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)

2013

OMB No. 1545-1150

Do not enter Social Security numbers on this form as it may be made public.

Open to

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2013 calenda	r year, or tax year beginning , 2013, ar	nd ending		, 2	20
В	Check if a	pplicable:	C Name of organization		D Employ	yer identific	ation number
	Address c	s change OASIS NC		27-	27-5002032		
	Name cha	ınge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one number	
	Initial retu	rn					
	Terminate	ed	3114 RANDALL PKWY	4	(91	0)769-458	6
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exemption	
	Application	n pending	WILMINGTON, NC 28403		Numbe	r 🕨	
G	Accoun	nting Method:			H Check ▶	if the org	ganization is not
ı	Websit	te: ▶ www.c	DASISNC.ORG		required to	attach Sched	ule B
J	Tax-exe	empt status (check only one) - 🕱 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1)	or 527		990-EZ, or 99	
		organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other	'		•	,
		•	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	e, or if total as	ssets		
						. > \$	119,481
_	art I		e, Expenses, and Changes in Net Assets or Fund Bala				·
			•				<u>x</u>
	1		, gifts, grants, and similar amounts received			1	35,920
	2		rice revenue including government fees and contracts			2	77,875
	3	-	dues and assessments			3	7,70,5
	4	Investment in				4	
	5a		t from sale of assets other than inventory			7	
			other basis and sales expenses			-	
			50				
	_	Gain or (loss)	5c				
	6	Gaming and					
Ф	a		e from gaming (attach Schedule G if greater than	1			
Revenue			6			-	
eve	b		e from fundraising events (not including \$	of contributi	ions		
ď			ing events reported on line 1) (attach Schedule G if the	1			
		sum of such (gross income and contributions exceeds \$15,000)	b	5,686	-	
	С	Less: direct e	xpenses from gaming and fundraising events6	С		-	
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t			
		line 6c) .				6d	5,686
	7a	Gross sales of	of inventory, less returns and allowances	a			
	b	Less: cost of	goods sold	b			
	С	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	e (describe in Schedule O)			8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	119,481
	10		milar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members			11	
"	12	Salaries, othe	er compensation, and employee benefits			12	69,920
ses	13		rees and other payments to independent contractors			13	298
Sen	14		ent, utilities, and maintenance			14	15,073
Expenses	15		cations, postage, and shipping			15	86
_	16	• .	es (describe in Schedule O)			16	26,533
	17		ses. Add lines 10 through 16			17	111,910
	18	•	efficit) for the year (Subtract line 17 from line 9)			18	7,571
şţs	19		fund balances at beginning of year (from line 27, column (A)) (must agree wi				.,5,1
Net Assets	'		gure reported on prior year's return)			19	1,350
Ϋ́	20	•				20	1,330
Š		_	,				0 001
	21	inel assets of	fund balances at end of year. Combine lines 18 through 20			21	8,921

Form 990-EZ (2013) OASIS NC 27-5002032 Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 22 Cash, savings, and investments 1,350 22 8,921 23 Land and buildings 23 0 0 24 Other assets (describe in Schedule O) 24 0 0 25 25 Total assets 8,921 1,350 26 Total liabilities (describe in Schedule O) 26 0 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 1,350 27 8,921 Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? SUPPORT FOR CHILDREN WITH AUTISM 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. for others.) 28 OASIS NC IS A NONPROFIT ORGANIZATION THAT PROVIDES SUPPORT AND INSTRUCTIONAL SERVICES FOR CHILDREN WITH AUTISM AND THEIR FAMILIES (Grants \$ 31,800) If this amount includes foreign grants, check here 28a 0 29 (Grants \$) If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here 30a (Grants \$ **31** Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a **32 Total program service expenses** (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week (Form W-2/1099-MISC) other compensation benefit plans, and devoted to position (if not paid, enter -0-) deferred compensation ERIKA MERRIMAN EXECUTIVE DIRECTOR 0 40 34,300 KIM REINHARDT PROGRAM COORDINATOR 40 33,700 0 AMELIA MOODY CHAIRPERSON 5 0 0 THERESA NARDI TREASURER 5 0 0 SUSAN CATAPANO VICE PRESIDENT 5 0 BLAIR KUTROW SECRETARY 5 0

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Form 990-EZ (2013)

Form	990-EZ (2013) OASIS NC 27-500203	32	F	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. ⊔</u>
			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		X
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		X
35 a	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		X
h	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		25
		330		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		37
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
70 a	section 4911 ; section 4912 ; section 4955			
D	Section 501(c)(3) and 501(c)(4) 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		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) 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		Х
41	List the states with which a copy of this return is filed			
	The organization's books are in care of FRIKA MERRIMAN Telephone no. 910-76	59-458	36	
	Located at 245 SILVER SLOOP WAY, CAROLINA BEACH, NC ZIP+4 28428			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b		42b	163	X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	420		
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		_X_
	If "Yes," enter the name of the foreign country:			_
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
		44b		Х
	completed instead of Form 990-EZ	44b	-	_
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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 900-F7 (see instructions)	45h		x

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										Yes	No
46	Did the	organization engage, directly or indirectly, in	political campaign activities	on behalf of	or in oppositi	on					
	to candi	dates for public office? If "Yes," complete So	chedule C, Part I .						46		Х
Par	t VI	Section 501(c)(3) organizations	only								
		All section 501(c)(3) organizations	s must answer questi	ons 47-49	b and 52,	and comp	lete the ta	bles f	or li	nes	
		50 and 51.				-					
	(Check if the organization used So	hedule O to respond	to any qu	estion in t	his Part V	١				. \square
			•							Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) electi	on in effect d	uring the tax			Γ			
	year? If	"Yes," complete Schedule C, Part II .							47		Х
48	•	ganization a school as described in section	170(b)(1)(A)(ii)? If "Yes." cor	mplete Sched	dule E				48		Х
49a		organization make any transfers to an exem							49a		X
b		was the related organization a section 527 of	=					-	49b		
50		te this table for the organization's five highes	· ·			ors trustees a	and kev				
00		ees) who each received more than \$100,000					-				
-	cripioye	ses) who each received more than \$100,000	or compensation from the C	Ĭ		(d) Health					
		(a) Name and title of each ampleuse	(b) Average	(c) Rep	oortable ensation	contributions	to employee			ed amou	
		(a) Name and title of each employee	hours per week devoted to position		2/1099-MISC)	benefit plans,	and deferred nsation	ot	ther co	mpensat	tion
-				(1 011110 11 2		00p0					
	_										
NONI	5										
f		mber of other employees paid over \$100,00				_					
51	•	te this table for the organization's five highes	•		who each red	ceived more t	han				
	\$100,00	0 of compensation from the organization. If	there is none, enter "None."	· · · · · · · · · · · · · · · · · · ·			1				
	(a)	Name and business address of each independent cor	tractor	(b) Type of service	e	(c	c) Compe	ensatio	n	
	(/			(-	, .,,,		,				
NON	3										
d	Total nu	mber of other independent contractors each	receiving over \$100,000		•						
52	Did the	organization complete Schedule A? Note	: All section 501(c)(3) orga	nizations an	d 4947(a)(1)					
	nonexer	mpt charitable trusts must attach a complete	d Schedule A					X	Yes		No
Under		f perjury, I declare that I have examined this return, inc		nd statements, a	and to the best o	f my knowledge	and belief, it is				
	•	complete. Declaration of preparer (other than officer) i				, ,					
		ERIKA MERRIMAN		, .,	,						
Sig	n	Signature of officer				Date					
Her		ERIKA MERRIMAN, EXECUTIVE	DIRECTOR								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	1,	Check if	PTIN			
Paid			,				elf-employed	P015		14	
	oro-	<u> </u>	JOHN M TYRPAK CPA		03-05-201	·		FOT2	0/08	**	
Prep		Firm's name Goodson and Taylo	DI CPAS			Firm's E	IN F				
use	Only	Firm's address 771 S Kerr Ave	102				242 -	.00 4-			
N 4 -	the IDO :	Wilmington NC 284				Phone i	no. 910-3	92-46		₹	N.s
iviay	ine IRS d	iscuss this return with the preparer shown al	pove? See instructions						Yes	<u>X</u>	No (0040)

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.

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name	of the	organization							Employer	identificatio	n number		
OAS							27-50	002032					
Pai	rt I	Reason for F	Public Charity	Status (All organiz	ations m	ust comp	olete this	part.) S	See instru	uctions.			
The	or <u>ga</u> r	nization is not a private	foundation because	e it is: (For lines 1 through	n 11, check	only one bo	ox.)						
1	Ш	A church, conventio	n of churches, or a	ssociation of churches of	described in	section	170(b)(1)(۹)(i).					
2	Ш	A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	ule E.)								
3		A hospital or a coop	erative hospital se	rvice organization descr	ibed in sec	tion 170(b)(1)(A)(iii)						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the												
	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5		An organization oper	ated for the benefit of	of a college or university of	owned or op	erated by a	a governme	ental unit d	escribed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or le	ocal government of	r governmental unit des	cribed in se	ction 170	(b)(1)(A)(v	/).					
7	 ☐ 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	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	lescribed in sectio	n 170(b)(1)(A)(vi). (Con	nplete Part	II.)							
9	X			1) more than 33 1/3% of i			utions, mer	nbership fe	ees, and gr	oss			
		=	· · · · · · · · · · · · · · · · · · ·	npt functions - subject to c					_				
		support from gross in	vestment income a	nd unrelated business tax	able incom	e (less sect	tion 511 tax) from bus	inesses				
		acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	e Part III.)						
10				ed exclusively to test for		•		(a)(4).					
11		An organization orga	nized and operated	exclusively for the benefit	t of, to perfo	rm the fund	ctions of, or	to carry o	ut the				
		purposes of one or i	more publicly supp	orted organizations des	cribed in se	ction 509(a)(1) or se	ction 509((a)(2). See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizatio	on and cor	nplete line	s 11e thro	ugh 11h.				
		a Type I	b 🗌 Typ	e II c Type	III-Function	ally integra	ited	d 🗌	Type III-	Non-funtion	nally integ	grated	
е		By checking this box	, I certify that the org	ganization is not controlled	d directly or	indirectly b	y one or mo	ore disqua	lified persor	ns			
		other than foundation	n managers and other	er than one or more publi	cly supporte	ed organiza	itions descr	ibed in sec	ction 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization red	ceived a written dete	ermination from the IRS th	nat it is a Ty	pe I, Type I	II, or Type I	II supportir	ng				
		organization, check t	his box										\ldots
g		Since August 17, 200	06, has the organiza	tion accepted any gift or o	contribution	from any o	f the						
		following persons?											
		(i) A person who d	lirectly or indirectly o	controls, either alone or to	gether with	persons de	escribed in	(ii) and				Yes	No
		(iii) below, the g	overning body of the	e supported organization?	? .						11g(i)		
		(ii) A family member	er of a person descr	ibed in (i) above?							11g(ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) abo	ve? .						11g(iii)		
h				ne supported organization									
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	ganization	(v) Did yo	u notify	(vi) ls	s the	(vii) Amou	int of mo	netary
		organization		(described on lines 1-9 above or IRC section	in col. (i) list		the organi		organizati (i) organiz			support	
				(see instructions))	governing	iooument.		port?		S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
<u>(0)</u>													
(C)													
(D)													
(E)													
(= <i>)</i>													
Tota	ı												

Schedule A (Form 990 or 990-EZ) 2013 OASIS NC 27-5002032 Page 2

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

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

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
	tion C. Computation of Public Su					T	
14	Public support percentage for 2013 (line 6, col				• • • • • • • • •	14	%
15 160	Public support percentage from 2012 Schedul 33 1/3% support test - 2013. If the organiz				2.1/20/ or more ob	15	%
Ioa	box and stop here. The organization qualifi			,			▶ □
h	33 1/3% support test - 2012. If the organization		•				,
	check this box and stop here. The organiza						▶ □
17a	10%-facts-and-circumstances test - 2013			-			
	10% or more, and if the organization meets	_					
	Part IV how the organization meets the "facts-	and-circumstances	s" test. The organiza	ation qualifies as a p	publicly supported		
	organization						▶ □
b	10%-facts-and-circumstances test - 2012	. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization r						
	Explain in Part IV how the organization meets			-			
40							▶ ⊔
18	Private foundation. If the organization did instructions						▶ □
							

 Schedule A (Form 990 or 990-EZ) 2013
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				31,381	35,920	67,301
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				42,720	77,875	120,595
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				74,101	113,795	187,896
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						187,896
Sec	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		, ,		74,101	113,795	187,896
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	L					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	(0		0 74,101	113,795	187,896
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ ☒
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2013 (line 8, colo	umn (f) divided by l	ine 13, column (f))			15	%
16	Public support percentage from 2012 Schedule					16	%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2013 (line					17	%
18	Investment income percentage from 2012 S	chedule A, Part III	I, line 17			18	%
19a	33 1/3% support tests - 2013. If the organiz 17 is not more than 33 1/3%, check this box						▶□
b	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this						• 📋
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	s	▶ 📋

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2013

Employer identification number

OASIS N	NC		27-5002032
	ation type (check one):		
Filers of:	:	Section:	
Form 990	or 990-EZ	∑ 501(c)(₃) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990)-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if y	your organization is cove	ered by the General Rule or a Special Rule .	
Note. On instruction), or (10) organization can check boxes for both the General Rule and a Specia	l Rule. See
General I	Rule		
	-	orm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone atributor. Complete Parts I and II.	y or
Special F	Rules		
u tl	under sections 509(a)(1) a	anization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulation 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, li	ution of
d	during the year, total contri	, or (10) organization filing Form 990 or 990-EZ that received from any one contribut butions of more than \$1,000 for use exclusively for religious, charitable, scientific, lite r the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
d n y a	during the year, contribution to total to more than \$1,00 year for an exclusively relipplies to this organization	, or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions 00. If this box is checked, enter here the total contributions that were received during ligious, charitable, etc., purpose. Do not complete any of the parts unless the G because it received nonexclusively religious, charitable, etc., contributions of \$5,000 cm.	did the eneral Rule
	=	not covered by the General Rule and/or the Special Rules does not file Schedulenswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its F	

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

Name of organization Employer identification number OASIS NC 27-5002032

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 1_	THE ESHELMAN FOUNDATION PO BOX 1155 WRIGHTSVILLE BEACH, NC 28480	\$	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LANDFALL FOUNDATION 1924 PEMBROKE JONES DR WILMINGTON, NC 28405	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Conplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

OASIS NC

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Inspection Employer identification number

27-5002032

01. Description of o	other expenses (Part I, line 16)	
Description	Amount	
SUPPLIES	7,042	
ADVERTISING	1,626	
INSURANCE	6,487	
SCHOLARSHIPS	5,494	
MISCELLANEOUS	864	
PAYROLL TAXES	5,020	
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990	Overflow Statement	2013 Page 1
Name(s) as shown on return		FEIN
OASIS NC		27-5002032

Description	 Amount
RENT	\$ 12,393
INTERNET	 1,279
ELECTRIC	 958_
TRASH	 31_
WATER SEWER	 412
Total:	\$ 15,073