and other payments to ind	ependent contracto	SAAD 1 7	100) [13	3714
Fxnens	14	Occupano	cy, rent, utilities, and maintenance	. <u> </u>	WAR I J	2017]	14	6340
ŭ	15	-	publications, postage, and shipping	a !				15	728
	16		enses (describe in Schedule O)	·	OGDEN,			16	43021
	17	•	enses. Add lines 10 through 16		,		^j . ▶	17	88914
	10		(deficit) for the year (Subtract line					18	86814
į	19		s or fund balances at beginning of		, column (A))	(must agre	e with		
90			ar figure reported on prior year's r					19	39251
Not Assets	20	Other cha	nges in net assets or fund balance	s (explain ın Schedu	ıle O)			20	24950
Ž	21		s or fund balances at end of year.				>	21	151015
Fo			tion Act Notice, see the separate in			No 106421		·	Form 990-EZ (2016)

CIR

Part		,				
	Check if the organization used Schedu	le O to respond to a	ny question in this			· · · · · · · · · · · · · · · · · · ·
				(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments			38601		15114
23 24	Land and buildings		•		23	
2 4 25	Total assets			39251	24	45444
26	Total liabilities (describe in Schedule O)		}		26	15114 12
27	Net assets or fund balances (line 27 of colum			39251		15101
Part						13101
	Check if the organization used Schedu					Expenses
What	is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as me	ibe the organization's program service accomp easured by expenses. In a clear and concise ns benefited, and other relevant information for	manner, describe the	f its three largest pe services provide	program services, d, the number of	org	anizations, optional folers)
	mpacted over 2000 Low to moderate income youth					7
<u>!</u>	Mentoring Program and Community Arts Program					
9	(Grants \$) If this amou	nt includes foreign gra	ints, check here	🕨 🗆	28	a 4160
29 .						
-	(Grants \$) If this amou	nt includes foreian ara	ints. check here .	▶ □	29	a
30						
-					İ	-
	(Grants \$) If this amou	nt includes foreign gra	ants, check here	. ▶ 🗆	30	a a
31	Other program services (describe in Schedule C))			П	
		nt includes foreign gra			31	a
32	Total program service expenses (add lines 28				32	
Part	,,,,,,,,,					
	Check if the organization used Schedu	lie O to respond to a	ny question in this	Part IV (d) Health benefits,	÷	<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and		e) Estimated amount of other compensation
	ing itive Director/Board Member	40	3251	4	0	
Eric A	a sad ::		3231	'	+	
	man of the Board			ام	٥	
	ard Rainer				十	
	Board Member	0	<u> </u>	o l	0	
Georg	le Enriquez					
Secre	tary/Board Member	0		0	0	
	Uriarte		}			
	Member	0		0	0	
	Garcia		1	ł		
	Member	0	<u> </u>	0	0	
	Fermin		ļ			
	Member			0	-0	
	ambright			_		
	Member Talah awahi	0		0	0	· · · · · · · · · · · · · · · · · · ·
	e Telehowski i Member	0	l	0	0	
DUATE	MIGHTUG!			<u> </u>	U	
				 	_	
			i		1	

Part '	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
00	D. 4 (b. 1900 (4.9) - 1.00 (4.9) - 1.00 (4.9) - 1.00 (4.9) - 1.00 (4.9) - 1.00 (4.9) - 1.00 (4.9) - 1.00 (4.9)		Yes	No
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	33		1
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)	34		1
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		1
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		<u> </u>
С	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		✓
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A		The Star	
b 38a	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			**************************************
39	Section 501(c)(7) organizations. Enter.			Shy jiji
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶			
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			: 4/11/11/ ₁₀
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
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	<u>Misil</u>	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Siew Wen Chan Telephone no. ▶ 9	949-93	3-840	7
_	Located at ► 200 N Main Street, Mezz B, Santa Ana, CA ZIP + 4 ►	92		
þ	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			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. N/A	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	• •	. 1	▶ □
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		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	1
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)	45b		

	•						_	Yes	No
` 46	Did ti	ne organization engage, directly or in	ndirectly, in political c	ampaign activities oi	n behalf of	or in opposi	tion 🗽	9/2	12.7
•	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I			. 46		1
Part '		Section 501(c)(3) organizations							
		All section 501(c)(3) organization		etione 47_49h and	52 and	complete th	a tahlas	for lin	100
		50 and 51.	o maoi anowor que	טוטוט או איטטעוט	JZ, and	complete th	C tables	101 111	163
			hadula 🔿 🗛 waama ad		alete D ecas	n			
		Check if the organization used Sc	nedule O to respond	to any question in	this Part V	<u>/ </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	 -	<u>. L</u>
			•					Yes	No
47		he organization engage in lobbying		section 501(h) election	on in effec	ct during the	tax	1	1
	year?	If "Yes," complete Schedule C, Par	tll				47	'	✓
48	is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule	E	. 48		1
49a	Did tl	he organization make any transfers t	o an exempt non-cha	ritable related organ	ızatıon? .		. 49	a	1
b		es," was the related organization a se					. 491		
50		plete this table for the organization's	•						nd kev
		oyees) who each received more than							
				T		alth benefits,	(
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ons to employee	(e) Estima	ted amo	ount of
	(4)	Traine and the or each employee	devoted to position	(Forms W-2/1099-MISC)		ns, and deferred	other co	mpensa	ation
					com	pensation	<u></u>		
					1				
		·		<u></u>	<u> </u>				
				l			<u></u>		
					1				
					+				
	Total		L #100 000				L		
		number of other employees paid ov				-			
51	Com	plete this table for the organization	's five highest comp	ensated independen	t contract	ors who eacl	n receive	d more	e thar
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter inone.					
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c) Compensa	tion	
				1		i			
				1		1			
									
				1					
									
				4					
				L					
d		number of other independent contra	•	·	. ▶		0		
52	Did	the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) orga	anizatıons	must attack	h a		
	comp	oleted Schedule A		<u> </u>	<u> </u>	<u></u>	.► 🗸 Ye	s 🔲	No
		of perjury, I declare that I have examined this					nowledge ar	nd belief	f, it is
true, co	rrect, ar	nd complete Declaration of preparer (other the	officer) is based on all info	ormation of which preparer	has any kno	wiedge	_		
		1 Com				3//	0//	7	
Sign	}	Signature of Officer		·		Date		<i></i>	
Here		Jin Sung, Executive Director							
		Type or print name and title							
			Preparer's signature	1	ate		PTIN		
Paid		Print/Type preparer's name	Melanie M. Sw	ì		Check L	l if [•••
Prep	arer	Melanie M Swift, MNM, CNC, CFRE	11. (Carrier 1-1. 3W	7,	03/10/2017 self-employed			014646	
Use	Only					Firm's EIN ▶		27453 <u>4</u>	
		Firm's address ► 2151 Consulate Drive				Phone no	407-85		
May th	ne IRS	discuss this return with the prepare	r snown above? See	instructions			Ye	s 🔽	No

SCHÈDULE A · (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

2016
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Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 45-5166960 Oasis Companies International Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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) d 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, Type 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 isted in your governing (described on lines 1-10) support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			,			
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	}		ļ			
	membership fees received. (Do not	ļ		ļ		ı	
	include any "unusual grants.")	43869	77253	136420	88813	175728	522083
2	Tax revenues levied for the	}		i .			
	organization's benefit and either paid to or expended on its behalf		_		_	_	_
^		0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		_		_		_
4		10000	0	0	0	0	0
4	Total. Add lines 1 through 3	43869	77253	136420	88813	175728	522083
5	The portion of total contributions by						1
	each person (other than a		25-44 / C 2-4 / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1				
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						170000
6	Public support. Subtract line 5 from line 4		7 3 3 3 5 5 5 7 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10 10 10 10 10 10 10 10 10 10 10 10 10 1			176832 345251
	on B. Total Support	2. Salving Control of the Control of	Tirker Al Mildub 449) - 40005 - 400) - 10 400 110 140	TO A STANDER OF THE PARTY	(\$4.10.25; = 20.11,10,000,000;	343231
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	43869					522083
8	Gross income from interest, dividends,						
_	payments received on securities loans,			}		}	
	rents, royalties and income from similar		į			ļ	
	sources	0	lo	1 0	0	0	o
9	Net income from unrelated business					-	
	activities, whether or not the business	Ì					
	is regularly carried on	0	o	l o	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets		[Į			
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	Titu nii isoka Malalili.): = i rationimes Milian	The Sur Testin Sen. W	Marie Com III San II.		522083
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for the	-	n's first, secon	id, third, fourth	, or fifth tax y	ear as a sectio	'''' —
Cooti	organization, check this box and stop he			· · · · ·	· · · · ·	<u> </u>	> 🗸
	on C. Computation of Public Suppo			11		144	
14 15	Public support percentage for 2016 (line Public support percentage from 2015 Sc		•			15	<u>%</u> %
16a	331/3% support test—2016. If the organ			 v on line 13 ai	 nd line 14 is 31		
104	box and stop here. The organization qua				10 11110 17 18 00	3 /3 /0 OI IIIOIE,	CHECK IIIS
b	331/3% support test—2015. If the organ			-	ia and line 15	is 331/2% or m	ore check
_	this box and stop here. The organization						► 🗆
17a	10%-facts-and-circumstances test-2	2016. If the org	anızatıon dıd r	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization m						
	Part VI how the organization meets the	"facts-and-circ	umstances" te	est The organi	zation qualifie	s as a publicly	supported
	organization						▶ 🗆
þ	10%-facts-and-circumstances test -2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	meets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization d	lid not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Consider and of the property of the property of the survey of the surve

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

Section	on A. Public Support					_	
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		Í			1	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ļ	[ļ	
	organization's tax-exempt purpose					1	
3	Gross receipts from activities that are not an					 	
•	unrelated trade or business under section 513		1				
4	Tax revenues levied for the	 	 			 	
•	organization's benefit and either paid	1	(1	
	to or expended on its behalf						
_	·		-		 -	 	
5	The value of services or facilities furnished by a governmental unit to the					1	
	organization without charge	ļ			1	1	
_	•	ļ				 	
6	Total. Add lines 1 through 5		 			 	
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .		 			 	
b	Amounts included on lines 2 and 3		1			j	
	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	Į.			1	
	or 1% of the amount on line 13 for the year	J	<u> </u>	ļ		 	
_	Add lines 7a and 7b	Saidell of the Market	. Alto Mode & Ann. Shi	10h 24 11/18/10 18 1	Tellify Theo. He allater.	Jan 1 par May or have there	
8	Public support. (Subtract line 7c from						
	line 6.)	Chillian I lake to the	The Thirty She She	E. C. S.	Mallen is illagua	An United States	
	on B. Total Support	1 1 2 2 4 2	71.0010		100015		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	ļ	ļ			ļ	
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,		1	}		1	
_	royalties and income from similar sources	ļ	ļ				
b	Unrelated business taxable income (less	ļ	į			[
	section 511 taxes) from businesses			ĺ		i	
	acquired after June 30, 1975	ļ	 			 	
С	Add lines 10a and 10b		<u> </u>	L		<u> </u>	
11	Net income from unrelated business				}	[
	activities not included in line 10b, whether			((
	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]	
	(Explain in Part VI.)					 	
13	Total support. (Add lines 9, 10c, 11,			}		}	
	and 12.)	<u></u>	<u>L</u>	<u> </u>	L	<u> </u>	
14	First five years. If the Form 990 is for t	_	n's first, secon	d, third, fourth	ı, or fıfth tax y	ear as a sectior	1 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · • [
Secti	on C. Computation of Public Suppo					- 	-
15	Public support percentage for 2016 (line		-	3, column (f))		15	%
16	Public support percentage from 2015 Sc					16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2016			•	nn (f)) .	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organization	on . 🟲 📙
b	331/3% support tests - 2015. If the organi						
	line 18 is not more than 331/3%, check this	box and stop I	here. The organ	izatıon qualıfies	as a publicly s	supported organi	zation 🕨 🔲
20	Private foundation. If the organization d	lid not obook a	hay on line 14	100 or 10b			- -

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d 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 12a or 12b 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?
- 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**.
- 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
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Part	V 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)	
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a
	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
	on B. Type I Supporting Organizations	1:101
		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	
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?	Yes No
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	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(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	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? <i>Provide details in Part VI.</i>	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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		L
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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	Vallanta		
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		7
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	en dia 4 Eta Vir. Arian Villa Eta VIII	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see
instructions).			•

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
_ 1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whic	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount	·		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	District 111 - 16 - 0010 ft - 10 - 10 - 10	CPCPPUURETIS Saabaanklikus K. Uluu	F16-2010	Altiount for 2010
1	Distributable amount for 2016 from Section C, line 6		<u> </u>	MARSHAMINE STATES SEE MINE WATERS IN
_	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.		(1907)	Millifoldlig: 1565 ormiddi e) Hideo, Allio, 1 4 - 5 - 2004 o 7 100 - 40 - 100 o 7
	Excess distributions carryover, if any, to 2016	San Committee (1) seemaliidha (1)	S. Clinar Maria Mari	Milliandilla (1585) (586) (574)
<u>a</u>				
<u>b</u> _				
	From 2013	ATTIMATES TOTALISMENT SECTION STATES AND ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED		
<u>d</u> _	From 2015			
<u>e</u> _		Millettille statistick in the statistic of the statistic		
_ <u>f</u>	Total of lines 3a through e Applied to underdistributions of prior years	S SECTION SELECTION OF STREET	\$ <i>740,2005,905,246,506,95,926,008,99700</i> ,\$	
<u>g</u> _ h	Applied to underdistributions of prior years Applied to 2016 distributable amount			
<u>''</u>	Carryover from 2011 not applied (see instructions)			SATERIO AMBRILLAGO MESTOS
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	7		
4	Distributions for 2016 from	Chillian San Chillian (1995)		
7	Section D, line 7:			
	Applied to underdistributions of prior years	California de la Califo	<u> </u>	
<u>u</u>	Applied to 2016 distributable amount			11111191111111111
	Remainder, Subtract lines 4a and 4b from 4.	Manari 185 2 32 / Mari (2352 - 1127 2) 11/10/19		
5	Remaining underdistributions for years prior to 2016, if		STOREST CONTRACTOR CON	
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			STOCKERSON STOCKERSON F. ST.
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j		4. 4. 4. 4. 4. 4.	
	and 4c.			
8	Breakdown of line 7:			Mindertal Company Super Stages
а	the second secon			This Experies Let Sur the
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015	Mandalatin illia illi		
е	Excess from 2016			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Oasis Companies International	45-5166960
PART I, LINE 10	
1.001.11.5005.19	
Donations- 350	
PART I, LINE 16	
Advertising- 1595	
Insurance- 2027	
Bank Fees- 258	
Business Registration Fees- 246	
Supplies- 1162	
Telephone- 267	
Computer & Internet Expenses- 130	***
Website- 388	
Payroll Expenses- 16566	
Payroll Processing Fee- 380	
Food & Beverages- 1186	
Instructor Fee- 1680	
Material Fee- 1598	
Special Event Expenses- 12410	
Travel and Meetings- 3128	
PART I, LINE 20	
Unrecorded Income- 24950	***************************************
	••••••

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Oasis Companies International	45-5166960
PART III, PRIMARY EXEMPT PURPOSE	
Oasis Companies International is established to inspire a generation of youth to fulfill their h	ighest level of life achievement possible
through discovery and development of their inherent gifts. We achieve our mission through	implementation of after-school arts and
community arts program, serving Orange County cities	
	•••••