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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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

	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and	enaing L	JUN 30, 2012		
B (Check if applicable	DOS FUEDEOS ENGINEERING ACADEMI		D Employer identific	cation number	
늗	change Name			26-1	115393	
늗	change initial return		Room/suite	 		
	Termin		noomisuite) 683–6327	
	Amend			G Gross receipts \$	655,731.	
一	iretum Applica			H(a) Is this a group re		
	tion pendin	F Name and address of principal officer: SANDRA SEALE		for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates inc	=	
<u> </u>	Tax-exe	mpt status: X 501(c)(3)	or 527	7	list. (see instructions)	
		www.DPEAF.ORG		H(c) Group exemptio	_	
		organization X Corporation	L Year		A State of legal domicile CA	
		Summary				
		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	PRIMA	RY PURPOSE O	F THE	
Activities & Governance		ORGANIZATION IS TO SUPPORT AND ENHANCE TH	HE PRO	GRAM OF THE		
Ĕ	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.	
8	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	0	
ص ح	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0	
S	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0	
Ξ	6	Total number of volunteers (estimate if necessary)		6	0	
Act	7 a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
	<u>b l</u>	Net unrelated business taxable income from Form 990-T, line 34		7b_	0.	
i				Prior Year	Current Year	
ä	ſ	Contributions and grants (Part VIII, line 1h)	-	548,568.	649,138.	
Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	1 200	0. <189.	
. E		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1,290.	7169.	
<u>'</u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			648,949.	
· —		Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)		549,858. 2,579,985.	329,875.	
,		Grants and similar amounts pato (Part K. column(A), lines 1-3)	-	2,379,983.	329,873.	
		Benefits paid to or for members Part IX, column (A), line 3)		0.	0.	
Expenses	15 5	Salaries, other compensation, employee benefits (Rart Koolumn (A), lines 5-10)	-	0.	0.	
be	l toa i	Professional fundraising fees (Part IX, column (A), line 114) Total fundraising expenses (Part IX, column (D), line 225	45.	0.		
Ä		Total fundraising expenses (Part IX, column (D), line 25) (A) 14, 94 Other expenses (Part IX column (A), lines 11a-11d) (11-24e)		95,050.	158,188.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,675,035.	488,063.	
		Revenue less expenses. Subtract line 18 from line 12		<2,125,177.		
es Se		terende lead expenses. Cabitaet into 16 front into 12	Bi	eginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		218,632.	207,918.	
ASS	21	Fotal liabilities (Part X, line 26)		171,600.	0.	
돌등	22	Net assets or fund balances. Subtract line 21 from line 20		47,032.	207,918.	
P	art II	Signature Block				
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of m	y knowledge and belief, it is	
true	, correct	, and complete, beglaration of preparer (other than officer) is based on all information of wh	nch prepare	r has any knowlędge		
		Laudia XI. Man		1)eum	bu 20, 2012	
Sig	n	Stignature of officer		Date	•	
Here SANDRA SEALE, PRESIDENT						
		Type or print name and title				
	İ	Print/Type preparer's name Prepare Silonature	,	Date Check	PTIN	
Paid	T T	STEVEN K. RIDGEWAY	4	Self-employ		
	- F	Firm's name RIDGEWAY & WARNER		(Firm's EIN ▶	77-0029884	
Use	Only	Firm's address P.O. BOX 20310	1		05 066 1551	
		SANTA BARBARA, CA 93120-0310		Phone no 8	05-966-1751	
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

	1101102111	
NDATION	26-1115393	Page

	990 (2011) FOUNDATION 20-1113393 Page	<u> </u>
Pa	Statement of Program Service Accomplishments	.
	Check if Schedule O contains a response to any question in this Part III	<u>. </u>
1	Briefly describe the organization's mission:	
	TO PROVIDE A PROJECT-BASED EDUCATION IN SCIENCE, TECHNOLOGY,	
	ENGINEERING AND MATH TO HIGH SCHOOL STUDENTS ON THE CENTRAL COAST IN A	
	WAY THAT IS RELEVANT, BUSINESS-ORIENTED, TEAM-BASED AND ENGAGING, SO	
	THAT GRADUATES ARE WELL PREPARED TO ACHIEVE THEIR GOALS OF PURSUING	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	lo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	io
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 460,109 • including grants of \$) (Revenue \$	$\overline{}$
	TO SUPPORT THE DPEA MISSION BY PROVIDING FINANCIAL RESOURCES, LONG TERM	ī '
	DIRECTION AND ENABLING SYSTEMS AND STRUCTURES. THE OBJECTIVES INCLUDE	<u> </u>
	RAISING THE CAPITAL TO BUILD A NEW DPEA FACILITY, SECURING THE FUNDS TO	<u></u>
	OPERATE DPEA AND CREATING AND MANAGING SYSTEMS AND STRUCTURES TO	<u>_</u>
	SUPPORT DPEA. THE FOUNDATION HAD ADVANCED FUNDS TO THE SANTA BARBARA	
	SCHOOL DISTRICT FOR CONSTRUCTION PURSUANT TO THE MEMORANDUM OF	
	UNDERSTANDING BETWEEN THE DPEA AND THE SCHOOL DISTRICT. CONSTRUCTION	
	BEGAN DURING THIS FISCAL YEAR. SEE SCHEDULE I ATTACHED.	
		—
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	_)
	ROBOTICS PROGRAM - SENIOR YEAR STUDENTS PARTICIPATE IN AN INTERNATIONAL	
	FIRST ROBOTICS COMPETITION. FIRST (FOR INSPIRATION AND RECOGNITION OF	
	SCIENCE AND TECHNOLOGY) ENCOURAGES YOUNG PEOPLE TO PURSUE EDUCATIONAL	
	AND CAREER OPPORTUNITIES IN THE FIELDS OF MATH, SCIENCE, ENGINEERING	_
	AND TECHNOLOGY. THE PROGRAM TEACHES STUDENTS HOW TO DEVELOP DESIGN	
	TECHNIQUES AND TROUBLE SHOOT WHILE LEARNING BUSINESS AND LEADERSHIP	
	SKILLS BY BUILDING ROBOTS THAT COMPETE IN SPECIFIC TASKS. THE COST OF	
	THE ROBOTS AND THE COMPETITION ARE PARTIALLY REIMBURSED BY THE	
	PARTICIPANTS.	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	_)
	LOUNSBERY INITIATIVE - "BUILDING THE STEM PIPELINE" IS USING LOUNSBERY	
	RESOURCES TO DIRECTLY ENHANCE THE SCIENCE, TECHNOLOGY, ENGINEERING AND	
	MATHEMATICS (STEM) PIPELINE IN THE JUNIOR HIGHS AND EARLIER. THE DOS	
	PUEBLOS ENGINEERING ACADEMY FOUNDATION IS ACTIVELY PURSUING A \$3M	
	CAPITAL CAMPAIGN TO TRIPLE THE NUMBER OF HIGH SCHOOL STUDENTS REACHED	_
	BY THE DPEA. THE LOUNSBERY INITIATIVE WILL BEGIN LAYING THE GROUNDWORK	ζ_
	AT THE EARLIER GRADES FOR THIS EXPANSION. A KEY COMPONENT OF THIS	
	INITIATIVE IS TO OFFER MENTORING AND TUTORING OPPORTUNITIES FOR CURRENT	<u>r</u>
	(OR ALUMNI) DPEA STUDENTS THAT ALLOWS THEM TO BE PART OF THIS GROWTH	
	WHILE THEY GIVE BACK TO THE COMMUNITY.	—
	THE TATE DATA TO THE COMMINISTRA	
44	Other program convices (Describe in Schedule O.)	_
70	Other program services (Describe in Schedule O.)	
40	Expenses \$ including grants of \$ (Revenue \$) Total program service expenses ► 460, 109.	—
<u> </u>	Form 990 (201	11
132002	·	'/

Form 990 (2011) FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44	х	
	Part VI	11a	^	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		$\frac{x}{x}$
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
•	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	10 TO MIO 2001 AID THE OFFICIAL STREET & COPY OF NO SECURE MINISTER OF THE FEET OF THE FEE		990 (2011)

Form 990 (2011) FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			١
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0.5		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		Х
••	Schedule L, Part I	25b		- 21
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a		35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			17
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		}	v
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	X	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990 (20111
		LOUD	33U ((CUII)

	990 (2011) FOUNDATION 26-111:	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	age ɔ
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		-	
•-	Estable and a Rev 2 of Face 1000 Fater 0 start applicable		Yes	No
	The full following the first the fir	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
C	(gambling) winnings to prize winners?	10	•	1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	··		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Ì
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	***************************************		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ļ		ļ
	were not tax deductible?	6b	 	
7	Organizations that may receive deductible contributions under section 170(c).		-	v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.	1	x
	to file Form 8282?	7c	-	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	1	1
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	· · · · ·	
_		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.	***********		
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
ь		9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-l ,_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40:	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	4		
C	Enter the amount of reserves on hand		<u>. F</u>	4

Form **990** (2011)

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Ol 1 4 Oct while O 1 4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			X					
600	Check if Schedule O contains a response to any question in this Part Vi								
<u>sec</u>	tion A. Governing Body and Management		Yes	No					
4.	Enter the number of voting members of the governing body at the end of the tax year.		162	140					
10	Little the homber of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent 1b								
	Elitor the home of vetting members indicate in line ra, above, who are independent								
2									
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?								
4									
5	and the contract of the contra								
6	Did the organization have members or stockholders?	5 6		<u>X</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
,,	more members of the governing body?	7a		X					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
U	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	··········							
-	The governing body?	8a	Х						
	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-							
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	tion by the order by requestion members about persons of the members of the membe		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
•	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Ia Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Discribe in schedule of the process, if any, used by the organization to review this Form 330. 2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1							
а	The organization's CEO, Executive Director, or top management official	15a		X					
	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	_							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	-						
	LISA DANIELS - (805)729-3234								
anna-	P.O. BOX 313, GOLETA, CA 93116								
13200		Form	990	2011)					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organiz (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	кеу епріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SANDRA H SEALE										
PRESIDENT/DIRECTOR	4.00	X		X	_			0.	0.	0.
(2) KATHLEEN LOGAN		l								•
SECRETARY/DIRECTOR	4.00	X	<u> </u>	Х		-		0.	0.	0.
(3) LISA DANIELS	4 00	J		v				0.	0.	0.
CFO/DIRECTOR	4.00	X	_	Х	-			<u> </u>	<u> </u>	<u> </u>
(4) AMIR ABO-SHAEER	2.00	X						0.	0.	0.
DIRECTOR (5) LARS BLIDSTEN	2.00	^	-		_					
DIRECTOR	2.00	X						o.	0.	0.
(6) GARY SIMPSON	2.00	-		\vdash		\vdash				
DIRECTOR	2.00	Х				-		0.	0.	0.
(7) ALISON BUTLER		-				ļ				
DIRECTOR	2.00	Х			İ			0.	0.	0.
						-				
		-		-						
			-			-				

Form 990 (2011)

, qi	VII Section A. Officers, Directors, Tr		mple I	oyee			High	est		. <u> </u>				
	(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable			F) nated	
	Name and title	hours per		not c	heck	more	than		compensation	compensation			nated unt of	
		week	offi				or/trus		from	from related		ot	her	
		(describe hours for	ig Ctp						the	organizations		compe		
		related	eord	£		}	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"	organ	n the	
		organizations	幫	la tr		8	a de		(** 2 1000 111100)			-	elate	
		In Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	1				organı	zatioi	ກຣ
		O)	Ĕ	Ē	8	ş	¥.2	흔						
	···			ļ				_						
		<u> </u>	-				_				-	_		
•			<u>.</u>			_								
						-							•	
		<u> </u>		ļ			<u> </u>	_			-			
			:											
1 b	Sub-total Sub-total		ļ	<u> </u>	<u> </u>	L	▶	l	0.		0.			0.
	Total from continuation sheets to Part V	/II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)						>		0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable				C
	compensation from the organization				_			-				Y	'es	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	mplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s									the organization		4		х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	<u> </u>	4		
	rendered to the organization? If "Yes," con							Ciai				5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	ampanentad in	don	onde	nt c	ont	rante		that received more than	\$100,000 of comp	encati	on fro		
	the organization. Report compensation for	•												
	(A) Name and business	s address	N	ONI	F.				(B) Description of s	services	Cor	(C) mpens	ation	
												-		
	· · · · · · · · · · · · · · · · · · ·													
										-				
														
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li: O	stec	d above) who received n	nore than				
	T. 13,000 C. COMPONDANCH HOME CITY OF ORGAN						<u> </u>				Fo	orm 9 9	90 (20	011)

Form 990 (2011) FOUNDAT
Part VIII Statement of Revenue

FOUNDATION

		Statement of Never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant	ts, and	640 129				
	g	Similar amounts not included above Noncash contributions included in lines		649,138. 5,592.				
3 8	_	Total. Add lines 1a-1f		>	649,138.		1111111	,
Program Service Revenue	2 a b c d			Business Code				
500	e							
₫	f	All other program service reve	nue				·	
\rightarrow		Total. Add lines 2a-2f		>				
	3	Investment income (including other similar amounts) Income from investment of tax		>	76.	76.		·
	5	Royalties		▶.				
			(i) Real	(II) Personal				
	6 a	Gross rents	-					
	þ	Less: rental expenses						
	C	` '	L					
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	6,517.					
	b	Less: cost or other basis	6,782.					
	_	and sales expenses	<265.	<u> </u>				
		Gain or (loss)	\203.	•	<265.	> <265.	>	
3		Net gain or (loss) Gross income from fundraising including \$	• '		~203.	203.		
Other Reven		contributions reported on line Part IV, line 18	1c). See a					
ნ		Less: direct expenses Net income or (loss) from fund	b traising events					
		Gross income from gaming ac Part IV, line 19						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities	<u> </u>				
1	0 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b					
	C	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Revenu	е	Business Code				
1	1 a			<u> </u>				
	Ь			-				
	C	All ather recognition		ļ				
	đ	All other revenue Total. Add lines 11a-11d						
.	е 2	Total revenue. See instructions			648,949.	<189.	> 0.	0.
132009 01-23-12		TOTAL TO FORME. DES MISCHUCHUMS			0.0,0.0.	-200.		Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States See Part IV, line 21	329,875.	329,875.		
2	Grants and other assistance to individuals in			**	······································
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	-			
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal	2 (05		2 605	
С	Accounting	2,605.		2,605.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9		· · · · · · · · · · · · · · · · · · ·			
12	Advertising and promotion				
3	Office expenses				
4	Information technology				
15	Royalties				
6 7	Occupancy Travel	5,580.	5,580.		<u> </u>
8	F	3,3001	373331		
0	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	3,399.	3,399.		
:0 !1	Payments to affiliates	-,			
22	Depreciation, depletion, and amortization	,		_	
23	Insurance	1,500.		1,500.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MACHITAGE CHOD	42,156.	42,156.		
Ь	ROBOTICS	40,196.	40,196.		
С	COMPETITION	25,352.	25,352.		
d	FUNDRAISING/MAILINGS	14,945.		_	14,945
е	All other expenses	22,455.	13,551.	8,904.	
25	Total functional expenses. Add lines 1 through 24e	488,063.	460,109.	13,009.	14,945
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

11591115 781200 DPEAF-C

26-1115393 Page 11 Form 990 (2011) FOUNDATION Part X Balance Sheet (A) Beginning of year End of year 91,608. 75,663. 1 Cash - non-interest-bearing 132,255. 115,284. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10,600. 10c 10b b Less: accumulated depreciation 1,140. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 207,918. 218,632. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 171,600. 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D <u>o.</u> 171,600. 26 26 Total liabilities. Add lines 17 through 25 $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}$ Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 0. 0. 30 30 Capital stock or trust principal, or current funds 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 47,032. 32 207,918. 32 Retained earnings, endowment, accumulated income, or other funds

> 207,918. Form 990 (2011)

207,918.

33

34

47,032.

218,632.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form **990** (2011)

Form	990 (2011) FOUNDATION	26-11153	93	Pag	<u> 12 pe</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>49.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			63.
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	,0	<u>32.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>o.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	207	,9	18.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
			,	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			Х
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	Were the organization's financial statements audited by an independent accountant?	_	2b		_X_
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	Ļ	2c		., ,,,,,,,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		- 1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	İ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

SCHEDULE A

· (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

DOS PUEBLOS ENGINEERING ACADEMY

FOUNDATION

Employer identification number 26-1115393

Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
The organ	ization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check	only one b	ox.)				
1 🗀		·	s, or association of churc								
2 🔲	•		0(b)(1)(A)(ii). (Attach Sc								
3 🔲			tal service organization of		n section	170(b)(1)(A)(iii).				
∡ <u> </u>			operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital	d's name.
-	city, and stat		porated in conjunction	W. (11 G 11 G 5)	pital dood.	1000 00		(-)(-)()(
5 🗆	•		benefit of a college or ur	olvereity ov	wood or or	perated by	a governr	nental uni	describe	ed in	
3 L	_	•	=	iiversity ov	villed of op	related by	a governi	nema om	0000/100	JG III	
• —		(b)(1)(A)(iv). (Comple				- 470/61/4	VAVA				
6			ent or governmental unit								
7 📖	=		eives a substantial part	of its supp	ort from a	governme	ntal unit o	r trom tne	general p	oublic desc	supea in
reen.		b)(1)(A)(vi). (Complet									
8 <u>X</u>	•		ection 170(b)(1)(A)(vi). (
9 🗀			eives: (1) more than 33 1								
			nctions - subject to certa								
	income and i	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	30, 1975.
	See section	509(a)(2). (Complete	Part III.)								
10			perated exclusively to te								
11	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of	of one or
	more publicly	supported organiza	itions described in secti	on 509(a)(1	l) or sectio	on 509(a)(2	?). See sec	tion 509(a)(<mark>3).</mark> Che	ck the box	k that
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.				_	
	a Type I	ь 🗀	Type II c	: Typ	e III - Func	tionally int	egrated		d	Type III • (Other
e 🗀			t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	persons ot	her than
	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f			ten determination from t								
•		rganization, check th				p, .,p-	.,,				
~		~	rganization accepted ar	ov aift or co	ontribution	from any	of the follo	owing pers	sons?		
g			rectly controls, either al								Yes No
				one or tog	otiloi witii	poisons	100011000	ii, (ii) aire (, 50.011,	11g(i)	
	-		upported organization?							11g(ii)	
			n described in (i) above?		. 0					11g(iii)	
_			person described in (i) o							119(11)	٠ا
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
			(III) Turn of	<u> </u>	. <u>-</u> -			(111) 10	45-		
(i) Name	of supported				(iv) is the organization (v) Did you not					(vil) Amount of	
org	anization	(, 2		in col (I) listed in your		organization in cor		(i) organized in the		sur	pport
			above or IRC section	governing document?			US?				
			(see instructions))	Yes	No	Yes	No	Yes	No		
									-		
							1		<u> </u>		
				ļ	ļ				ļ		
-											
Total		I	1	1	<u>t </u>	<u> </u>	£	ł	<u>t</u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not	181,835.	380,618.	1 761 703	548,568.	649,138.	2 521 042		
_	include any "unusual grants.")	101,033.	300,010.	1,761,783.	340,300.	049,130.	3,521,942.		
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
2	The value of services or facilities	-							
3	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	181,835.	380,618.	1,761,783.	548,568.	649,138.	3,521,942.		
5						-			
·	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 tine 4						3,521,942.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	181,835.	380,618.	1,761,783.	548,568.	649,138.	3,521,942.		
8									
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	198.	1,316.	1,897.	143.	76.	3,630.		
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.)				· · · · · · · · · · · · · · · · · · ·				
	Total support. Add lines 7 through 10	L			<u> </u>	10	3,525,572.		
	Gross receipts from related activities	•				12			
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	▶ [
50	organization, check this box and stop		rcentage						
	ction C. Computation of Publ			olumn (f)		14	99.90 %		
	Public support percentage for 2011 (Public support percentage from 2010)		=	Olumin (i))	•	15	99.85 %		
	33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or n				
100	stop here. The organization qualifies				141333 17070 0111	nore, encor this co	►X		
,	33 1/3% support test - 2010. If the		_		Hine 15 is 33 1/3%	6 or more, check th			
•	and stop here. The organization qual					, , , , , , , , , , , , , , , , , , ,	▶□		
172	10% -facts-and-circumstances tes				e 13. 16a. or 16b. a	and line 14 is 10%	or more.		
•••	and if the organization meets the "fac								
	meets the "facts-and-circumstances"						▶□		
E	10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or		
_	more, and if the organization meets ti								
	organization meets the "facts-and-cire						▶ □		
18	Private foundation. If the organization						s >		
						edule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2011 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 \

Section A. Public Support	ow, piease com	picto i dit iii	 				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(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 per-							
formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose		ļ			-		
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities					+		
furnished by a governmental unit to					1		
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons					Ц_		
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							
c Add lines 7a and 7b		-					
					"	· · · · · · · · · · · · · · · · · · ·	
8 Public support (Subtract line 7c from line 6) [Section B. Total Support		<u></u>	<u> </u>	<u></u>			
· 	(-) 0007	(h) 0000	(=) 2000	(40.2010		(e) 2011	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(8) 2011	(i) IO(ai
9 Amounts from line 6					+		
10a Gross income from interest, dividends, payments received on		}					
securities loans, rents, royalties					ļ.		
and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b		· · · · · · ·					
11 Net income from unrelated business							
activities not included in line 10b,							
whether or not the business is							ı
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)							
14 First five years. If the Form 990 is for t	he organization	's first, second, thir	d, fourth, or fifth t	ax year as a sect	on 50	l (c)(3) organiz	ation,
check this box and stop here							<u> </u>
Section C. Computation of Public	Support Pe	ercentage					
15 Public support percentage for 2011 (lin			column (f))		15		
16 Public support percentage from 2010 S					16	[
Section D. Computation of Invest							
			as 13 column (f)		17		
17 Investment income percentage for 201			10 10, coluinii (I))		18		
18 Investment income percentage from 20			an baada - 11	. 45	_	204	
19a 33 1/3% support tests - 2011. If the o	-					5%, and line	I / IS NOT
more than 33 1/3%, check this box and		-					
b 33 1/3% support tests - 2010. If the c	rganization did	not check a box or	line 14 or line 19	a, and line 16 is n	nore th	an 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The orga	anızatıon qualifies	as a publicly sup	ported	organization	▶ <u></u>
20 Private foundation. If the organization	did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstruct	ions	▶□
122022 01 24 12							0 or 990-EZ) 20

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

DOS PUEBLOS ENGINEERING ACADEMY

Employer identification number 26–1115393

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts Complete if the
rai			Of Accounts. Complete it the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Takal according at a statement	(a) Bollet davises falles	(2)
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		and five de
5	Did the organization inform all donors and donor advisors in v		ed tunos Yes No
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
n	impermissible private benefit?		Yes No
Pa	<u> </u>		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		tawarily interested land area
	Preservation of land for public use (e.g., recreation or e	· -	torically important land area
	Protection of natural habitat	Preservation of a certi	illed historic structure
_	Preservation of open space		f
2	Complete lines 2a through 2d if the organization held a qualif	lied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Year
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements r		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(n)(4)(B)(l) Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
T)	conservation easements. 社財 Organizations Maintaining Collections o	f Art Historical Traceures or O	ther Similar Assets
Fal	Complete if the organization answered "Yes" to Form		the Chillian Associs.
	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ext		
			ince of public service, provide, in traction,
_	the text of the footnote to its financial statements that described as a secretary state of the constant of the secretary state of the se		t and halance sheet works of art, historical
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pur	blic service, provide the following amounts
	relating to these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X		d colo provido
2	If the organization received or held works of art, historical tre		ıı gairi, provid e
	the following amounts required to be reported under SFAS 1	10 (ASC 930) relating to these items:	• *
a	Revenues included in Form 990, Part VIII, line 1		D
b	Assets included in Form 990, Part X		• • <u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

	Organizations Maintaining C		# His	torical Ta	10001 IF 00 0	Otho	z Cimila		ts (cont		age Z
-											
3	Using the organization's acquisition, accessing	on, and other record	s, chec	k any of the	Tollowing that	are a sig	yniticant u	SE OT ITS	COHECTION	ı item	S
	(check all that apply):		. —								
a	Public exhibition	d			hange progran	ns					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIV.		
5	During the year, did the organization solicit o					r sımılar	assets		7 v		7 N.
D.	to be sold to raise funds rather than to be ma							D4 IV	Yes		J No_
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	on answered 1	res to i	-orm 990,	Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other ass	ets not i	ıncluded		_		,
	on Form 990, Part X?							L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
									Amount	<u> </u>	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e_				
f	Ending balance						1f		4		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L	_ Yes	L.	J No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	orm 990, Part I						
		(a) Current year	(b) F	rior year	(c) Two years	back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance				ļ <u>.</u>					+,144***+	*********
b								~~~~			
C	c Net investment earnings, gains, and losses										
d	Grants or scholarships						 		ļ		
е	Other expenditures for facilities										
	and programs				<u> </u>						
f	Administrative expenses										
9	End of year balance				<u> </u>		 		<u>L</u>		
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment	· · ·	_%								
	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	and administer	ed for th	ne organiz	ation	ſ		
	by:								- in	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			-					3a(ii)		
Ь	If "Yes" to 3a(II), are the related organizations	•							3b_		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm								400		
	Description of property	(a) Cost or of basis (investigation)			t or other (other)	• •	cumulate reciation	d	(d) Boo	k valu	8
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line	10(c).)			•			0.

Schedule D (Form 990) 2011

-	TTET	T \ X	$\mathbf{m} \mathbf{\tau}$	on
H ()		1) 4	, 1, 1	

Part VII Investments - Other Securities. Sec	e Form 990, Part X, line	e 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)			·····	
(D)				
(E)				
(F)				
(G)				
(H)				
(1)	·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	- Form 000 Port V lis			
Part VIII Investments - Program Related. Se	ee Form 990, Paπ X, III		(c) Method of valuat	lou.
(a) Description of investment type	(b) Book value		t or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)			 	
<u>(6)</u>				
(9)				
(10)				· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				······································
Part IX Other Assets. See Form 990, Part X, line	15.			
\	Description			(b) Book value
(1)	 			
(2)				
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			•	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	totoments that mands the array	ation's lightlih.	tey positions under
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to FIN 48 (ASC 740)	uie organization s financial s	catements that reports the organiz		
132053 01-23-12			Sche	dule D (Form 990) 2011

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990. Part IV. line 21 or 22.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service				► Attach to Form 990.	•			hspec	han to rubine , Inspection
Name of the organization L	DOS PUEBLOS FOUNDATION	ENGINEERING	RING ACADEMY	MX				Employer identification number 26-1115393	lentification number 26-1115393
Part i General Informa	General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	maintain records to su	ibstantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	stance, and the select	{	
	he grants or assistanc	567	•	;				Yes	% ×
낋⊢	organization's proced	lures for monito	oring the use of grant	funds in the United	States.				
Fart # Grants and Othe	er Assistance to Gove eived more than \$5 00	ernments and	Organizations in the box if no one reciplen	e United States. Control of the	omplete if the organs \$5.000. Part II	anization answered 'Y can be duplicated if	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	IV, line 21, tor any eded	<u></u>
1 (a) Name and address of organization or government	of organization	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	me and address of organization (b) EIN (c) IRC section or government of applicable cash grant or government or gov	(h) Purpose of grant or assistance	of grant ance
SANTA BARBARA SCHOOL DISTRICT)ISTRICT							CONSTRUCTING, EQUIPP AND OPERATING THE	EQUIPPING THE
720 SANTA BARBAKA STREET SANTA BARBARA, CA 93101)1 		501(C)(3)	329,875.	0			PUEBLOS ENGINEERING	RING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	section 501(c)(3) and g	government org	ganizations listed in the	ne line 1 table				A A	

3 Enter total number of other organizations, listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

DOS PUEBLOS ENGINEERING ACADEMY

FOUNDATION

Schedule I (Form 990) (2011) FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

26-1115393

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
NAME OF ORGANIZATION OR GOVERNMENT:		BARBARA SC	SANTA BARBARA SCHOOL DISTRICT	ICT	
(H) PURPOSE OF GRANT OR ASSISTANCE:	_	CONSTRUCTING, EQ	EQUIPPING AND	Q	
OPERATING THE FACILITY FOR THE DOS		ENGINEERI	PUEBLOS ENGINEERING ACADEMY	;	

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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DOS PUEBLOS ENGINEERING ACADEMY

Employer identification number 26-1115393

TOUNDATION 20 1113333
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENGINEERING ACADEMY AT DOS PUEBLOS HIGH SCHOOL.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HIGHER EDUCATION AND CONTRIBUTING TO THE WORKPLACE AND SOCIETY.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CFO
BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST



Form 8868 (Rev. January 2012) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

•	are filing for an Automatic 3-Month Extension, complet	-				X
•	are filing for an Additional (Not Automatic) 3-Month Ext					
	complete Part II unless you have already been granted a					
	nic filing (e-file). You can electronically file Form 8868 if y					
•	to file Form 990-T), or an additional (not automatic) 3-mor					
	o file any of the forms listed in Part I or Part II with the exc					
	I Benefit Contracts, which must be sent to the IRS in paper. w.irs.gov/efile and click on e-file for Charities & Nonprofits.		see instructions). For more details of	II IIIO EIOCI	rome ming or mis	iorm,
Part I			ubmit original (no copies nee	eded).		
	ration required to file Form 990-T and requesting an auton				·	
Part I on	ly					· 🗆
	corporations (including 1120-C filers), partnerships, REM. come tax retums.	ICs, and tr	usts must use Form 7004 to reques	t an extens	ion of time	
Type or	_ 			Employer	identification num	her (FIN) or
print	DOS PUEBLOS ENGINEERING ACA			Linployer		1501 (1114) 01
print	FOUNDATION			X	26-11153	93
File by the due date fo	Number street and ream gravite as If a D.O. have	ee Instruct	lons.		urity number (SS	
filing your return. See	7266 ALAMEDA AVE					
instruction	s. City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	GOLETA, CA 93117	 .				
Enter th	e Return code for the return that this application is for (file	a separat	te application for each return)			01
			, , , , , , , , , , , , , , , , , , , ,			
Applica	tion	Return	Application			Return
ls For	<u> </u>	Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above) LISA DANIELS	06	Form 8870			12
	cooks are in the care of P.O. BOX 313 -	מסד שי	TA, CA 93116			
	behavior of the care of \triangleright 1.0. Box 313 = 0.0 behavior of \triangleright (805) 729-3234	СОЦЕ.	FAX No. ►			
	organization does not have an office or place of business	ala dha lle				- —
	s is for a Group Return, enter the organization's four digit					shook this
	. If it is for part of the group, check this box		——————————————————————————————————————		-	
	request an automatic 3-month (6 months for a corporation			_	SIS THE EXTERISION	15 101.
	FEBRUARY 15, 2013, to file the exemp	•			The extension	
is	for the organization's return for:	· o.gaza				
>						
•	X tax year beginning JUL 1, 2011	, an	d ending <u>JUN</u> 30, 2012		•	
2 lf	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final return	n	
l	Change In accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	nter the tentative tax, less any			
	onrefundable credits. See instructions.	o, oooo, o	me, the terraine too, loss any	3a	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made. Include any prior year overs	-		3ь	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa				· . <u>-</u> .	
	y using EFTPS (Electronic Federal Tax Payment System).	-		3с	\$	0.
	a. If you are going to make an electronic fund withdrawal v				EO for payment in	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA