## Form **990-EZ**

Department of the Treasury

## Short Form 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)

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.

OMB No. 1545-1150

Open to Public

Inspection

Form **990-EZ** (2012)

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning SEPTEMBER 1 , 2012, and ending **AUGUST 31** 20 B Check if applicable. C Name of organization D Employer identification number Address change DOS PUEBLOS LITTLE LEAGUE 23-7377558 E Telephone number Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return 805-683-2646 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending GOLETA, CA 93118-8245 G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ H Check ▶ ☑ If the organization is not I Website: ► www.DPLL.NET required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ☐ 527 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 . . . 1 89,738 2 Program service revenue including government fees and contracts 2 0 3 3 0 Investment income . . . . . . . 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5с 0 Gaming and fundraising events SCANNED JAIN 29 2016. Gross income from gaming (attach Schedule G if greater than 6a 0 Gross income from fundraising events (not including \$ o 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 Less: direct expenses from gaming and fundraising events 6c 0 Net income or (loss) from gaming and fundraising events fadd lines ba and . . . . . . . . . . . . . . . . 6d 0 Gross sales of inventory, less returns and allowances 7a 0 Less: cost of goods sold . . . . . . . . . b 7h Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 Other revenue (describe in Schedule O) . . . . 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 89,738 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . . . 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors. 13 14 14 15 15 198 16 16 90,111 17 Total expenses. Add lines 10 through 16 . . . . . . 17 90,309 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 18 (571)Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 45,850 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 45,279

Form	990-EZ	(2012)

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Pa	rt II Balance Sheets (see the instructions t					
	<ul> <li>Check if the organization used Schedule</li> </ul>	O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			45,850	22	45,279
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	
25	Total assets		<i>.</i>	45,850	25	45,279
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			45,850		45,279
Pai	t III Statement of Program Service Accom					
	Check if the organization used Schedule	•		,	_	Expenses
Wha	t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
				<del></del>		anizations and section
Des	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m	snments for each of	fits three largest p	orogram services,		7(a)(1) trusts; optional
nore	ons benefited, and other relevant information for ea	ianner, describe int	e services provide	a, the number of	for	others.)
						1
20	PROVIDE CHILDREN OF THE COMMUNITY THE OPP			BALL.		
	DOS PUEBLOS LITTLE LEAGUE SERVES OVER 300	CHILDREN EACH YE	AR.		1	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗓	28	90,309
29						
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	420000000000000000000000000000000000000			***************************************	ł	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	298	1
30						
				***************************************		
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	(Grants \$ ) If this amount	includes foreign gra	nts. check here .	▶ □	30a	<b>.</b>
31	Other program services (describe in Schedule O)					
	· -	includes foreign gra			318	
32	Total program service expenses (add lines 28a t	through 31a)	into, chock hore		32	<del></del>
	t IV List of Officers, Directors, Trustees, and Key					40,000
	Check if the organization used Schedule				ou ac	
	Onesia in the organization does contoduce		(c) Reportable	(d) Health benefits.	<del>`</del>	· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employee (e) Estimated		
	<b>(-)</b>	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
1	Challey Duraidant		(in the paragramatic or )	- Colonea compensación	-	
Jami	Stetler, President	1				
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Dr. D	an Brennan, Executive Vice President	ļ				
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Lisa	Steinberger, Treasurer					
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Jim .	Johnson, Secretery					
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Part	·			
	' instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V 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	163	<b>₩</b>
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		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b o			
39	Section 501(c)(7) organizations. Enter:	1		
<b>a</b>	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) 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		1
C	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,			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
е	reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ► CALIFORNIA			
42a		805)68		
•-	Located at ► 194 VERONA DRIVE, GOLETA, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	93117	-1305	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	VO V
	If "Yes," enter the name of the foreign country:	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
	· · · · · · · · · · · · · · · · · · ·		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>V</b>
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	- TO a		-
.55	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		J

Page 4

No

Yes

46

47

48

49a

Here LISA STEINBERGER, TREASURER Type or print name and title Preparer's signature Print/Type preparer's name Paid **Preparer** Firm's name **Use Only** Firm's address ▶

May the IRS discuss this return with the preparer shown above? Se