## Form 990

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

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)

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

Open to Public Inspection

А	For the	he 2012 calen	dar year, or tax year beginr	ning 4/01	, 2012, a	ind endin	g 3/	<u>31</u>		2013	
В	Check	if applicable:	C					D Employ	er Identific	ation Number	
	Пас	ddress change	Newport Harbor Fo	otball Booster	rs			33-0	001000	)5	
	Na Na	ame change	PO Box 1533					E. Telepho	ne number		
		itial return	Newport Beach, CA	1 92659				949	-645-1	1019	
	$\mathbf{H}$	erminated	_								<u> </u>
	$\mathbf{H}$							G Gross re	acaints Š	211	,202.
	$\vdash$	mended return	F • 1 • 1 • 1 • 1 • 1 • 1	-# D-1 Ch		- 1	H/a) Is this	a group retur			Test
	∐Ar	pplication pending	F Name and address of principal	officer: Robert Sh	ıaw						
			Same As C Above			1 1	If 'No,'	affiliates incl attach a list.	(see instru	ctions) LITES	
	Tax-	exempt status	X 501(c)(3) 501(c) (	)◀ (insert no.)	4947(a)(1) or	527			_		•
J	We	bsite: ► <u>ne</u>	wportharborfootba	11.org				exemption nu			
ĸ	Forn	n of organization:	X Corporation Trust	Association Other ►	L Ye	ar of Format	ion: 198	3 M s	tate of lega	al domicile: CZ	1
PF	nt I	Summar	V								
- v.o.	1	Briefly descri	be the organization's mission	on or most significant :	activities: Pro	oviđe	equipm	ent, un	<u>iform</u>	s and _	
•			for public high				_				
ĕ			_ = = = = = = = = = = = = = = = = = = =								
Ë											
ş	2	Check this bo	ox F if the organization	n discontinued its oper	ations or dispo	sed of mo	re than 2	25% of its	net asse	ets.	
Ğ	3	Number of vo	oting members of the govern	ning body (Part VI, line	e 1a)				3		<u> 5</u> 5
જ	4		dependent voting members						4		5
<u>ë</u> :	5		of individuals employed in						5		0
Activities & Governance	6		of volunteers (estimate if r						6		0
ď			ed business revenue from F						7a		0.
	b	Net unrelated	l business taxable income f	rom Form 990-T, line	34				7 b		0.
								rior Year		Current Y	
a)	- 8		and grants (Part VIII, line					74,2	49.	106	<u>, 633.</u>
2	9		rice revenue (Part VIII, line							<del></del>	
Revenue	10		ncome (Part VIII, column (A					• • •	-		
Œ	11		e (Part VIII, column (A), lin					30,9			7,547.
	12		e – add lines 8 through 11					105,1			1,180.
	13		imilar amounts paid (Part I)				1	115,7	113.	136	<u>,082.</u>
	14	•	to or for members (Part IX								
/Δ	15		er compensation, employee								
šě	16a	Professional	fundraising fees (Part IX, c	olumn (A), line 11e)							
Expenses	b	Total fundrais	sing expenses (Part IX, colu	umn (D), line 25) 🟲			100		100		
页	17		ses (Part IX, column (A), lin					4.6	505.	{	3,364.
	18		es, Add lines 13-17 (must e					120,3			1,446.
	19		expenses. Subtract line 18					-15,			734.
- 5 8		Neveride less	expenses. Outdace line re	3 110111 1210 1211111111				ing of Curre		End of Y	
Assets or	20	Total accets	(Part X, line 16)						96.		2,216.
8 E	20 21		es (Part X, line 26)				`		387.		5,773.
Zet.						,	· <del> </del>				
			r fund balances. Subtract lir	ne 21 from line 20		<u> </u>	<u>. l</u>	-3,2	291.		5,443.
		Signatuı									
Unde	er pena	Ities of perjury, I d	eclare that I have examined this retu arer (other than officer) is based on a	rn, including accompanying so	chedules and statem rer has any knowled:	ents, and to	the best of i	my knowledge	and belief	, it is true, corre	ct, and
	picto. o	I.	201 (00101 (1211011001) 10 20000 211								
		Signati	ire of officer				· D	ate			
Sig	gn	l					_				
He	re		nne Tarazevits	****			Trea	surer			
			r print name and title.	1= :		D-45			1. IP	TIN	
			preparer's name	Preparer's signature	_	Date		Check	"		
Pa	id	Jeanne	e Tarazevits, CPA		vits, CPA			self-employ	ed P	0072136	4
Pr	epar		e 🟲 <u>Jeanne Taraz</u> e	evits, CPA							
	e Or		ess 1835 Newport	Blvd. Ste A109	9-294			Firm's EIN	<b>►</b> 20-	5724885	
			Costa Mesa, C					Phone no.	(949	) 645-10	19
Ma	y the	IRS discuss th	nis return with the preparer		structions)					X Yes	No

Forn	n <b>990</b> (2012) Newport Harbor Football Boosters	33-00100	05 Page 2
Par	Till Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	Provide equipment, uniforms and supplies for public high school f	ootball te	am.
	was and the first total and the first total and the first and the first and the said total and the first total first total first total first total and the first total first t		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O.	ب	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes X No
-	If 'Yes,' describe these changes on Schedule O.	Ш	
4		zices, as measur	ed by expenses.
·	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	f grants and alloc	ations to
4 a		Revenue \$	)
	Direct Team Expenses: Equipment. Uniforms, Transportation, Coach	<u>es</u> _	
4 b	O (Code:) (Expenses \$8,907. including grants of \$) (Banquets and Appreciation Activities	Revenue \$	4,740.
	Danique to and inspired action incorrection		
	·		<del></del>
		~	
4 c		Revenue \$	4,091.)
	Game Day Meals		
4 d	Other program services. (Describe in Schedule O.)  See Schedule O		
	(Expenses \$ 2,163. including grants of \$ ) (Revenue \$		)
4 e	Total program service expenses ► 144,446.		

	- All All All All All All All All All Al		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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 1	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
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	00000000000000000000000000000000000000	X
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	i	Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Forn	n 990 (2012) Newport Harbor Football Boosters	33-0010005	Р	age 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	n the 21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States of IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	n Part 22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	current 23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through complete Schedule K. If 'No, 'go to line 25	as of h 24d and		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de			
	any tax-exempt bonds?d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		+	<u> </u>
	•			<del></del>
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transact disqualified person during the year? If 'Yes,' complete Schedule L, Part I		ļ <u>-</u>	Х
i	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' composition's prior Forms 990 or 990-EZ? If 'Yes,' composition's prior Forms 990 or 990-EZ?	piete		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	or L, Part II <b>26</b>		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantia contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family med of any of these persons? If 'Yes,' complete Schedule L, Part III	mber I		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	1	X
I	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	281	,	Х
, (	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wa officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	286	;	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I	M <u>29</u>		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	conservation 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations ser 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ctions		X
34	Was the organization related to any tax exempt or taxable entity? If 'Yes,' complete Schedule R, Parts I and V, line 1	II, III, IV,		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		1	X
ı	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a centity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	controlled	)	
36				Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization are treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19 <b>Note.</b> All Form 990 filers are required to complete Schedule O.			X
BA/		For	m <b>990</b>	(2012)

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 55.1001a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . . . . . . 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a 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. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions?..... 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 h 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a services provided to the payor?... 7 Ł b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X d If 'Yes,' indicate the number of Forms 8282 filed during the year..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year?.... 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the organization make any taxable distributions under section 4966? . . . . 9 h **b** Did the organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . 10b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them.)..... 12a Section 4947(a)(1) non exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412... 12a **b** 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. a is the organization licensed to issue qualified health plans in more than one state? . . . 13a 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...... 13b 13 c 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

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. X Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body at the end of the tax year. . . . 1 a 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 O. b Enter the number of voting members included in line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Х 5 X Did the organization become aware during the year of a significant diversion of the organization's assets?... Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a a The governing body?..... Х **b** Each committee with authority to act on behalf of the governing body?..... 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates?..... 10a b 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this is done . . . . . . . . 13 X 13 Did the organization have a written whistleblower policy?..... 14 Did the organization have a written document retention and destruction policy?..... 14 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? Х a The organization's CEO, Executive Director, or top management official..... 15 a b Other officers of key employees of the organization..... 15 b 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 16a Х taxable entity during the year?... b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Own wehsite X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Jeanne Tarazevits 263 23rd Street Costa Mesa CA 92627 949-645-1019

Form <b>990</b> (2012) Newport Harbor Football Boosters	33-0010005	Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	es, and
Check if Schedule O contains a response to any question in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	ated Employees	
1. O. Let the table for all a server was its to be listed. Depart companion for the colonder year andin	a with or within the	

- 1 a 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 employee.'
- 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 organization nor any related organization compensated any current officer, director, or trustee.

Column   C			(C)								
Column   C	(A) Name and Title	Average	one bo office	x. uni	less o	erso recto	n is bot r/truste	h an e)	Reportable compensation from	Reportable compensation from	Estimated amount of other
(1) Robert Shaw		any hours for related organiza- tions below dotted	Amployee (ey employee Officer Officer Institutional fusitee Individual		Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related		
(2) Jeanne Tarazevits 10		1	-		x				0	0	0.
(3) Mary Lynn Gaddis	(2) Jeanne Tarazevits	10									
Vice President					X				U.	0.	<u> </u>
Vice President   0			•		х				0.	0.	0.
(5) Julie Thornton-Adams			•		¥				·	0.	0.
(6)	(5) Julie Thornton-Adams	0									
(3) (9) (10) (11) (12)		0		$\dashv$	Х			ļ	0.	0.	0.
(10) (11) (12) (13)	<u>(6)</u>										-
(10) (11) (12) (13)	<u>(7)</u>										
(10) (11) (12) (13)	(8)										
(11) (12) (13)	(9)										
(12)	(10)										
<u>(13)</u>	(11)								-		
	(12)									***	
(14)	(13)										
	(14)										

Part VIII Section A. Officers, Directors, Trus	1	Key	En			es, a	anc	Highest Com	pensated Empl	oyees (cont)
	(B)			(C	•			45.		
(A)	Average hours	box	, unis	ess pe	erson	than	h an	(D) Reportable	<b>(E)</b> Renodable	<b>(F)</b> Estimated
Name and title	per week	offi	cer a	nd a (	direct	or/trust	tee)	compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation
·	week (list any hours for related organiza - tions below dotted line)	or dir	雪	Officer	Key employee	mg/ english	Farmer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	recto	tion.	약	<del>ğ</del>	st co syee	ॡ		!	and related organizations
	- tions below		a tr		yee	mpe				
	dotted line)	8	trustee			Highest compensated employee				
						ă				
(15)	<b></b>									
(16)		<u> </u>			<del>                                     </del>		Н			
(17)	$\vdash$	-								
		İ								
(18)	<b> </b>									, —
(40)	<u> </u>	ļ			<u> </u>		$\sqcup$			
<u>(19)</u>	┨									
(20)				-			-			
·		1								
(21)										
(00)	<u> </u>							·		
(22)	<del> </del>	}			ļ	]				
(23)	<del>                                     </del>						-			
	1									
(24)										
(25)	┼			_	ऻ		_			
(25)	<del> </del>	ł			ĺ			l		
1 b Sub-total.	,						•	0.	0.	0.
c Total from continuation sheets to Part VII, Section							•	0.	0.	0.
d Total (add lines 1b and 1c)							<b>•</b>	0.	0.	0.
2 Total number of individuals (including but not limited to from the organization ► 0	o those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	ensation
from the organization 0										Yes No
3 Did the organization list any former officer, director	or or true	eats	kev	ΔM	nio	ee (	nr hi	inhest compensat	ed employee	100 110
on line 1a? If 'Yes,' complete Schedule J for such	individu	ıal		,			• • • • •	·····	·····	. 3 Х
4 For any individual listed on line 1a, is the sum of									from	
the organization and related organizations greater such individual	than \$1	50,0	00?	/f '\ 	res'	com)	piet	e Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue	comper	nsatio	n fr	om	any	unre	late	ed organization or	individual	
for services rendered to the organization? If Yes, Section B. Independent Contractors	comple	te S	chec	lule	J fc	r suc	ch p	erson		. 5 X
1 Complete this table for your five highest compensations	ated ind	epen	den	t co	ntra	ctors	tha	it received more t	han \$100,000 of	
compensation from the organization. Report compens	ation for	the c	alen	dar	year	endi	ng v	with or within the o	rganization's tax year	
<b>(A)</b> Name and business addre	ess							(B) Description	of services	(C) Compensation
				_						
O Table amples of independent and an extraction field with	d mat 12.		O 41-		Sale	- ما بر ا		who received as a	than were	
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization *		nea t	o (n	use .	สรเต	ano	we)	MIN LECEIVED HIDLE	: uiali	
RAA		TEEA	าเกย	01.4	24712					Form <b>990</b> /2012\

	MATAR.	Check if Schedule O contain	Check if Schedule O contains a response to any question in this Part VIII										
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under sections 512, 513, or 514					
	1 a	Federated campaigns											
\$ <b>5</b>	b	Membership dues	1 b										
2 Z		Fundraising events		106 <u>,633</u> .									
5 ₹		Related organizations		***									
SS	ę	Government grants (contributions)	. 1e										
CONTRIBUTIONS, GIFTS, GRANT AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above	d										
ភូ₹	_	Noncash contributions included in Ins 1 Total. Add lines 1a-1f	_	-	106,633.								
<del>-</del> <u> </u>	- 11	Total. Add lines Tarit		Business Code	100,033.								
PROGRAM SERVICE REVENUE	2a	·				DOLLAR CONTRACTOR CONT	1						
낊	ь												
윘	С												
꼀	þ	<del></del>											
NA.	е												
9	f	All other program service rever	nue										
<u> </u>	g	Total. Add lines 2a-2f			•								
	3	Investment income (including of	dividends	i, interest and									
		other similar amounts)											
	4	Royalties		•	-								
	5		Real	(ii) Personal									
	6 a	Gross rents		<u> </u>									
		Less: rental expenses				10100111							
ļ		: Rental income or (loss)											
	d	Net rental income or (loss)			-	The state of the s							
			ecurities	(ii) Other									
	, u	assets other than inventory.											
	ь	Less: cost or other basis											
		and sales expenses											
	_	Gain or (loss)											
		Net gain or (loss)											
VENUE	8a	Gross income from fundraising (not including. \$ 106 of contributions reported on lin	,633.										
22		See Part IV, line 18		104,569.									
OTHER REV	Ŀ	Less: direct expenses	I	57,022.									
0	C	Net income or (loss) from fund	Iraising e	ev <u>ents</u>	47,547.			10,122.					
		Gross income from gaming ac See Part IV, line 19											
		Less: direct expenses											
	•	c Net income or (loss) from garr	aing activ	ities									
		a Gross sales of inventory, less and allowances	i										
		Less: cost of goods sold  Net income or (loss) from sale			•								
	<u> </u>	Miscellaneous Revenue	10 OI 111VE	Business Code									
	11 a					A CONTRACTOR OF THE PARTY OF TH		Charles and the Constitution of the Constituti					
	ŀ		<b>-</b> -										
		 C	<b>-</b>										
		d All other revenue	<del>-</del>					S Enterprise (Crystal Control					
•	•	e Total. Add lines 11a-11d			-								
	12	Total revenue. See instruction	s		154,180.	0.	0.	10,122.					
BA	7			TER	EA0109L 12/17/12			Form <b>990</b> (2012)					

Form	990 (2012) Newport Harbor Footb	all Boosters		33-001	0005 Page <b>10</b>
	*IX Statement of Functional Expens		······································		
Şect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a r	esponse to any questio	n in this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	136,082.	136,082.		
2	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	0.	0.	0.	_0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	; Accounting				
	Lobbying				
	Professional fundraising services, See Part IV, line 17				
	Investment management fees				
9	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0)				
13	Office expenses				
14	Information technology		·		
15	Royalties				
	Occupancy				
16	Travel	,			
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
	Caron pichotopo italiana appariado nat				In a sure of the same of the s

19 Conferences, conventions, and meetings 20 Interest						
20 Interest	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization  Insurance  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.).  Administrative Expenses  Rounding  All other expenses  Total functional expenses, Add lines 1 through 24e  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).  Some expenses and amortization  Form 990 (2012)						
Depreciation, depletion, and amortization  Insurance  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.).  Administrative Expenses  Rounding  All other expenses  Total functional expenses, Add lines 1 through 24e  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).  Some expenses and amortization  Form 990 (2012)	21	Payments to affiliates				
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.)  a Administrative Expenses  b Rounding  c  d  e All other expenses. Add lines 1 through 24e. 144, 446. 136, 082. 8, 364. 0  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).						
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.)  a Administrative Expenses 8, 362. 8, 362.  b Rounding 2. 2. 2.  c d e All other expenses.  25 Total functional expenses, Add lines 1 through 24e. 144, 446. 136, 082. 8, 364. 0  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 I if following SOP 98-2 (ASC 958-720).	23					
b Rounding 2. 2. 2. C.	24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e				
b Rounding 2. 2. 2.  d e All other expenses.  25 Total functional expenses. Add lines 1 through 24e. 144, 446. 136, 082. 8, 364. 0  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).		Administrative Expenses	8,362.		8,36 <u>2</u> .	
c d e All other expenses.  25 Total functional expenses. Add lines 1 through 24e			2.		2.	
Total functional expenses, Add lines 1 through 24e  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)		;				
Total functional expenses, Add lines 1 through 24e  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)		<b> </b>				
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)		All other expenses				
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)	25	Total functional expenses, Add lines 1 through 24e	144,446.	136,082.	8,364.	0
BAA TEEA0110L 12/18/12 Form <b>990</b> (2012)	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   if following				
	BA		TEEA0110L 12	2/18/12		Form <b>990</b> (2012)

gerseth	and the second of the second	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	3,596.	1	22,216.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L	3	6	
A	7	Notes and loans receivable, net		7	
S E	8	Inventories for sale or use		8	
AS SETS	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,596.	16	22,216.
	17	Accounts payable and accrued expenses.		17	
	18	Grants payable	5 005	18	F 000
	19	Deferred revenue	6,887.	19	5,000.
L L	20	Tax-exempt bond liabilities		20 21	
Ā	21	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>2</b> 1	
A B L L T	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
5	24	Unsecured notes and loans payable to unrelated third parties		24	10,773.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	6,887.	26	15,773.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
A Ş	27	Unrestricted net assets	-3,291.		6,443.
Ĕ	28	Temporarily restricted net assets		28	
≼имш⊢и . Ок	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
E DZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>めせつてかいか</b>	33	Total net assets or fund balances	-3,291.	33	6,443.
S	34	Total liabilities and net assets/fund balances.	3,596.	34	22,216.
BA	Ā				Form 990 (2012)

Forn	n <b>990</b> (2012) Newport Harbor Football Boosters 33-0	010005		Pag	e 12
Pai	Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI				
1		1	15	4, 13	<u>80.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	4,4	<u>46.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-	9,7:	<u>34.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	3,2	<u>91.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,4	<u>43.</u>
Pai	d XIII Financial Statements and Reporting				
**********	Check if Schedule O contains a response to any question in this Part XII	<i></i>	<b>.</b>	<b></b>	. П
	Orlock in Contouring a section to the grant of the section of the				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 O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	nanin isaa X	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis			ı	
ı	b Were the organization's financial statements audited by an independent accountant?		2b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	te			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		2850024030
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
J	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 	3 b		
BAA			Form	990 (	2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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.

2012

Employer identification number

Open to Public Inspection

	ort Harbor Foot								10005			
	Reason for Publ							See ir	nstructi	ons.		
The org	janization is not a priva											
1 [	A church, convention	of churches or assoc	iation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	A school described in	section 170(b)(1)(A)	<b>(ii).</b> (Attach Schedule E	Ξ.)								
3 [	A hospital or a coope	erative hospital service	e organization describe	ed in <b>sec</b>	tion 17	0(ь)(1)(А	y(iii).					
4	A medical research of	organization operated	in conjunction with a h	nospital d	lescribe	d in <b>se</b> d	tion 17	D(b)(1)(A	<b>)(iii)</b> . En	ter the hos	pital's	,
_	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or id	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	in section 170(b)(1)(	organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(bx1xAxvi). (Complete Part II.)										
8 [			<b>0(b)(1)(A)(vi).</b> (Comple		•				_			
9 [	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10			xclusively to test for pu									
11 [	supported organization	zed and operated exclus ns described in section! ion and complete line:	ively for the benefit of, to 509(a)(1) or section 509( s 11e through 11h.	perform (a)(2). Se	the func ee <b>sectic</b>	tions of, ( on <b>509(a)</b> (	or carry ( <b>3).</b> Chec	out the p ok the bo	urposes o x that des	of one or mai escribes the t	re pub ype of	lidy f
	a ∏Type∣ b	Type II c	Type III - Function	nally inte	grated	e	1 X ~	Гуре III -	– Non-fu	inctionally i	ntegr	ated
<b>e</b> [	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	If the organization rece	eived a written determin	ation from the IRS that	is a Type	I, Type	II or Typ	e III sup	porting o	organizatio	on,		X
g	Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fr	om any	of the fo	llowing	persons	?		
•	•	_								Ī	Yes	No
	(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?.	together	with pe	ersons d	escribe	d in (ii) :	and (iii)	11 g (i)		Х
	(ii) A family memb	er of a person describ	ed in (i) above?							11 g (ii)		Х
	(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)		Х
h			e supported organization							3 (4.7)		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in ) listed in verning nent?	(v) Did yo the organ column ( supp	ou notify ization in i) of your iort?	y (vi) is the organization in column (i) organized in the U.S.?		(vii) Amount sup		etary
				Yes	No	Yes	No	Yes	No			
N	ewport Harbor	Football Boost	·Arg	1		1						
	embore ugrbor	33-0010005	High School	Х		X		Х		1.	40,8	tn.a
(A)		22-0010002	mrgn actions	<u> </u>							-0,0	74.
(B)			***************************************									
(C)												
(D)												
(E)												
<u>\-</u> /												
Total				000	100			Caba	A //	1 1 990 or 990	40,8	304.
BAA F	or Paperwork Reduction	on ACT NOTICE, see the	instructions for Form	ייס טעע סר נ	ソンリーヒム.			ocneanle	z A (FORM	1 730 OE 296	-EZ) 2	2012

Rart II 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	tion A. Public Support			r	,		
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions 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 line 4						
Sec	tion B. Total Support					1	
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	tructions)		•••••	12	
	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 2	012 (line 6, colum	n (f) divided by li	ne 11, column (f)	)	14	<b>%</b> %
	Public support percentage from						
	33-1/3% support test - 2012. It and stop here. The organization	n qualifies as a pu	blicly supported o	organization			······ – 📙
t	33-1/3% support test — 2011. If and stop here. The organization	the organization on qualifies as a pu	did not check a bo ablicly supported o	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the fact	est — 2012. If the meets the 'facts- s-and-circumstand	organization did i and-circumstance ces' test. The org	not check a box o es' test, check this anization qualifies	on line 13, 16a, or s box and <b>stop he</b> s as a publicly su	16b, and line 14 i: ere. Explain in Part pported organization	s 10% : ŧV how on ► []
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and <b>stop ne</b> a publicly suppor	rted organization.	►
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check t	his box and see ins	structions 🟲 📗
DAA					97	hadula A (Form 90	n or 990.E7) 2012

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.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
2	any 'unusual grants.')						
-	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
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					į	
	for the year						
	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
500	tion B. Total Support					4	
		(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2003	(0)2010	(a) 2011	(0) 2012	(1) 10141
-	Amounts from line 6						
iua	dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable			11816			
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						•
_	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
-	Other income. Do not include gain or loss from the sale of capital assets (Explain in				1		•
	Part IV.)						
	Total support. (Add ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(	3)
	tion C. Computation of Pu			no 12 note		1 55	<u> </u>
	Public support percentage for 20	-					
	Public support percentage from					16	70
	tion D. Computation of Inv				mp (f)	17	્ર
	Investment income percentage						- to
	Investment income percentage to						
19a	<b>33-1/3% support tests – 2012.</b> It is not more than 33-1/3%, check	f the organization	did not check the	e box on line 14, a	and line 15 is mot as a publicly supp	e tnan 33-1/3%, a orted organization	nd line 17 ► □
j.	33-1/3% support tests – 2011.						
i.	line 18 is not more than 33-1/39	6, check this box	and <b>stop here.</b> Ti	he organization qu	ualifies as a public	ly supported orga	nization >
20	Private foundation. If the organi						
20	· · · · · · · · · · · · · · · · · · ·						

Schedule A (Form 990 or 990-EZ) 2012	Newport	Harbor	Football	Boosters	33-0010005	Page 4
Part IV Supplemental Informat Part II, line 17a or 17b; (See instructions).	<b>ion.</b> Compl and Part III	ete this p , line 12.	part to provi . Also comp	de the explana lete this part fo	tions required by Part II, line 1 or any additional information.	0;
<del>-</del>						
						<b>_</b>
						- <b>-</b>
	<del></del>					
						· <b>-</b>
				. <b></b>		
			<b>-</b>			<del></del>
					<b></b>	
						. <b></b> .
			<b>_</b>			
		<b>-</b>		<b>-</b>		
						- <b></b>

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization						Employer identifica	
Newport Harbor Football E	Newport Harbor Football Boosters					33-001000	5
Fundraising Activities. Comp	quired to comp	lete this p	art.				
1 Indicate whether the organization	aised funds the	rough any	of the follo	owing activities. Check	all that	apply.	
a X Mail solicitations			е	X Solicitation of non-	governn	nent grants	
<b>b</b> X Internet and email solicitations	b     Internet and email solicitations   f     X   Solicitation of government grants						
c X Phone solicitations			а	X Special fundraising	events		
d X In-person solicitations			9	<u> </u>			
	(	المستحد المالية	المسالة المسالة	naludina efficara director	re tructe	os or kou	
2a Did the organization have a written o employees listed in Form 990, Par	t VII) or entity i	in connect	ion with p	rofessional fundraising	services	57	
<b>b</b> If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	ie organization.	s (Tundraise	ers) pursual				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts from activity		nount paid to etained by)	(vi) Amount paid to (or retained by)
or criticy (turidicalses)		of contr	dy or control ibutions?		fundra	iser listed in	organization
					С	olumn (i)	
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		1	<u> </u>				0.
3 List all states in which the organization	on is registered	or licensed	to solicit o	ontributions or has been	notified	it is exempt from	registration
or licensing.	<b>J</b>					-	
				<b></b>		<del>_</del>	
		<del>-</del> -		<b></b>			

Par	Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
R			(a) Event #1 Fireworks Stan (event type)	(b) Event #2  Grid Iron Club (event type)	(c) Other events 5 (total number)	(d) Total events (add column (a) through column (c))				
REVENUE	1	Gross receipts	45,970.	34,408.	122,794.	203,172.				
Ĕ	2	Less: Charitable contributions	45,970.		60,563.	106,533.				
	3	Gross income (line 1 minus line 2)		34,408.	62,231.	96,639.				
	4	Cash prizes								
	5	Noncash prizes			-					
DIRECT	6	Rent/facility costs								
	7	Food and beverages								
E X P	8	Entertainment								
EXPENSES	9	Other direct expenses	30,875.	4,822.	20,310.	56,007.				
S	10 11	Direct expense summary. Add lines 4 thro Net income summary. Combine line 3, co								
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.								
REVENUE		\$13,000 011 0111 950-E2, line 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
N U E	1	Gross revenue		·						
-	2	Cash prizes								
D P E N S E S	3	Non-cash prizes								
Č Š T E S	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes 8	Yes 8					
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)							
	8	Net gaming income summary. Combine li	ines 1, column (d) and	line 7	······					
9										

Schedule G (Form 990 or 990-EZ) 2012 Newport Harbor Football Boosters

33-0010005

**b** If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2012 Newport Harbor Football Boosters33	-0010005	Page 3
	Does the organization operate gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	 ∏ No
			_
	Indicate the percentage of gaming activity operated in:		
	The organization's facility		<del></del> %
	An outside facility.		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >	<b>-</b>	- <b>-</b>
	Address ►	<b>-</b>	
152	Does the organization have a contact with a third party from whom the organization receives gaming revenue	? □Yes	No
	of Yes, enter the amount of gaming revenue received by the organization \$ and the		Ц
_	of gaming revenue retained by the third party ► \$		
	: If 'Yes,' enter name and address of the third party:		
	The state of the s		
	Name •		
		·	<del>-</del>
	Address ►		i
16	Gaming manager information:		
	Nama 🕨		
	Name •		
	Gaming manager compensation • \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
2	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		
	state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	he	
No.	organization's own exempt activities during the tax year > \$	by Dad L Car	
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic this part to provide any additional information (see instructions).	able. Also comp	∠b, olete
		<u></u>	
	·		
BAA	TEEA3703L 01/07/13 Schedule 0	(Form 990 or 990-	EZ) 2012

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2012

Open to Public Inspection Employer identification number

Newport Harbor Football Boos  Part General Information on Gra		200				33-001000	5
Does the organization maintain records to the selection criteria used to award the     Describe in Part IV the organization's proc	substantiate the am grants or assistan	ount of the grants or ce?			or assistance, and		Yes X No
Part II Grants and Other Assistand Form 990, Part IV, line 21 fo							
1 (a) Name and address of organization or government	(b) 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)		100					
(2)				· .			
(3)							
(4)							
(5)	·						
(6)				-			
(7)							
(8)							
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization						<u>+</u>	0

Part III Can be duplicated if a	e to Individuals in the additional space is need	<b>United States.</b> Coded.	mplete if the organ	ization answered 'Yes'	to Form 990, Part IV, line 22.
(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
1					
2					
3					
4					
5					
6					
7			li Do	d Line 2 Doubli cale	As and an allow
Part IV Supplemental Information. (additional information.	complete this part to pi	ovide the informa	ition required in Pa	int i, line 2, Part III, colt	urin (b), and any other
<b></b>				<b></b>	·
	<b></b>				
			<del></del> <del></del> -		
					· — — — — — — — — — — — — — — — — — — —
			<del></del>	<b></b>	·
<b></b>					·
				<b> </b>	
					- <b></b>
<b></b>	<u> </u>				
BAA					Schedule I (Form 990) (2012)

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2012

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internat Revenue Service Name of the organization

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.

Newport Harbor Football Boosters	33-0010005
Form 990, Part III, Line 4d - Other Program Services Description	<b></b>
Medical Testing and Miscellaneous Activities	
Form 990, Part VI, Line 11b - Form 990 Review Process	···
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	/ Available
Copies are available on Organnization's website and F	PDF copies will be made
available upon request	·
	<b></b>
	<u> </u>

# California Exempt Organization Annual Information Return

•			
1	9	Ç	}

201	2	Annual Information Return			199		
		or fiscal year beginning month 04 day 01 year	2012, and ending month		ay 31 year 2013	_	
Corporation/Or	ganization N	me			California corporation number	_	
NEWPORT Address (suite,		R FOOTBALL BOOSTERS			053343 FEIN	_	
PO BOX	1533				33-0010005		
City			State ZIP Code	8			
NEWPORT	BEAC		CA 92659				
A First Retu	ırn		f exempt under R&TC Section 23701d, I rganization during the year: (1) partic				
<b>B</b> Amended	Return	Yes   <b>x</b>   No   p	olitical campaign, or (2) attempted to i	nfluence			
C IRC Section	on 4947(a)(1	trust	egislation or any ballot measure, or (3) inder R&TC Section 23704.5 (relating to	made an ele lobbying by			
D Final Retu	urn • 🗍		ublic charities)?		• Yes X N	۵	
	• 🗂	Меrġed / Reorganized Enter date: ●	f 'Yes,' complete and attach form FTB	5509.			
	لبيا	K Is	s the organization exempt under R&TC	Section 2370	nig? • ∏Yes 🕱 N	0	
E Check acc	counting met	iod:	F 'Yes,' enter gross receipts from onmember sources		3		
_	Cash 2	Accruai 3 Other				_	
F Federal re		a	f organization is exempt under R&TC S nd is exclusively religious, educational,	or charitable	8.		
	990T	2 ● 990 (PF) 3 ● Sch H (990)	nd is supported primarily (50% or mo ontributions, check box. No filing fee is	re) by public			
		r the subordinates/affiliates? ● 💹 Yes 🛛 🔀 🔞					
			s the organization a Limited Liability Co	impany?	• Yes X N	٥	
		a group exemption? Yes X No N D takent's name?	oid the organization file Form 100 or Fo axable income?	rm 109 to re	port • Yes XN	0	
			s the organization under audit by the If	S or has the			
Did the or			Yes X N	C			
governing that have	not been re	articles of incorporation, or bylaws orted to the Franchise Tax Board?					
		ttach copies of revised documents.			CACA1112L 10/11/1	2	
Part I	Complete	Part I unless not required to file this form. See General	Instructions B and C.			_	
	J	s sales or receipts from other sources. From Side 2, Par			104,569	<u>.</u>	
Receipts		s dues and assessments from members and affiliates				_	
and		is contributions, gifts, grants, and similar amounts receiv I gross receipts for filing requirement test. Add line 1 thr	. • 3	106,633			
Revenues		line must be completed. If the result is less than \$50,00		• 4	211,202	) )	
		of goods sold			211,20		
		or other basis, and sales expenses of assets sold					
	<b>7</b> Tota	I costs. Add line 5 and line 6		<b>7</b>		_	
		I gross income. Subtract line 7 from line 4			211,202		
Expenses		l expenses and disbursements. From Side 2, Part II, line		<u> </u>	201,468	_	
		ess of receipts over expenses and disbursements. Subtra			9,734		
		g fee \$10 or \$25. See General Instruction F		····	10	<u>.                                    </u>	
Filing Fee	t .	alties and Interest. See General Instruction J		····		—	
		tax. See General Instruction K				_	
	15 Bal	Ince due. Add line 11, line 13, and line 14. In subtract line 12 from the result		15	10	—— 1	
		Isotoraca fine 12 from the result.  Isotoraca fine 12 from the result is return, including accompation per parent for the return including accompation property for the return tax payer) is based on all informations.					
Sign	correct, and	complete. Declaration of preparer (other than taxpayer) is based on all infor- lTitle	mation of which preparer has any knowle	:dge. [	<ul> <li>Telephone</li> </ul>		
Here	Signature   of officer	•	,		949-645-1019		
		and the state of t	Date Check if		● PTIN	—	
Paid	Preparer's signature	JEANNE TARAZEVITS, CPA	self- employed		P00721364		
Preparer's Use Only	Firm's name	JEANNE TARAZEVITS, CPA			● FEIN		
	(or yours, if self-employ and address	1835 NEWPORT BLVD. STE A109-29	94		20-5724885 Telephone		
	and address	COSTA MESA, CA 92627	***************************************				
	May the	FTB discuss this return with the preparer shown above?	See instructions		(949) 645-1019 X Yes No	_	
	1 may the				- <u>  </u>	—	

059

33-0010005

NEWPORT HARBOR FOOTBALL BOOSTERS
Part II Organizations with gross receipts of more than \$50 Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

				<u>'</u>					<del>'</del>
		1	Gross sales or receipts from all b	ousiness activities. See in	struc	tions			
		2	Interest					2	
		3	Dividends			,		3	
Rece	ipts	4	Gross rents				, , , , (	4	
from Other		5	Gross royalties					5	
Sour		6	Gross amount received from sale	e of assets (See instruction	กร)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• 6	
		7	Other income. Attach schedule.	•	-				104,569.
	ŀ	8	Total gross sales or receipts from other s					8	104,569.
Ехре	nses	9	Contributions, gifts, grants, and similar ar					• 9	136,082.
and		10	Disbursements to or for members						
Disbu		11	Compensation of officers, director						0.
	.	12	Other salaries and wages					·	
		13	Interest		- I				
		14	Taxes					·	
		15	Rents					T	
_		16	Depreciation and depletion (See						
			Other Expenses and Disburseme						CF 20C
		17							65,386.
C - I-		18	Total expenses and disbursements. Add I						201,468.
	edule	<u> </u>	Balance Sheets	Beginning of ta	ixabl			d of tax	able year
Asse				(a)		(b)	(c)		(d)
						3,596.			22,216.
2									<u> </u>
3			eivable						
4 5			tate government obligations						
6			n other bonds						<u> </u>
			n stock						<u> </u>
7									<u> </u>
8	_		18						<u> </u>
9			ents Attach schedule						
	-		ssets					2	
			ated depreciation						<u> </u>
			AU 1 1 1 1						
			Attach schedule	_		2 506		1	00.016
			: :			<u>3,596.</u>			22,216.
			et worth						
			able						
			gifts, or grants payable						40.550
16			tes payableST . 4	TOTAL CONTROL OF A CONTROL OF THE PROPERTY OF	<del></del>				10,773.
		, ,	yable						
			es. Attach schedule			6,887.			5,000.
			or principle fund			-3,291.			6,443.
			oital surplus. Attach reconciliation						
21			ings or income fund			3,596.			22,216.
	edule		Do not complete this schedul						00
			er baoks		7		books this year not in	rcluded 🏻	
			ne tax.		8	in this return. Attac			
			ital losses over capital gains	eturn not charged					
4			corded on books this year.			against book incom	e this year.		
			110, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		9		d line 8	L-	
5	-		orded on books this year not deducted  Attach schedule		10	Net income per		- · · · · ·	
£			e 1 through line 5				from line 6		
	rotal. Al	uu IIII	C + Garbaga IIIIC &					· · · · · · · · · · · · · · · · · · ·	

012	California Stat	ements			Page '
	Newport Harbor Footb	all Boosters		3	3-001000
Statement 1 Form 199, Part II, Line 7 Other Income					
Income from Special Events			To	tal <u>\$ 10</u>	14,569. 14,569.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors,	Frustees and Key Empl	oyees			
Current Officers:	Title and Average Ho Per Week Dev	d urs Comp	Co pen- but	ntri- E	xpense count/ Other
Name and Address Robert Shaw 1531 Saint Andrews Road Newport Beach, CA 92663	President 15.00	sted sat	0. \$		ocner (
Jeanne Tarazevits 263 23rd Street Costa Mesa, CA 92627	Treasurer 10.00		0.	0.	(
Mary Lynn Gaddis PO Box 1533 Newport Beach, CA 92659	Vice Preside 0	nt	0.	0.	(
Clarke Smith PO Box 1533 Newport Beach, CA 92659	Vice Presider 0	nt	0.	0.	(
Julie Thornton-Adams PO Box 1533 Newport Beach, CA 92659	Secretary 0		0.	0.	1
	•	Total <u>\$</u>	0. \$	0. \$	
Statement 3 Form 199, Part II, Line 17 Other Expenses					
Administrative Expenses Rounding Special Event Expenses				<u>5</u>	8,362. 2. 7,022. 5,386.
Statement 4 Form 199, Schedule L, Line 16 Bonds and Notes Payable					
	Tota	1 Notes and	d Bonds Pay	able \$	10,773.

2012	California Statements	Page 2		
	Newport Harbor Football Boosters	33-0010005		
Statement 5 Form 199, Schedule L, Line 18 Other Liabilities				
Deferred Revenue	Total §	5,000. 5,000.		
	•			

### Form 990

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

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

Open to Public Inspection Department of the Treasury Internal Revenue Service 2012, and ending 2013 For the 2012 calendar year, or tax year beginning 4/01 D Employer Identification Number Check if applicable: 33-0010005 Address change Newport Harbor Football Boosters E Telephone number PO Box 1533 Name change Newport Beach, CA 92659 949-645-1019 Initial return Terminated 211,202. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? X Yes F Name and address of principal officer: Robert Shaw Application pending H(b) Are all affiliates included? If 'No,' attach a list. (see instructions) No Same As C Above X 501(c)(3) 4947(a)(1) or 527 Tax-exempt status 501(c) ( ) < (insert no.) H(c) Group exemption number Website: ► newportharborfootball.org L Year of Formation: 1983 M State of legal domicile: CA Other ► X Corporation Trust Association Form of organization: Summary Briefly describe the organization's mission or most significant activities: Provide equipment, uniforms and supplies for public high school football team. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b).... 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) ...... 5 0 Total number of volunteers (estimate if necessary). 6 0 Ō. **b** Net unrelated business taxable income from Form 990-T, line 34..... **Current Year** 106,633. 74,249 Contributions and grants (Part VIII, line 1h)..... 9 Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 30,919. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 47,547.Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 105,168. 154,180. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 115,713. 136,082. Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) 4,605. 8,364. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 120,318. 144,446. 9,734.-15,150. Revenue less expenses. Subtract line 18 from line 12..... End of Year Beginning of Current Year 22,216. 3,596. 20 15,773. 6,887. Total liabilities (Part X. line 26) 21 Net assets or fund balances. Subtract line 21 from line 20..... -3.2916,443. 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. Signature of officer Sign Here Jeanne Tarazevits Treasurer Type or print name and title. Date Preparer's signature Print/Type preparer's name P00721364 Jeanne Tarazevits, CPA Jeanne Tarazevits, CPA self-employed Paid Jeanne Tarazevits, CPA Preparer Firm's EIN ► 20-5724885 **Use Only** 1835 Newport Blvd. Ste A109-294 Firm's address Phone no. (949) 645-1019 Costa Mesa, CA 92627

Form	1990 (2012) Newport Harbor Football Boosters	33-0010005	Page 2
Par	tillis Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		<u> </u>
	Provide equipment, uniforms and supplies for public high school f	Tootball team.	
2	Did the organization undertake any significant program services during the year which were not listed on the program services.	rior	
	Form 990 or 990-EZ?	Yes	X No
	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 s	ervices? Yes	X No
_	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	vices, as measured by of grants and allocations	expenses. to
	(Code: ) (Expenses \$ 130,345. including grants of \$ ) (	Revenue . \$	)
	Direct Team Expenses: Equipment. Uniforms, Transportation, Coach		<u></u>
4 b	(Code:) (Expenses \$ 8,907. including grants of \$)	(Revenue \$	4,740.)
	Banquets and Appreciation Activities		
			<del>-</del>
			- <b>-</b>
40	(Code: ) (Expenses \$ 3,031. including grants of \$ )	(Revenue \$	4,091.)
70	Game Day Meals		4,001.
	<u></u>		
	<u></u>		<b>-</b>
			<b></b>
			<b></b>
4 d	Other program services. (Describe in Schedule O.)  See Schedule O	•	
	(Expenses \$ 2,163. including grants of \$ ) (Revenue \$	\$	)
4 e	• Total program service expenses ► 144,446.		

33-0010005

200,020	and a recording of recording a contract of			
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	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		х
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	etingkhidetina Be	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a		X
I	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
ı	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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.	11 d		Х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
İ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	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		х
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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Form 990 (2012)

BAA

Part IV Checklist of Required Schedules (continued) No Yes 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Х 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 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25..... Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24h c 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 d 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 disqualified person during the year? If 'Yes,' complete Schedule L, Part I. Х 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 25b Х Schedule L, Part I... Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... Х 26 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 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV...... X 28b c 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..... X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M............ 29 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... 32 Χ 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х and V, line 1, . . . . 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2...... Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O...... Х 38

Form 990 (2012) Newport Harbor Football Boosters	33-0010005	Pag	je 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V			
		Yes N	ю
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	55,100		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1 c	c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? 21	b	-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	, persusan		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>X</u>
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<del></del> -	b	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authorit financial account in a foreign country (such as a bank account, securities account, or other financial account.)	y over, a account)?4	a :	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	MTEN-000-20		Į.
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	l		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	\		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	c _	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	ne organization	a	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gin not tax deductible?	fts were 6।	ь	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	goods and	a	X
<b>b</b> if 'Yes,' did the organization notify the donor of the value of the goods or services provided?		b	_
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir			
Form 8282?			X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		er exemenso pour	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		- I	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	ation file a	h	olessed.
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed holdings at any time during the year?	ess business		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9	a	economic de
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9	b	
10 Section 501(c)(7) organizations. Enter:			
a 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 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12:	a	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?		a	Mc Later
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			
c Enter the amount of reserves on hand			

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......

Page 6 Partice 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. Х Check if Schedule O contains a response to any question in this Part VI ............... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 1 a 5 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 O. b Enter the number of voting members included in line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.... 2 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?..... 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 6 Did the organization have members or stockholders?..... 7 a 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?..... 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8Ь X **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a X b 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? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?........ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done..... 13 Х 13 Did the organization have a written whistleblower policy?...... 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official..... 15a X b Other officers of key employees of the organization..... 15b 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 X 16a taxable entity during the year?.... **b** 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year, See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Jeanne Tarazevits 263 23rd Street Costa Mesa CA 92627 949-645-1019

Form <b>990</b> (2012)	Newport	Harbor	Football	Boosters	33-0010005	Page 7
Part VII Com	pensation pendent Co	of Officer	s, Directors	, Trustees,	Key Employees, Highest Compensated Emplo	yees, and

	Check if Schedule O co					
Section A.	Officers, Directo	rs, Trustees, Ke	y Employees	s, and Highes	st Compensated E	mployees

- 1 a 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 employee.'
- 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 organization nor any related organization compensated any current officer, director, or trustee.

				(C	;)					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an e)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Robert Shaw President	$-\frac{15}{0}$	-		Х				0.	0.	0.
(2) Jeanne Tarazevits	10_			- "				0.		
Treasurer	0			Х				0.	0.	0.
(3) Mary Lynn Gaddis Vice President	-0-	-		х		i		0.	0.	0.
(4) Clarke Smith Vice President	0			х				0.	0.	0.
(5) Julie Thornton-Adams Secretary	0-	<u> </u>		Х				0.	0.	0.
<u>(6)</u>		†							·	
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)		-								
(12)								***		
(13)										
(14)										

Part VIII Section A. Officers, Directors, Tru	(B)	Ney		(C		C>, ·	anc	i nigilesi coli	pensateu Emp	oyees (cont)
(A) Name and title	Average (do not check box, unless officer and a week		ess pe nd a c	erson direct	is boti or/trus	n an tee)	(D)  Reportable compensation from the compensation	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	Week (list any hours for related organiza tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)							_			
(17)										
(18)									·	
(19)								- T T T T T T T T		
(20)									· · · · · · · · · · · · · · · · · · ·	
(21)										
(22)										3
(23)										
(24)		<u> </u>								
(25)										
1 b Sub-total.  c Total from continuation sheets to Part VII, Section 1.	on A						<b>.</b>	0.	0. 0.	0.
d Total (add lines 1b and 1c)								0. more than \$100,00		ensation 0.
3 Did the organization list any former officer, direct	tor or true	·tee	kev	om	nlov		ar hi	igheet compensati	ed employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	<i>h individu</i> f reportab	<i>аl.</i> le co	mpe	 ensa	 ition	and	oth	er compensation		. 3 Х
the organization and related organizations greate such individual		· · · · ·		·	<b>.</b>				t and training to the	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes Section B. Independent Contractors	s,' compen	te S	on π chec	om lule	J fo	r suc	th p	erson		
Complete this table for your five highest compen compensation from the organization. Report compen-	sated indesation for	epen the c	den alen	t co dar	ntra year	ctors endi	tha ng v	it received more t with or within the or	nan \$100,000 of ganization's tax year	
(A) Name and business add	ress							Description (	of services	(C) Compensation
Total number of independent contractors (including the \$100,000 in compensation from the organization).		ited t	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 iii compensation from the organization		TEE A/	2100		0440				NEW X	Form <b>990</b> (2012

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Far	L VI	Check if Schedule O		esponse to any questi	on in this Part VIII.			П
					(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.	b d	Federated campaigns. Membership dues Fundraising events Related organizations. Government grants (contributi		a b c 106,633.				
CONTRIBUT AND OTHE	g	All other contributions, gifts, similar amounts not included Noncash contributions included	above ed in Ins 1a-1f:	· <del></del>				
	<u>h</u>	Total. Add lines 1a-1f.		Business Code	106,633.			
PROGRAM SERVICE REVENUE		All other program servi						
		Total. Add lines 2a-2f.  Investment income (inc						
	other similar amounts)			npt bond proceeds .				
į	b	b Less: rental expenses c Rental income or (loss)						
	7 a	Net rental income or (lo Gross amount from sales of assets other than inventory.	(i) Securitie					
,	С	Less: cost or other basis and sales expenses						
OTHER REVENUE	8a	Gross income from function including. \$	106,633 d on line 1c	<u>3.</u>	(4)			
OTKER		Less: direct expenses.  Net income or (loss) fro		b 57,022.				10,122.
ļ		Gross income from gan See Part IV, line 19	· · · · · · · · · · · · · · · ·	. a				
		Less: direct expenses.  Net income or (loss) from						
More	10 a	Gross sales of inventor and allowances Less: cost of goods sol	y, less returi	ns . <b>a</b>				
	_ с	Net income or (loss) from Miscellaneous Reven						
	11 a		. — — — — — —	Business Code				
		All other revenue				Control (September 1988) and the control (September 1989) and the		
!	-	Total, Add lines 11a-11 Total revenue. See ins			15/1180	0	0	10 122

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete a

360	Check if Schedule O contains a r				
	Crieck if Scriedule O Contains a t		(B)	(C)	(D)
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	136,082.	136,082.	0.00	
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 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described				
_	in section 4958(c)(3)(B)	0.	0.	0.	0.
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				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
t	Legal				
	: Accounting		**************************************		
	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				- total
	Investment management fees				
	Other, (If line 11g amt exceeds 10% of line 25, col-				
	umn (A) amt, list line 11g expenses on Sch 0)				
	Advertising and promotion	·			
13	Office expenses			v <del>-</del> -	
14	Information technology		w		
15	Royalties				1
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.).				
2	Administrative Expenses	8,362.		8,362.	
	Rounding	2.		2.	
(					
6	All other expenses				
	Total functional expenses. Add lines 1 through 24e	144,446.	136,082.	8,364.	0.
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)				
	30F 30-2 (M30 300-720)				

		Check if Schedule O contains a response to any question in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.	3,596.	1	22,216.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			ar Common of the
	b	Less: accumulated depreciation		10 c	
;		Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	•	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,596.	16	22,216.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	6,887.	19	5,000.
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
BILIT	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24			24	10,773.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	6,887.	26	15,773.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ą	27	Unrestricted net assets	-3,291.	27	6,443.
くいら 上り	28	Temporarily restricted net assets.		28	
	29	Permanently restricted net assets		29	
о F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
وخدج	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ě	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZOES	33	Total net assets or fund balances	-3,291.	33	6,443
Š	34	Total liabilities and net assets/fund balances	3,596.	34	22,216
BA	Δ_				Form 990 (2012

Form 990 (2012) Newport Harbor Football Boosters 3:	3-00 <u>10</u> 005	Page 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)		<u> 154,180.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	. 2	144,446.
3 Revenue less expenses. Subtract line 2 from line 1	3	9,734.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,291.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
column (B))	10	<u>6,44</u> 3.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
		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 O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revies eparate basis, consolidated basis, or both:	ewed on a	200
Separate basis Consolidated basis Both consolidated and separate basis		100000000000000000000000000000000000000
b Were the organization's financial statements audited by an independent accountant?		2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a seg		
basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		3.5 5.4
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,	2c
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circufar A-133?	e 	3a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 ь
BAA		Form 990 (2012)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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.

OMB No. 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

Open to Public Inspection

						Boosters								10005			
								janizations					See ir	nstructi	ons.		
The	orga						-	or lines 1 thro	_		-						
1	Ш							churches des		section	170(b)(	(1)(A)(i).					
2								ch Schedule E									
3		-				-		ation describe									
4				_	janizati	on operated	l in conjur	nction with a h	ospital c	lescribe	d in sec	tion 170	3(b)(1)(A	<b>()(iii)</b> . Er	iter the hos	pital's	5
	_	name, cit								-,-,-					,		
5		170(b)(1)	A)(iv).	(Comp	olete Pa	art II.)	-	university own					unit des	cribed in	section		
6	Н							ital unit descri rt of its suppor					the gen	oral publ	io docoribac	1	
7	빔	in section	ı 170(b)	χ1χΑχ	(vi). (C	omplete Pa	rt II.)				entai uni	it or irori	i tile yell	егат риы	ic described	ļ.	
8	Н		-					)(vi). (Comple									
9	Ш	related to	its exen usiness t	npt fund axable i	ctions —	- subject to c	ertain eye	-1/3% of its sup eptions, and (2 i businesses acq	\no more	e than 33	3-1/3% n	if its sum	port from	n arass ir	ivestment in	n activ come	vities and
10	П							to test for pu									
11	X	An organiz supported supportin	ation or organiz g organ	ganizeo ations ization	d and op describe a and c	perated exclu ed in section omplete line	sively for the 509(a)(1) as 11e thre	ne benefit of, to or section 509 ough 11h.	perform (a)(2), Se	the funct e <b>sectio</b>	tions of, n <b>509(a)</b>	or carry of (3). Chec	out the po k the bo	urposes o x that de	of one or mo scribes the	re pub type o	licly f
		а Птур	e I	ь	Туре	eli d	: Птуре	III - Function	nally inte	grated		ı X ı	ype III -	– Non∙fı	unctionally	integr	ated
е		By checki other than section 50	ng this	box, I tion ma	certify anagers	that the org and other th	janization an one or	is not control more publicly :	led direc supported	tly or in I organiz	directly ations d	by one escribed	or more in sectio	disquali on 509(a)	fied person (1) or	ıs	
f		If the orga	nization	receiv	ed a wr	itten determi	nation fror	n the IRS that	is a Type	I, Type	II or Typ	e III sup	porting o	organizati	on,		. X
ç		•					•	ted any gift o	or contrib	ution fr	om any	of the fo	llowing	persons	?		_
•						-	•								j	Yes	No
		(i) A pobelo	erson w w, the	rho dire goverr	ectly or ning bo	r indirectly o dy of the su	ontrols, e pported o	ither alone or rganization?.	together	with pe	ersons d	escribed	in (ii) a	and (iii)	11 g (i)		Х
		(ii) A fa	mily m	ember	of a pe	erson descri	ibed in (i)	above?					·		11 g (ii)		X
		(iii) A 3	5% con	trolled	entity	of a person	described	lin (i) or (ii) a	bove?		<i></i>				11 <b>q</b> (iii)		Х
h	ı				-	•		ted organizati							3 (17)		
		(i) Name of organiz	supported ation		(ii	) EIN	above	e of organization sed on lines 1-9 or IRC section instructions))	organiz column (i	s the ation in ) listed in verning	(v) Did yo the organ column ( supp	ization in	l omaniz	s the ration in mn (i) ed in the S.?	(vii) Amount sup	of mor	netary
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	Ne	wport !	Harbo	rFo	otba	11 Boos	ters			_			-				
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(B)				_			<u> </u>		<u> </u>			 			·		
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(E)				- 2.00	ower-termino-services		and the Sale of Spingty produce of Com-		a and a state of the state of	77.77.70.75.0		Sales Control of the	NAMES OF TAXABLE PARTY.				
Tota	ı														1	40,8	804.

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

Schedule A (Form 990 or 990-EZ) 2012 Newport Harbor Football Boosters 33-0010005

Partil 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	tion A. Public Support						
begiı	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3 The portion of total contributions 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 line 4		10 Apr 10				
Sec	tion B. Total Support	T ::					
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	012 (line 6, colum	n (f) divided by li	ne 11, column (f))	)		% %
	Public support percentage from						
	33-1/3% support test $-$ 2012. If and stop here. The organization	i qualifies as a pu	bliciy supported o	organization	• • • • • • • • • • • • • • • • • • • •		.,,,,
i	33-1/3% support test — 2011. If and stop here. The organization	the organization on qualifies as a pu	lid not check a boblicly supported of	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more,	check this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstand	and-circumstance ces' test. The orga	es' test, check this anization qualifies	s box and <b>stop he</b> as a publicly sup	re. Explain in Par oported organizati	on►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar Private foundation. If the organ	-meets the 'facts id-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	a publicly suppor	<b>re.</b> Explain in Par ted organization	t iv now the
		IZAUUTI UIU NOT CNE	CK A DOX OIL HITE	15, 10a, 100, 17a			
ВАА					Sc	nedule 🗛 (Form 9	90 or 990-EZ) 2012

Page 3

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the						·
_	organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.)						
					_		
Sec	tion B. Total Support						
Calend	lar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
Calend 9 10a	dar year (or fiscal yr beginning in)  Amounts from line 6	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calend 9 10a b c 11	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calend 9 10a b c 11	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from urrelated business activities not included in line 10b,	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calence 9 10 a b c 11	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calence 9 10 a b c 11 12 13 14	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	is for the organize	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(c)	3)
Calence 9 10 a b c 11 12 13 14 Section 13	lar year (or fiscal yr beginning in) Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	is for the organize stop here.	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)
Calence 9 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of 20.	is for the organize stop here. blic Support P	ation's first, secon	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
Calence 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of 20 Public support percentage from	is for the organize stop here blic Support P 112 (line 8, colum 2011 Schedule A,	ation's first, secon Percentage n (f) divided by li Part III, line 15.	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
Calence 9 10 a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from tion D. Computation of Investion D. Computation of Investion D. Computation of Investigation.	is for the organizes stop here. Dic Support Polic Support Polic Support Polic Support Polic Support Polic Schedule A, restment Incor	ation's first, secon Percentage n (f) divided by lin Part III, line 15. ne Percentag	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	8)
Calence 9 10 a b c 11 12 13 14 Sect 15 16 Sect 17	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support percentage fro	is for the organize stop here. blic Support P 012 (line 8, column 2011 Schedule A, restment Incor	etion's first, secon Percentage n (f) divided by lin Part III, line 15. ne Percentag column (f) divide	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
Calence 9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support percentage from 1  Investment income percentage for Investment income percentage for Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment income percentage of Investment Income perc	is for the organize stop here. blic Support Polic (line 8, column 2011 Schedule A, restment Incorror 2012 (line 10c, from 2011 Schedule Company 10c)	ation's first, seconomics of the seconomics of t	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3) • □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Calence 9 10 a b b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from the standard or Investment income percentage for 133-1/3% support tests — 2012. It is not more than 33-1/3%, check	is for the organizes stop here.  blic Support Polic Support Polic Support Polic Support Polic Schedule A, restment Incort 2012 (line 10c, from 2011 Schedule for the organization of this box and stop stop stop stop stop stop stop stop	ercentage  n (f) divided by line  Part III, line 15.  ne Percentage  column (f) divided  le A, Part III, line  did not check the  phere. The organ	eed by line 13, column (f):	or fifth tax year as	a section 501(c)(3)  15 16  17 18 te than 33-1/3%, a ported organization	8)
Calence 9 10 a b c c 11 12 13 14 Sect 17 18 19 a b	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from the standard or Investment income percentage for 33-1/3% support tests — 2012. If	is for the organize stop here.  blic Support Polic Support Polic Support Polic Support Polic Support Polic Schedule A, restment Incort 2012 (line 10c, from 2011 Schedule It the organization to this box and stop of the organization 6, check the organization 6,	ation's first, seconormal ending for the context of	e ed by line 13, column (f)) be box on line 14, anization qualifies abox on line 14 or line organization qualifies abox on line organization qualifies abox on line organization qualifies abox on line 14 or line organization qualifies abox on line 14 or line organization qualifies abox on line 14 or line organization qualifies abox on line 14 or line organization qualifies abox on line organization qualifies abox on line organization qualifies a	or fifth tax year as	a section 501(c)(3  15 16  17 18 te than 33-1/3%, a sorted organization 16 is more than 3: ly supported organization organization 16 is more than 3: ly supported organization organization 16 is more than 3: ly supported organization organization 16 is more than 3: ly supported organization organization 16 is more than 3: ly supported organization organiz	8)

Schedule A	(Form 990 or 990- <b>E</b> ∠	() 2012 New p	<u>ort Harbor</u>	Football	Boosters	33-001	.0005	Page 4
Part IV	Supplemental I Part II, line 17a (See instruction	Information. Constitution or 17b; and F	complete this art III, line 12	part to provi	de the explan lete this part	ations required by for any additional	Part II, line information.	10;
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#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 33-0010005 Newport Harbor Football Boosters Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990 EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants Special fundraising events Phone solicitations C d X In-person solicitations **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name and address of individual (iv) Gross receipts (vi) Amount paid to (ii) Activity (iii) Did fundraiser (or retained by) fundraiser listed in or entity (fundraiser) (or retained by) from activity have custody or control of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

33-0010005 Schedule G (Form 990 or 990-EZ) 2012 Newport Harbor Football Boosters Part III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) through column (c)) (b) Event #2 (c) Other events (a) Event #1 Grid Iron Club Fireworks Stan (total number) (event type) REVENUE (event type) 34,408. 122,794 203,172. 1 Gross receipts..... 45,970 106,533. 60,563. 2 Less: Charitable contributions..... 45,970 3 Gross income (line 1 minus line 2).... 34,408. 62,231 96,639. 4 Cash prizes..... Noncash prizes ..... DIRECT Rent/facility costs..... 7 Food and beverages ...... EXPERSES 8 Entertainment...... 30,875. 4,822. 20,310. 56,007. Other direct expenses..... 56,007. Net income summary. Combine line 3, column (d), and line 10. 40,632. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo bingo/progressive bingo (add column (a) through column (c) REVENUE 1 Gross revenue..... 2 Cash prizes...... 3 Non-cash prizes ..... 4 Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes No No No 8 Net gaming Income summary. Combine lines 1, column (d) and line 7..... 9 Enter the state(s) in which the organization operates gaming activities: No b If 'No,' explain:

b If 'Yes,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

SCH	edule G (Form 990 of 990-EZ) 2012 Newport Harbor FOOLDAIL BOOSCETS	3-0010003	raye 3
11	Does the organization operate gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		•
a	a The organization's facility	13a	8
k	<b>b</b> An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	S:	
	Name •	<b>_</b> _	
	Address •	<b></b>	
15a	a Does the organization have a contact with a third party from whom the organization receives gaming revenu	e? <b>Yes</b>	□No
	<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t		ш
	of gaming revenue retained by the third party ► \$		
C	c If 'Yes,' enter πame and address of the third party:		
	Name •	<b>-</b>	<b>-</b>
	Address •		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation • \$		
	Description of services provided	<del></del>	<b>-</b>
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	Пусс	Пма
ŀ	state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	Yes	∐ No
-	organization's own exempt activities during the tax year > \$	410	
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applied this part to provide any additional information (see instructions).	d by Part I, line cable. Also com	2b, plete
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BAA	↑ TEEA3703L 01/07/13 Schedule	G (Form 990 or 990-	EZ) 2012

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer identifica	
Newport Harbor Football Bor Part General Information on G	osters	2000	•			33-001000	5
Does the organization maintain records the selection criteria used to award to Describe in Part IV the organization's process.	to substantiate the an he grants or assistar	nount of the grants o		eligibility for the grants	or assistance, and		Yes X No
Part II Grants and Other Assista Form 990, Part IV, line 21							
1 (a) Name and address of organization or government	. <b>(b)</b> 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
<ul><li>2 Enter total number of section 501(c)</li><li>3 Enter total number of other organiza</li></ul>	tions listed in the lin	e 1 table					0
		/ E 000		TTT 4 00 041	11100110	Cehadul.	a I (Earm 000) (2012)

(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 assist
					*****
					,
Supplemental Information. C	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, Part III, colu	ımn (b), and any other
additional information.					HARRIS .
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### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

New	<u>port Harbor Football</u>	Boosters	•	33-0010005
	Form 990, Part III, Line 4d		Description	
	Medical Testing and	Miscellaneous Activi	ties	
	Form 990, Part VI, Line 11	b - Form 990 Review Prod	ess	
	No review was or wil	l be conducted.	<b></b>	
	Form 990, Part VI, Line 19	- Other Organization Doc	uments Publicly Available	
	Copies are available	on Organnization's	website and PDF copie	es will be made
	available upon reque	st	<b>-</b>	
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