

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

06/30, 2014

A For the 2013 calendar year, or tax year beginning

07/01, 2013, and ending

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 DEL MAR SCHOOLS EDUCATION FOUNDATION		D Employer identification number 33-0925945
	Doing Business As		E Telephone number (858) 523-6007
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13030 ASHLEY FALLS DRIVE		
	City or town, state or province, country, and ZIP or foreign postal code DEL MAR, CA 92130		G Gross receipts \$ 1,355,769.
F Name and address of principal officer: TY HUMES 13030 ASHLEY FALLS DRIVE DEL MAR, CA 92130			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 ▶
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.DMSEF.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: 2000 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE RESOURCES TO SUPPORT AND ENHANC FOR STUDENTS IN THE DEL MAR UNION SCHOOL DISTRICT.</u>			
	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)	20.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20.	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	2.	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,479,077.	1,354,703.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	612.	1,015.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-54,060.	-48,553.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,425,629.	1,307,165.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,373,970.	1,260,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,432.	29,393.
	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)	38,562.	17,892.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,442,964.	1,307,285.
19	Revenue less expenses. Subtract line 18 from line 12	-17,335.	-120.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	197,908.	91,054.
	21	Total liabilities (Part X, line 26)	108,407.	1,673.
	22	Net assets or fund balances. Subtract line 21 from line 20.	89,501.	89,381.

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	10/3/14 Date
	TY HUMES Type or print name and title PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name AUBREY KING	Preparer's signature 	Date 9/16/14	Check <input type="checkbox"/> if self-employed	PTIN P00691156
	Firm's name ▶ WILKINSON HADLEY KING & CO., LLP			Firm's EIN ▶ 52-2354566	
	Firm's address ▶ 218 W. DOUGLAS AVENUE EL CAJON, CA 92020			Phone no. 619-447-6700	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)