

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION		D Employer identification number 26-1115393
	Doing Business As		E Telephone number (805) 683-6327
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7266 ALAMEDA AVE	G Gross receipts \$ 554,492.	
	City or town, state or province, country, and ZIP or foreign postal code GOLETA, CA 93117		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer: SANDRA SEALE SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.DPEAF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2007
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT AND ENHANCE THE PROGRAM OF THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	110
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	550,587.	518,165.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	36,059.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85.	268.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	550,672.	554,492.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	334,782.	225,959.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,930.	165,347.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	165,347.	272,412.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	500,129.	498,371.
	20 Total assets (Part X, line 16)	50,543.	56,121.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	258,461.	314,582.
		0.	0.
		258,461.	314,582.

Part II Signature Block

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	Signature of officer	Date			
	SANDRA SEALE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STEVEN K. RIDGEWAY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00292719
	Firm's name RIDGEWAY & WARNER	Firm's EIN 77-0029884	Firm's address P.O. BOX 20310 SANTA BARBARA, CA 93120-0310	Phone no. 805-966-1751	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No