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Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning JAN 1, 2012, and ending Dec 31, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Oasis Social Group
 Number and street (or P O box, if mail is not delivered to street address): 28375 Oasis View Circle
 Room/suite: _____
 City or town, state or country, and ZIP + 4: MENIFEE CA 92584-7724

D Employer identification number: 91 215 6090

E Telephone number: 951 672-8214

F Group Exemption Number: ▶ _____

G Accounting Method. Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

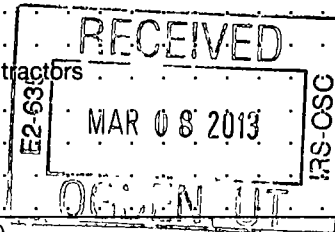
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	23,718.52
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less: direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,718.52
	10 Grants and similar amounts paid (list in Schedule O)	10	-
	11 Benefits paid to or for members	11	-
	12 Salaries, other compensation, and employee benefits	12	-
	13 Professional fees and other payments to independent contractors	13	14,451.81
	14 Occupancy, rent, utilities, and maintenance	14	-
	15 Printing, publications, postage, and shipping	15	957.36
	16 Other expenses (describe in Schedule O)	16	3,970.18
	17 Total expenses. Add lines 10 through 16	17	19,379.35
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,339.17
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	790.31
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,129.48



SCANNED MAR 21 2013 Revenue

910

Part 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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>N/A</i>				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<i>N/A</i>		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Betty J. Johnson Signature of officer 3-7-2013 Date

Betty J. JOHNSON Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Oasis Social Group
Menifee, CA

2012

INCOME

Balance from 2011
3555.52
Ticket Sales 17486.00
50/50 1177.00
From Savings 1500.

Balance 23,718.52

Expenditures

Catering -- 9301.81
Entertainment - 5150.-
Beverages - 491.82
Decorations - 579.18
Bank Charge - 22.00
Ticket Costs - 125.20
Charity -- 350.00
Insurance - 1153.22
Printing - 957.36
Flowers - 38.76
Franchise Tax - 10.00
From Checking To Savings 12000.00

Total 19379.35

Savings Account

2012 Starting Balance 1088.78
Monthly from Checking \$100 = 1200.00 Total for year

Total 2288.78

Minus - 15000.00 To Checking

Interest 1.53 for the year

Balance 790.31

Cash January 1, 2012
Checking 3555.52

Savings acct
1088.78

Dec 31, 2012
Savings = 790.31
Checking = 4339.17

Total \$5129.48

SALES	150 SALES	(ALTERING)	ENTERING	REVERT	USC	COSTS	INSURANCE	PRINTING	MISC	AND INTEREST
CHECKING ACCOUNT	268.00	2078.60	100.00	150.85	55.20	62.19	136.30	53.34	FLOWERS	Beginning
BALANCE	70.00	30.43	500.00	340.97	78.43	40.17	99.99	51.72	17.22	Balance
STARTING	153.00	22.63	200.00	491.82	62.71	12.81	136.30	210.11	21.54	1-1-2011
1-1-2012	130.00	8.78	200.00	78.50	78.50	10.03	135.00	53.98	38.76	1,088.78 IN
3555.52	133.00	85.00	400.00	84.33	84.33	125.20	136.30	170.44	100.00	100.00
	80.00	24.11	500.00	74.85	74.85		100.49	59.26	AMERICAN	0.15
195.-	343.00	60.00	400.00	42.75	42.75		136.28	86.20	HEART	0.15
3220.-	1177.00	72.45	100.00	583.6	583.6		136.28	51.72	ASSOC	0.15
480.-		850.00	500.00	32.25	32.25		136.28	104.52	52.00	100.00
395.-		225.00	800.00	379.18	379.18		1153.22	116.37		100.00
392.-		41.97	1450.00			BANK CHARGES		9571.36	SPARK OF	100.00
530.-		194.63	5150.00			10.00			LOVE TOYS	100.00
730.-		20.91				12.00			150.00	100.00
570.-		3516.10				22.00				100.00
660.-		71.00								100.00
150.-		9301.81								100.00
445.-										100.00
250.-										100.00
576.-										100.00
348.-										100.00
2840.-										100.00
1040.-										100.00
860.-										100.00
20.-										100.00
2460.-										100.00
50.-										100.00
670.-										100.00
615.-										100.00
150.-										100.00
17486.-										100.00

TOYS FOR
 TOYS
 150.00
 TOTAL
 790.3

Oasis Social Group
 Manager, CA
 2012

17486.-