Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-1150

2014

Open to Public Inspection

Α	For	the 2014 calendar year, or tax year beginning $4/01$, 2014, and ending $3/31$, 2015
B	Check			dentification number
\vdash		change NEWPORT HARBOR FOOTBALL BOOSTERS	33-00	10005
-	Initial	P O BOX 1533	E Telephone	
	i	NEWPORT BEACH, CA 92659	949.6	32.5318
	Amen	ded return		
	Applic	ation pending .		xempuon ►
G	Acco	unting Method: X Cash	► X if the	organization is not
i	Web	site: ► NEWPORTNARBORFOOTBALL.ORG require	d to attach	Schedule B
J	Тах-е	xempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) or \longrightarrow 527 (Form	990, 990-E	Z, or 990-PF).
K	Form	of organization: X Corporation Trust Association Other		· · · · · · · · · · · · · · · · · · ·
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$	188,011.
Pε		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr		or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	35,400.
	2	Program service revenue including government fees and contracts		38,492.
	3	Membership dues and assessments		
	4	Investment income	4	, , , , , , , , , , , , , , , , , , , ,
	5 a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5с	
	6	Gaming and fundraising events		
REVENU		Gross income from gaming (attach Schedule G if greater than \$15,000)		
V E	b	Gross income from fundraising events (not including\$ of contributions		
N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	19	
	C	Less: direct expenses from gaming and fundraising events 6c 45,89		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	68,228.
		Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		142,120.
	10	Grants and similar amounts paid (list in Schedule O).		
	11	Benefits paid to or for members	1 1	
X	12	Salaries, other compensation, and employee benefits		
XPEZSES	13	Professional fees and other payments to independent contractors		3,338.
S	14	Occupancy, rent, utilities, and maintenance		
S	15	Printing, publications, postage, and shipping	15	322.
	16	Other expenses (describe in Schedule O) See Schedule O	16	131,055.
_	17	Total expenses. Add lines 10 through 16.	17	134,715.
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	200000000000000000000000000000000000000	7,405.
A S E T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-yfigure reported on prior year's return)	year 19	22,973.
' T S	20	Other changes in net assets or fund balances (explain in Schedule O)		44,010.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		30,378.
BA	Foi	Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>	Form 990-EZ (2014)

	990-EZ (2014) NEWPORT HARBOR			33-	-001	.0005 Page 2
Par	Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II)	action in thic Part II			X
	Check if the organization used Sch	edule O to respond to any qu		A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			22,973	22	37,378.
23	Land and buildings			22/3:0	23	0./0.01
24	Other assets (describe in Schedule O).				24	
25	Total assets			22,973	. 25	37,378.
26	Total liabilities (describe in Schedule C	o)See Schedule	e.O	0.	26	7,000.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	22,973	27	30,378.
	Statement of Program Service A Check if the organization used So	chedule O to respond to any o		X		Expenses uired for section 501
What	s the organization's primary exempt purpose? Se	e Schedule O	ita throa largast progra	m corvious on	(c)(3)	and 501(c)(4) nizations; optional
mea	ribe the organization's program service sured by expenses. In a clear and concis fited, and other relevant information for	se manner, describe the servi each program title.	ces provided, the numb	er of persons	for of	thers.)
28	See Schedule 0					
	(Grants \$) If the	nis amount includes foreign g	rants, check here		28 a	128,673.
29						• •
	(Grants \$) If the	nis amount includes foreign g	rants, check here		29 a	
30	<u> </u>					
]		
	707-7-5	nis amount includes foreign g				
31	(Grants \$) If the Other program services (describe in Science)				30 a	
31		nis amount includes foreign g			31 a	
32	Total program service expenses (add				32	128,673.
Ton Commission	t IV List of Officers, Directors,					
2-71-00-	Check if the organization used So					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee erred	(e) Estimated amount of other compensation
ROF	BERT SHAW			compensation		
	counting	15	0.		0.	0.
	NNE TARAZEVITS	10			<u> </u>	
	asurer	10	0.		0.	0.
MAF	Y LYNN GADDIS					
Vic	e President	3	0.	ļ	0.	0.
	RKE SMITH		· ·			
	e President	3	0.		0.	0.
	IE THORNTON-ADAMS		_			
	retary	3	0.		0.	0.
	D DEL VALLE	_				0
	asurer KINDER	5	0.		0.	0.
	sident	5	0.		0.	0.
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]		,		
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BAA

the instructions for Part V) Check if the organization used Schedule O to respond to an				X
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q			Yes	No
1f 'Yes,' provide a detailed description of each activity in Schedule Q	amended documents if they reflect	. 33		X
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				Х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)?		. 35 a		v
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an		I		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I				
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I 36 Did the organization undergo a liquidation, dissolution, termination, or significant	H	. 35 c		X
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		. 36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year?	37a 0	. 37 b		7.7
· · · · · · · · · · · · · · · · · · ·	employee or were	1		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	· 38 a		Χ
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b N/	Ά		
39 Section 501(c)(7) organizations. Enter:				
 a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 	39 a N/ 39 b N/			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	+17	<u> </u>		
section 4911 ► 0.; section 4912 ► 0.; section 495	5 ► 0.			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pri	ny section 4958 excess	-		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		. 40 b		Χ
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	zation ► 0			1000
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur	sed			
by the organization.		<u>.</u>		
e All organizations. At any time during the tax year, was the organization a party to a prohibit shelter transaction? If 'Yes,' complete Form 8886-T	eu lax 	. 40 e		X
41 List the states with which a copy of this return is filed ► None				
42 a The organization's				
books are in care of ROBERT SHAW	Telephone no. ► (949		-531	8
books are in care of ► ROBERT SHAW Located at ► P O BOX 1533 NEWPORT BEACH CA	ZIP + 4 • 9265		-531 Yes	8 No
books are in care of ► ROBERT SHAW Located at ► P O BOX 1533 NEWPORT BEACH CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	ZIP + 4 ► 92 65 r authority over a	9		
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books are in care of ROBERT SHAW Located at POBOX 1533 NEWPORT BEACH CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc At any time during the calendar year, did the organization maintain an office outside the U.S. If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year. 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year?	zIP + 4 ► 92 65 r authority over a inancial account)? ccounts (FBAR). c	9 42 b 42 c 44 a 44 b	Yes	No X X N/A N/A No X X X X
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books are in care of ROBERT SHAW Located at P O BOX 1533 NEWPORT BEACH CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc At any time during the calendar year, did the organization maintain an office outside the U.S. If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year. 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	ziP + 4 ► 92 65 r authority over a inancial account)?	42 b 42 c 44 a 44 b 44 c 44 d 45 a	Yes	No X X N/A No X X X

Form 990-1	EZ (2014) NEWPORT HARBOR FOOT	BALL BOOSTERS		33-001	0005	<u></u>	age 4
46 Did th	ne organization engage, directly or indire	ctly, in political campai	gn activities on behalf c	of or in opposition to	AC	Yes	No
					46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ons must answer qu	uestions 47-49b and	d 52, and complete	the table	:S	
	Check if the organization used Schedul	le O to respond to any	question in this Part VI.				
	ne organization engage in lobbying activities					Yes	No
	lete Schedule C, Part II						X
	e organization a school as described in se				<u> </u>		X
	ne organization make any transfers to an	•			 		X
	s,' was the related organization a section lete this table for the organization's five higl						
emplo	byees) who each received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	у		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	d amoun pensatio	nt of
None							
	number of other employees paid over \$1						
51 Comp	lete this table for the organization's five high ensation from the organization. If there i	hest compensated indepensions of the compensated indepension of th	endent contractors who ea	ich received more than \$1	00,000 of		
	(a) Name and business address of each independent of	ontractor	(b) Type (or service	(c) Compo	ensation	1
None_							
	number of other independent contractors	-	· ·				
52 Did the comp	ne organization complete Schedule A? N o leted Schedule A	ote. All section 501(c)(3	3) organizations must at	tach a	► X Yes		No
Jnder penaltie rue, correct, a	s of perjury, I declare that I have examined this return, nd complete. Declaration of preparer (other than office	including accompanying sched r) is based on all information or	ules and statements, and to the which preparer has any knowle	best of my knowledge and beliedge.	ef, it is		
	- ALIEUT'O	TONL		•			
Sign	Signature of officer			Date			
Here	TOM KINDER			President			
	Type or print name and title	Dromaraticscianatiles A &	Doto	TEN DIT	IA I		
	Print/Type preparer's name	KINITUMIN COL		Check X if PT		_	
Paid	ROB CAMPBELL CPA	ROB CAMPBELL C	PA VOIVO	self-employed P(00170285	<u>5</u>	
Preparer	Firm's name Robert E. Campbe	ell, CPA	· · · · · · · · · · · · · · · · · · ·	Plant Plat			
Use Only	Firm's address ► P.O BOX 12212	02627		Firm's EIN)\ 000 (2001	
May the IPs	Costa Mesa, CA Solition Costa		etions	Phone no. (949	9) 223-0 ► X Yes		
way tile if	o discuss this return with the highlight St	IOWIT ADOVE! SEE HISHI	CUOTIS.,,,,,,,,,,,		Form 990		No 2014)
						· · · · · · · · · · · · · · · · · · ·	,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NEWPORT HARBOR FOOTBALL BOOSTERS 33-0010005 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 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.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed in your governing document? (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

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Part 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 fails to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cal- beg	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) 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	ction B. Total Support							
Cale beg	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)							
11	Total support. Add lines 7 through 10					35		
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3)	▶□	
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						%	
	Public support percentage from 2						%	
	16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
i	33-1/3% support test — 2013. If to and stop here. The organization	he organization d qualifies as a pul	id not check a boo olicly supported or	k on line 13 or 16 ganization	a, and line 15 is 3	3-1/3% or more, c	heck this box	
17 <i>a</i>	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	st — 2014. If the one of the content	organization did nand-circumstances es' test. The orga	ot check a box on 'test, check this land in the characters are the cha	line 13, 16a, or 1 box and stop here as a publicly supp	6b, and line 14 is • Explain in Part \ orted organization	10% /I how ►	
	o 10%-facts-and-circumstances te or more, and if the organization or organization meets the 'facts-and	meets the 'facts-a I-circumstances' t	ind-circumstances test. The organiza	' test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part V ed organization	'I how the	
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	uctions ►	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)			-			
2	Gross receipts from admissions, merchandise sold or services 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	a 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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10:	a 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						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	14 (line 8, column	(f) divided by lin	ne 13, column (f))		15	8
16	Public support percentage from 2	2013 Schedule A,	Part III, line 15.			16	%
	tion D. Computation of Inv	estment Incon	ne Percentage	9			
17	Investment income percentage for	or 2014 (line 10c,	column (f) divide	d by line 13, colur	mn (f))	17	8
18	Investment income percentage fr						%
10-							
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	is a publicly supp	orted organizatior	ղ.,,,,,,,,, ▶
ł	is not more than 33-1/3%, check a 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3% Private foundation. If the organization	this box and stop the organization of the check this box a	o here. The orgar did not check a b and stop here. Th	nization qualifies a lox on line 14 or li e organization qua	s a publicly supp ne 19a, and line alifies as a public	orted organizatior 16 is more than 3 ly supported orga	n

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		X
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		7
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
i	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		100 100 100 100 100 100 100 100 100 100
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		100 PM
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
ŀ	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6	- 1	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	1752	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		X
9 a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		X
t	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		X
c	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		X
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a	17	X
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		17.0

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
' '	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a	000000000000000000000000000000000000000	Х
	b A family member of a person described in (a) above?	11b		X
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		X
Se	ction B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		2.00
Se	ction C. Type II Supporting Organizations	!!		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	The second secon
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		X
Se	ction E. Type III Functionally-Integrated Supporting Organizations		!	
-				
ı	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
2	Activities Test. Answer (a) and (b) below.	Г	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete	ovemb e Sec	per 20, 1970. See instructio tions A through E.	ons. All		
Section A – Adjusted Net Income (A) Prior Year						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
	Average monthly value of securities	1a				
i	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
	e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·			
6	Multiply line 5 by .035	6				
.7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C — Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	The second secon	0.		
2	Enter 85% of line 1	2		0.		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0.		
4	Enter greater of line 2 or line 3	4		0.		
5	Income tax imposed in prior year	5		0.		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0.		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate	d Type III supporting orga			
ВАА			Schedule A (Forn	n 990 or 990-EZ) 2014		

	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)			
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,			
3	Administrative expenses paid to accomplish exempt purposes of s					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions		. , , , , , , , , , , , , , , , , , , ,			
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
	Distributable amount for 2014 from Section C, line 6	Tarana a sanagan				
	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)					
3	Excess distributions carryover, if any, to 2014:		4 min			
а	The state of the s			12 May 12 12 12 12 12 12 12 12 12 12 12 12 12		
b			and the state of t			
C	The second secon			The second secon		
d				The second secon		
	From 2013	and the same of th	J. San			
	Total of lines 3a through e					
	Applied to underdistributions of prior years	Charge and the control of the contro		The second secon		
	Applied to 2014 distributable amount					
	Carryover from 2009 not applied (see instructions)		A Commence of the Commence of	7.		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
	Distributions for 2014 from Section D, line 7:					
a	Applied to underdistributions of prior years	ATRIAL CO.				
b	Applied to 2014 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2015. Add lines 3j and 4c		100 Telephone (100 Te			
8	Breakdown of line 7:			100		
а		Control of the Contro				
b		120	1375			
С						
d	Excess from 2013	Mary Constitution of the C				
е	Excess from 2014			The state of the s		
BAA			Sobodulo A /For	The second secon		

Schedule **A** (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number NEWPORT HARBOR FOOTBALL BOOSTERS 33-0010005 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. Mail solicitations а Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... Yes 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. (i) Name and address of individual (vi) Amount paid to (or retained by) organization (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in or entity (fundraiser) from activity have custody or control of contributions? column (i) Yes No 1 2 3 4 5 6 7 8 9 10 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.

Schedule G (Form 990 or 990-EZ) 2014 NEWPORT HARBOR FOOTBALL BOOSTERS 33-0010005 Page 2 Part II 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) FIREWORKS STAN PROGRAM SALES (event type) **HUZHAR** (event type) (total number) **1** Gross receipts....... 33,577. 28,628. 35,895. 98,100. 3 Gross income (line 1 minus line 2)..... 33,577. 28,628. 35,895. 98,100. 5 Noncash prizes..... DIRECT Rent/facility costs..... 7 Food and beverages..... Entertainment..... Other direct expenses..... 18,996. 9,369. 28,365. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 28,365. Net income summary. Subtract line 10 from line 3, column (d)..... 69,735. 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. (d) Total gaming (add column (a) through column (c)) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue..... DI RENSES Noncash prizes..... Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes Volunteer labor..... No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...... ▶ 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?.... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain:

Scne		33-0010	005	Page 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 conducted in:	1 1		
	a The organization's facility	13.2		%
	n outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name ►			
	Address >			
k	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization solution and to of gaming revenue retained by the third party to Yes,' enter name and address of the third party:	ue?the amount	<u> </u>	No
	Name >			
	Address ►			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	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	the		
Dav	organization's own exempt activities during the tax year > \$ tiv Supplemental Information. Provide the explanations required by Part I, line 2b, co	1	"	
rai	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	iumns (ii y additio	i) and (v nal	v),

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

at www.irs.gov/form990.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEWPORT HARBOR FOOTBALL BOOSTERS

33-0010005

Employer identification number

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	\$ 709.
COACHES CLOTHING	2,895.
COACHES STIPEND.	10,440.
CONFERENCE	5,000.
EQUIPMENT	3,277.
GAME BALLS	2,712.
GAME DAY TRANSPORTATION.	• • - •
GAME JERSEYS	2,317.
	20,851.
Information Technology	120.
Insurance	1,468.
MEMBERSHIP	1,815.
Office Expenses	85.
PLAYOFFS	1,412.
SCHOLARSHIP	1,000.
SPIRIT WEAR	8,084.
SUMMER CAMP	58,500.
SUMMER LEAGUE RENTAL	•
UNIFORMS	1,000.
	2,177.
VIDEOGRAPHY	6,799.
WIVES & MOMS	 394.
Total	\$ 131,055.

Form 990-EZ, Part II, Line 26 **Total Liabilities**

				<u>Begir</u>	<u>ning</u>	 Ending
Accounts Payable	and	Accrued	Expenses	\$	0.	\$ 7,000.
			Total	\$	0.	\$ 7,000.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROVIDE EQUIPMENT, UNIFORMS AND SUPPLIES FOR NEWPORT HARBOR HIGH SCHOOL FOOTBALL TEAM.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

PROVIDE EQUIPMENT, UNIFORMS AND SUPPLIES FOR NEWPORT HARBOR HIGH SCHOOL FOOTBALL TEAM. THE BOYS FOOTBALL PROGRAM CONSISTS OF 3 TEAMS OF VARSITY 50 PLAYERS, JUNIOR VARISTY 20 PLAYERS AND FRESHMAN 50 PLAYERS FOR A TOTAL OF 120 STUDENT-PLAYERS. A SUMMER SKILLS CAMP IS ALSO OFFERED AND FUNDED FOR ALL PLAYERS WHO WISH TO TRY OUT FOR THE UPCOMING SEASON.

Name of the organization

NEWPORT HARBOR FOOTBALL BOOSTERS

Schieddie O (10111 990 01 990-122) 2014

Employer identification number
33-0010005

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) D	Did the organization, during the year, receive any funds, directly or	
indire	ectly, to pay premiums on a personal benefit contract?	No
(b) D	oid the organization, during the year, pay premiums, directly or	
indire	ectly, on a personal benefit contract?	No

-orm **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• I	f you are filing for a	n Automatic 3-Month Extension, cor	nplete only	Part I and check this box			X
•	f you are filing for a	n Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	nis form	n).	
Do n	ot complete Part II	unless you have already been grante	d an autom	atic 3-month extension on a previously	filed Fo	orm 8868.	
corporeque Asso	tronic filing (e-file). oration required to est an extension of ti ociated With Certain	You can electronically file Form 8868 file Form 990-T), or an additional (not me to file any of the forms listed in Part	3 if you need t automatic) I or Part II woust be sent	d a 3-month automatic extension of time 3-month extension of time. You can el- vith the exception of Form 8870, Information to the IRS in paper format (see instruc	e to file	e (6 months for a cally file Form 8868 to) ie
Par	t I Automat	ic 3-Month Extension of Time	Only sub	omit original (no copies needed)			
			<u>-</u>	-month extension — check this box and		ote Part Lonly	$\overline{}$
							Ш
incol	ne tax returns.	ncidaling 1120-C mers), partnerships,	REIVIICS, ai	nd trusts must use Form 7004 to reques	t an ex	tension of time to file	
	IN .			Enter filer's identi		number, see instructio	
T		npt organization or other filer, see instructions.			Employ	yer identification number (EIN	l) or
Type print							
•	Number street	I HARBOR FOOTBALL BOOSTS et, and room or suite number. If a P.O. box, see in				0010005	
File by due da	ite for		istructions.		Social	security number (SSN)	
filing y return.	our P O BO	X 1533 post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.			
instruc		Г ВЕАСН, СА 92659					
Ente	r the Return code fo	or the return that this application is fo	r (file a sep	parate application for each return)		01	
Appl is Fo	ication r		Return Code	Application Is For		Retur Code	
Form	990 or Form 990-EZ		01	Form 990-T (corporation)	-	07	
Form	990-BL		02	Form 1041-A		08	_
Form	4720 (individual)		03	Form 4720 (other than individual)		09	
	990-PF		04	Form 5227		10	
		(a) or 408(a) trust)	05	Form 6069		11	
Form	990-T (trust other	than above)	06	Form 8870		12	
T If	the organization dithis is for a Group heck this boxne extension is for. I request an automa until 11/15	49) _632-5318	Fax No. siness in the digit Group heck this bo	e United States, check this box Exemption Number (GEN) . If ox ► and attach a list with the na	this is	for the whole group,	s
2		eginning $4/01$, 20 14 ered in line 1 is for less than 12 month punting period		<u></u>	ıal retu	rn	
3 a	If this application is	s for Forms 990-BL, 990-PF, 990-T, 4	720, or 606	9, enter the tentative tax, less any	3 a	\$	
	tax payments mad	e. Include any prior year overpaymen	t allowed as	any refundable credits and estimated s a credit	3 b		0.
С	Balance due. Subtr EFTPS (Electronic	ract line 3b from line 3a. Include your Federal Tax Payment System). See i	payment w nstructions.	vith this form, if required, by using	3 c	\$ (o .

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2014 California Exempt Organization Annual Information Return

FORM

199

	ear 2014 or fiscal year beginning (mm/dd/yyyy) 4/01/2014, and er	nding (mm/dd/yyyy) 3/31/2(
Corporation/O	ganization name		California corporation number
	HARBOR FOOTBALL BOOSTERS		C1225494
Additional info	mation. See instructions.		FEIN
Street address	(suite or room)		33-0010005 PMB no.
			FINID NO.
City	. 1000	State	ZIP code
	BEACH	CA	92659
Foreign countr	name	Foreign province/state/county	Foreign postal code
		DOTO 0 - 1 - 00701 1 - 1	
A First Ret		t under R&TC Section 23701d, has the ion engaged in political activities?	
B Amended		uctions	• Yes X No
C IRC Secti	on 4947(a)(1) trust		
		ganization exempt under R&TC Section 23	701g? • Yes X No
• [] M	If 'Yes,' 6	enter the gross receipts from	
	ter date (mm/dd/yyyy) ●	per sources	Ş
E Check ac	counting method:	zation is exempt under R&TC Section 237	01d
	and meet	s the filing fee exception, check box. fee is required	• 🗆
F Federal r	·	Too 13 Toquirou	
1 ● [990T 2 ● 990-PF 3 ● Sch H (990) M Is the or	ganization a Limited Liability Company? .	• Yes X No
L	proup filing? See instructions Yes X No N Did the o	rganization file Form 100 or Form 109 to	
	taxable ir	ncome?	
H Is this or		panization under audit by the IRS or has t	
	what is the parent's name?	n a prior year?	
·			
		Form 1023/1024 pending?	• ∐Yes ∐No
I Did the o	rganization have any changes to its guidelines Date filed ed to the FTB? See instructions Yes X No	with IRS	
			CACA1112L 12/08/14
Part I	Complete Part I unless not required to file this form. See General Instru		
	1 Gross sales or receipts from other sources. From Side 2, Part II, lin		152,611.
Receipts	2 Gross dues and assessments from members and affiliates	-	2
and	3 Gross contributions, gifts, grants, and similar amounts received		35,400.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through li		
	This line must be completed. If the result is less than \$50,000, see	100 March	188,011.
	· · · · · · · · · · · · · · · · · · ·	5	CANTO NO.
	6 Cost or other basis, and sales expenses of assets sold		
	7 Total costs. Add line 5 and line 6		7
	8 Total gross income. Subtract line 7 from line 4		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		100,000.
	10 Excess of receipts over expenses and disbursements. Subtract line		77403.
	11 Filing fee \$10 or \$25. See General Instruction F	·	+0.
Filing Fee	12 Total payments13 Penalties and Interest. See General Instruction J		
ree			
	14 Use tax. See General Instruction K15 <u>Balance due. Add line</u> 11, line 13, and line 14.	• 14	
	Then subtract line 12 from the result		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying sch correct, and complete Daden tip of preparer (other than taxpayer) is based on all information of	edules and statements, and to the best of results of the best of results and to the best of results of the best of the bes	ny knowledge and belief, it is true,
Here	Signature ▶ of officer	Date Date	Telephone
	LINDIDINI		949.632.5318
	Preparer's Date	Check if self-	● PTIN
Paid Preparer's	1371-2-3142-3-7-1-1-1-2	Self- employed ► X	P00170285
Use Only	Firm's name (or yours, if		-
-	self-employed) F.O BOX 12212		Telephone
	COSTA MESA, CA 92627		4
	May the ETD discuss this values with the second to the CO	.1	(949) 223-0221
	May the FTB discuss this return with the preparer shown above? See in	structions	X Yes No

NEWPORT HARBOR FOOTBALL BOOSTERS

Part | Organizations with gross receipts of more than \$50,000 and private foundations

1 Cash		r	egar	dless of amount of gross receipts	 complete Part II or furni 	sh substitute informatio	n.		
Pacific Sources 2 Interests 3 4 5 5 5 5 5 5 5 5 5			1	Gross sales or receipts from al	l business activities. See	instructions		1	
Receipts forms of Coros rents			2					_	2
A Gross rents 4 Gross rents 5 Gross amount received from sale of assets (See instructions) 5 Gross rents 6 Gross amount received from sale of assets (See instructions) 6 Gross ready from the received from sale of assets (See instructions) 6 Gross ready from the received from sale of assets (See instructions) 6 Gross ready from the received from sale of assets (See instructions) 7 Other income, gits, grants, and similar encounts paid. Altch schedule 9 Gross regular from the ready of the re			_						
Sources Cross royalties S Gross royalties S Gross amount received from sale of assets (See instructions) SEE STATEMENT 7 152,611.		pts	_					_	
Sources 6 Cross amount received from sale of assets (See instructions). 7 Other income. Attach schedule. 8 Total gross alse or recepts from other succes. Add line 1 through line 7. Enter here and on Side I, Part I, Ine 1. 9 Contributions, gifts, grants, and striviar amounts pad. Attach schedule. 10 Disbursements to or for members. 11 Compensation of officers, directors, and trustees. Attach schedule. SER STATEMENT 2 • 110 Compensation of officers, directors, and trustees. Attach schedule. SER STATEMENT 2 • 111 0. 12 Compensation of officers, directors, and trustees. Attach schedule. SER STATEMENT 2 • 112 111 0. 12 Compensation of officers, directors, and trustees. Attach schedule. SER STATEMENT 2 • 112 111 0. 13 Interest. 14 Taxes. 15 Depreciation and depletion (See instructions). 16 Depreciation and depletion (See instructions). 17 Other Expenses and Disbursements. Attach schedule. SER STATEMENT 3 • 16 15 18 18 180,606. Schedule L Balance Sheets Beginning of taxable year End of taxable year Assets 9 O			•						•
7 Other income. Attach schedule. SPE_STATEMENT			•						-
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 1, line 1.			-						-
9 Certifizations, gifts, grafts, and similar amounts paid. Attach schedule			-						102/011.
10			-						132,011.
11 Compensation of officers, directors, and trustees. Attach schedule. SEE, STATEMENT 2			-						
12 Strees 12 Strees 13 Strees 13 Strees 14 Taxes 14 Taxes 15 Strees 15 Strees 16 Strees 16 Strees 17 Strees 17 Strees 18 Strees 18 Strees 19			-	Dispursements to or for member	ers		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Expenses 13 Interest. 14 Taxes. 14 Taxes. 16 16 17 Taxes. 16 16 17 Taxes. 18 Tax		- 1						L	U.
13 15 15 15 15 15 15 15	Eypei	1000							
15	and		13						
15 Netter Expenses and Disbursements, Attach schedule. SEE, STATEMENT. 3 16 177 Other Expenses and Disbursements, Attach schedule. SEE, STATEMENT. 3 178 180,606. 18 180			14						1
17 Other Expenses and Disbursements. Attach schedule. SEE, STATEMENT. 3 • 18 0,666. 18 1 total appraises and cisusments. Add line 9 through line 17. Either here and on Side 1, Part 1, line 9. 18 180,666. Schedule L Balance Sheets Beginning of taxable year End of taxable year End of taxable year See	mem	•	15					15	5
18		1						16	3
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.			17						180,606.
Schedule Balance Sheets Beginning of taxable year End of taxable year			18	Total expenses and disbursements. Add	l line 9 through line 17. Enter h	ere and on Side 1, Part I, Iin	e 9	. 18	
Cash	Sche	dule	L	Balance Sheets	Beginning o	f taxable year	En	d of ta	
2 Net accounts receivable. 3 Net notes receivable. 4 Inventories. 5 Federal and state government obligations. 6 Investments in other bords. 9 Other investments in stock. 8 Mortgage loans. 9 Other investments in stock. 10 a Depreciable assets b	Asset	S			(a)	(b)	(c)		(d)
3 Net notes receivable					A	22,973.			• 37,378.
4 Inventories. 5 Federal and state government obligations. 6 Investments in other bonds. 7 Investments in stock. 8 Mortgage loans. 9 Other investments. Attach schedule. 10 a Depreciable assets. b Less accumulated depreciation. 11 Land. 12 Other assets. Attach schedule. 13 Total assets. 14 Accounts payable. 15 Contributions, grifs, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 22 , 973. 30 , 378. 18 Capital stock or principal fund. 22 , 973. 30 , 378. 25 Chedule M-1 Reconciliation of income per books with income per return. 27 Total liabilities and net worth. 28 Excess of capital losses over capital gains. 4 Income per books. 4 Income per books. 5 Expenses recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return, Attach schedule. 6 To Net income per return.									•
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b Less accumulated depreciation					and the second s			9-7	•
11 Land									Pro LAN
12 Other assets. Attach schedule	b	Less accu	ımula	ated depreciation					
13 Total assets. Liabilities and net worth 14 Accounts payable									•
Liabilities and net worth 14 Accounts payable	12	Other ass	ets.	Attach schedule	22 (1) (1) (2) (2) (2) (3) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				•
14 Accounts payable	13	Total ass	ets.			22,973.	71-1		37,378.
15 Contributions, gifts, or grants payable	Liabili	ities an	d ne	et worth			7 . 1 . <u>7 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . </u>		
16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. 25 Chedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books. 2 Federal income tax. 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 9 Total. Add line 7 and line 8. 10 Net income per return.	14	Accounts	paya	ble					• 7,000.
17 Mortgages payable	15	Contributi	ons,	gifts, or grants payable					•
18 Other liabilities. Attach schedule	16	Bonds an	d not	es payable					•
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22 Total liabilities and net worth. Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. Net income per books. Federal income tax. Excess of capital losses over capital gains. Income not recorded on books this year. Attach schedule. Expenses recorded on books this year not deducted in this return. Attach schedule. Total liabilities and net worth. 22,973. 7 Income recorded on books this year not included in this return. Attach schedule. 8 Deductions in this return not charged against book income this year. Attach schedule. Total. Add line 7 and line 8. Net income per return.									•
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5 Expenses recorded on books this year not deducted in this return. Attach schedule						***************************************			
in this return, Attach schedule					-				
		,					3011111	,	



WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2014 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations - File and Pay by March 16, 2015

Fiscal year filers - See instructions

Employees' trust and IRA - File and Pay by April 15, 2015 Calendar year exempt orgs - File and Pay by May 15, 2015

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

DETACH HERE _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM _ _ _ DETACH HERE _ _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment for Automatic Extension** 2014 for Corps and Exempt Orgs

CALIFORNIA FORM

3539 (CORP)

0000000 NEWP 33-0010005 00000000000 14 FORM 3

04-01-2014 TYB TYE 03-31-2015

NEWPORT HARBOR FOOTBALL BOOSTERS

ROBERT SHAW

P O BOX 1533

NEWPORT BEACH CA 92659

9496325318

TOTAL PAYMENT AMT

10.

)14	California Statemer	nts		Page
NEWI	PORT HARBOR FOOTBALL E	BOOSTERS		33-001000
Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events			\$	114,119.
Program Service Revenue			Total \$	38,492. 152,611.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, 1	Frustees and Key Employees			
Current Officers: Name and Address	Title and Average Hours Per Week Devoted	Compen-	Contri- bution to	Expense Account/ Other
ROBERT SHAW PO BOX 1533 NEWPORT BEACH, CA 92659			\$ 0.	
JEANNE TARAZEVITS PO BOX 1533 NEWPORT BEACH, CA 92663	Treasurer 10.00	0.	0.	
MARY LYNN GADDIS PO BOX 1533 NEWPORT BEACH, CA 92663	Vice President 3.00	0.	0.	(
CLARKE SMITH PO BOX 1533 NEWPORT BEACH, CA 92663	Vice President 3.00	0.	0.	(
JULIE THORNTON-ADAMS PO BOX 1533 NEWPORT BEACH, CA 92663	Secretary 3.00	0.	0.	(
BRAD DEL VALLE PO BOX 1533 NEWPORT BEACH, CA 92663	Treasurer 5.00	0.	0.	(
TOM KINDER PO BOX 1533 NEWPORT BEACH, CA 92663	President 5.00	0.	0.	(
	Total	\$ 0.	\$ 0.) (
Statement 3 Form 199, Part II, Line 17 Other Expenses			en de la companya de	
Accounting Fees				395. 709. 2,895.

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California Statements

Page 2

NEWPORT HARBOR FOOTBALL BOOSTERS

33-0010005

Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses

CONFERENCE EQUIPMENT GAME BALLS	5,000. 3,277. 2,712.
GAME DAY TRANSPORTATION	2,317.
GAME JERSEYS	20,851.
Information Technology	120.
Insurance	1,468.
MEMBERSHIP	1,815.
Office Expenses	85.
Other feesPLAYOFFS	2,943.
PLAYOFFS Postage and Shipping	1,412.
Printing and Publications	139.
SCHOLARSHIP.	183. 1,000.
Special Event Expenses	45,891.
SPIRIT WEAR	8,084.
SUMMER CAMP	58,500.
SUMMER LEAGUE RENTAL	1,000.
UNIFORMS	2,177.
VIDEOGRAPHY	6,799.
WIVES & MOMS	394.
Total	\$ 180,606.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number	053343			Check if:		address		
	000010				nded r			
NEWPORT HARBOR FOOTBALI Name of Organization	BOOST	rers			iucu i			
P O BOX 1533 Address (Number and Street)				Corporat	te or C	Organization No. C1225494		
NEWPORT BEACH, CA 92659	9			Federal E	Employ	ver I.D. No. 33-0010005		
City or Town	DATION D	State ZIP C	Code			ections 301-307, 311 and 312)		
ANNOAE REGISTR	lake Chec	k Payable to Att	orney General's R	Registry o	of Cha	ritable Trusts		
Gross Annual Revenue	Fee	Gross Annual	Revenue	F	Fee	Gross Annual Revenue		Fee
Less than \$25,000	0		001 and \$250,000		\$50	Between \$1,000,001 and \$10 mill		\$150
Between \$25,000 and \$100,000	\$25	Between \$250,	001 and \$1 million	n	\$75	Between \$10,000,001 and \$50 mil		\$225 \$300
PART A - ACTIVITIES		<u></u>				areater than \$50 minor	4	,500
For your most recent full accou	ınting peri	iod (beginning	4/01/14	endi	ng	3/31/15) list:		
Gross annual revenue \$								
PART B - STATEMENTS REC	GARDIN	G ORGANIZA	ATION DURING	THE P	ERIC	DD OF THIS REPORT		
						providing an explanation and deta	ils for a	ach
'yes' response. Please revi	ew RRF-1	instructions for	information requ	ired.				
During this reporting period, were organization and any officer, direct director or trustee had any finanticular trustee.	tor or truste	ee thereof either c	ns, leases or othe directly or with an e	er financia Intity in wh	al tran	sactions between the y such officer,	Yes	No
During this reporting period, was the property or funds?			nt, diversion or mise	use of the	organi	zation's charitable		
3 During this reporting period, did	non-produ	ram ovnanditura	s avoined 50% of	grace roll		2		<u> </u>
4 During this reporting period, were	anv organiz	zation funds used	to pay any nenalty				lП	
Form 4720 with the Internal Rev 5 During this reporting period, were	e the serv	vices of a comme	ercial fundraiser o	r fundrais	sing co	ounsel for charitable		
purposes used? If 'yes,' provide ar provider.	n attachme	nt listing the name	e, address, and tele	ephone nu	ımber (of the service		X
6 During this reporting period, did the the name of the agency, mailing	e organizat j address,	tion receive any g contact person,	overnmental fundin	ıg? If so, p ımber.	provide	an attachment listing		X
7 During this reporting period, did the indicating the number of raffles	e organizat	tion hold a raffle f	or charitable purpo		es,' pro	vide an attachment		X
Does the organization conduct a very the program is operated by the charitable purposes.	ehicle dona	ation program? If '	ves ' provide an at	tachment i s with a c	indicat	ing whether rcial fundraiser for		X
Did your organization have prep principles for this reporting period	ared an au	udited financial s	statement in accor	rdance wi	ith ger	nerally accepted accounting		X
Organization's area code and telepho	ne numbe	er 949.632.	5318					1
Organization's e-mail address				111111111111111111111111111111111111111				
I declare under penalty of perjury tha	at I have e	xamined this rer	nort, including ac	Company	ina d	ocuments and to the hest of much	nowled	
and belief, it is true, correct and com	plete.		-v. y moraumy ac	company	ing ut	rounding with to the best of fifty K	nowied	ye
	ΨΩм	KINDER	,	PRESID	יחואים			
Signature of authorized officer	Printed			itle	/1717 T	Date		

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-1150

2014

Open to Public Inspection

Α	For t	he 2014 calendar year, or tax year beginning 4/01 , 2014, and ending 3/31	, 2015
B	Check	if applicable: C	Employer identification number
Н	Name	change NEWPORT HARBOR FOOTBALL BOOSTERS	33-0010005
H	Initial r	P O BOX 1533 E T	elephone number
H		INTURDADO DE ACLE CA COLEA	949.632.5318
H			Group Exemption
П		I IF C	Jumber ►
G	Acco	unting Method: Cash Accrual Other (specify) ► H Check ►	X if the organization is not
		site: NEWPORTNARBORFOOTBALL.ORG required to	attach Schedule B
J	Tax-ex	tempt status (check only one) $ \overline{X}$ 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$ 527 (Form 990)	, 990-EZ, or 990-PF).
		of organization: X Corporation Trust Association Other	
	asset	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totals (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$ 188,011.
Pa	nt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	
		Check if the organization used Schedule O to respond to any question in this Part I	
	1	Contributions, gifts, grants, and similar amounts received	00/1001
	2	Program service revenue including government fees and contracts	00,101
	3	Membership dues and assessments	. 3
	4	Investment income	. 4
	5 a	Gross amount from sale of assets other than inventory 5 a	7.5.7.7 7.5.7.7.7 1.5.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
	b	Less: cost or other basis and sales expenses	
	с 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5 c
Ŗ	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
Ž		Gross income from fundraising events (not including \$ of contributions	
REVENUE	_	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	С	Less: direct expenses from gaming and fundraising events 6 c 45,891.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 68,228.
	7 a	Gross sales of inventory, less returns and allowances	
	b	Less: cost of goods sold	S (see See
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8	Other revenue (describe in Schedule O)	. 8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 142,120.
	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	. 11
E	12	Salaries, other compensation, and employee benefits	. 12
XPENSES	13	Professional fees and other payments to independent contractors	13 3,338.
Ŋ	14	Occupancy, rent, utilities, and maintenance	
Ē	15	Printing, publications, postage, and shipping	15 322.
3	16	Other expenses (describe in Schedule O)	16 131,055.
	17	Total expenses. Add lines 10 through 16	17 134,715.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,405.
ASSET'S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	r
ŢŢ	20	Other changes in net assets or fund balances (explain in Schedule O)	
J	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	
BA		r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2014)

Page 2

Га	Check if the organization used Sche	ructions for Part II) edule O to respond to any qu	estion in this Part II	l			X
			,		nning of ye		(B) End of year
22	Cash, savings, and investments				22,973	. 22	37,378.
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	
25 26	Total liabilities (describe in Schedule O)	See Schedul	e 0		22,973	. 25	37,378.
27	Net assets or fund balances (line 27 of				<u>0</u> 22,973	•	7,000. 30,378.
Pai	t III Statement of Program Service Ac					. 27	Expenses
	Check if the organization used Sci	hedule O to respond to any	question in this Part	III	X	(Real	ired for section 501
What	is the organization's primary exempt purpose? See	e Schedule O					and 501(c)(4)
mea	cribe the organization's program service a sured by expenses. In a clear and concise filted, and other relevant information for e	e manner, describe the servi	its three largest pro ces provided, the nu	gram servi imber of p	ces, as ersons		izations; optional ners.)
28	Coo Cahadula O						
	pee penedate 0						:
	(Grants \$) If th	is amount includes foreign g	rants, check here		►	28 a	128,673.
29							
	(Grants \$) If thi	is amount includes foreign g			· · · · · · · · · · · · · · · · · · ·		
30						29 a	
50							
	(Grants \$) If thi	is amount includes foreign g	rants, check here.	- 	→ []	30 a	
31	Other program services (describe in Sch-	edule O),					
		is amount includes foreign g				31 a	
	Total program service expenses (add lir					32	128,673.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one	even if not col	mpensated — s	ee the ir	structions for Part IV)
	Check if the organization used Sch		1	1			<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MISC		Health benefit utions to employers, and def	oyee erred	(e) Estimated amount of other compensation
	DEDE CITAG	position	(If not paid, enter -0-)		ompensation		outor compensation
	BERT_SHAW	15					0
	NNE TARAZEVITS	ТЭ		0.		0.	0.
	easurer	10		0.		0.	0.
	RY LYNN GADDIS			<u> </u>			0,
	e President	3		0.		0.	0.
	ARKE SMITH						
	e President	3		0.		0.	0.
	IE_THORNTON-ADAMS						
	retary D DEL VALLE	3		0.		0.	<u> </u>
	easurer	5		0		_	0
	KINDER	J		0.		0.	0.
	sident	5		0.		0.	0.
							<u> </u>
BAA		TEEA0812L 0	5/28/14				F 000 F7 (001 f)
		IEEAUOIZL U	J1 L01 17				Form 990-EZ (2014)

the instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Part V	e 0 	X
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	
If Yes, provide a detailed description of each activity in Schedule O	monte if they reflect	3	X
a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)		1	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activ			+
(such as those reported on lines 2, 6a, and 7a, among others)?		5a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e).		5 b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	3!	i c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		7
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	0.	,	X
b Did the organization file Form 1120-POL for this year?		7 b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee o any such loans made in a prior year and still outstanding at the end of the tax year covered by this return	r were	За	
b If 'Yes,' complete Schedule L, Part II and enter the total		24	X
amount involved	N/A		
a Initiation fees and capital contributions included on line 9	N/A		
b Gross receipts, included on line 9, for public use of club facilities	N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	20000		
section 4911 ► 0.; section 4912 ► 0.; section 4955 ►	0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49 benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that h	958 excess has not been		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40)b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.		
managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			1997
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		le	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		le	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		e	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► None		le	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Telephon			
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed ► None 42a The organization's books are in care of ► ROBERT SHAW Telephon Located at ► P O BOX 1533 NEWPORT BEACH CA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	ne no. ► (949) 63 P + 4 ► 92659 er a	32-53 Yes	18
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Telephon Located at ► P O BOX 1533 NEWPORT BEACH CA	ne no. ► (949) 6: P + 4 ► 92659	32-53 Yes	18
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Telephon Located at ► P O BOX 1533 NEWPORT BEACH CA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account.)	ne no. ► (949) 63 P + 4 ► 92659 er a	32-53 Yes	18
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Telephon Located at ► P 0 BOX 1533 NEWPORT BEACH CA ZIF b At any time during the calendar year, did the organization have an interest in or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ne no. ► (949) 6: P + 4 ► 92659 er a punt)?	32-53 Yes	18 No X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed None 42 a The organization's books are in care of ROBERT SHAW Telephon Located at P O BOX 1533 NEWPORT BEACH CA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ne no. ► (949) 6: P + 4 ► 92659 er a punt)?	32-53 Yes	18 No X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Telephon Located at ► P 0 BOX 1533 NEWPORT BEACH CA ZIF b At any time during the calendar year, did the organization have an interest in or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ne no. ► (949) 6: P + 4 ► 92659 er a punt)?	32-53 Yes	18 No X X X N/A N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed None 42 a The organization's None 43 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ne no. ► (949) 6: P + 4 ► 92659 er a punt)?	32-53 Yes	18 No X X X N/A N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filled None 42 a The organization's books are in care of ROBERT SHAW Telephon Located at POBOX 1533 NEWPORT BEACH CA ZIF b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ne no. ► (949) 6: P + 4 ► 92659 er a bunt)?	32-53 Yes b Yes	No X N/A N/A No X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ None 42 a The organization's books are in care of ▶ ROBERT SHAW Telephon Located at ▶ P O BOX 1533 NEWPORT BEACH CA ZIF b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country:▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ate no. ► (949) 6: P + 4 ► 92659 er a bunt)?	32-53 Yes b Yes Yes	18 No X X No X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T. 41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Located at ► P O BOX 1533 NEWPORT BEACH CA ZIF b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ate no. ► (949) 6: P + 4 ► 92659 er a bunt)?	32-53 Yes b Yes	No X N/A N/A No X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-T. 41 List the states with which a copy of this return is filed None 42 a The organization's books are in care of ROBERT SHAW	ate no. ► (949) 63 P + 4 ► 92659 er a bunt)?	32-53 Yes b Yes C Yes	No X N/A N/A No X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T. 41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► ROBERT SHAW Located at ► P O BOX 1533 NEWPORT BEACH CA ZIF b At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ate no. ► (949) 63 P + 4 ► 92659 er a bunt)?	32-53 Yes b Yes Yes d	18 No X X X X X X X X X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed None 42a The organization's books are in care of NOBERT SHAW Telephon Located at P 0 BOX 1533 NEWPORT BEACH CA If the Account of	ate no. ► (949) 63 P + 4 ► 92659 er a bunt)? 42 42 43 d 44 44 44 45	32-53 Yes b Yes c Yes a b c d a	No X N/A N/A No X X X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed None 42 a The organization's books are in care of ROBERT SHAW Telephon Located at P O BOX 1533 NEWPORT BEACH CA 43 tany time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	ate no. ► (949) 63 P + 4 ► 92659 er a punt)? 42 42 43 44 44 45 b)(13)? If 'Yes,' 45	32-53 Yes b Yes c Yes a b c d a	No X N/A No X X X X X

·						Yes	No
46 Did cand	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campa e Schedule C. Part I…	ign activities on behalf o	of or in opposition to	46		Х
	Section 501(c)(3) organizations				1111		<u> </u>
	All section 501(c)(3) organization		uestions 47-49b and	d 52, and complete	the tabl	es	
	for lines 50 and 51.			,			
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.				. П
						Yes	No
47 Did t	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax year? If 'Yes,'	47		1,7
	e organization a school as described in s					+	X
	the organization make any transfers to an					-	X
	es,' was the related organization a section						^
50 Com	plete this table for the organization's five hig	hest compensated emplo	vees (other than officers,	directors, trustees and k	1	1	
emp	oyees) who each received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	•		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other cor	ted amou mpensation	
None							
							
f Tota	I number of other employees paid over \$	00 000			l		
	plete this table for the organization's five hig	•	endent contractors who ea	ach received more than \$	100 000 of		
com	pensation from the organization. If there i	s none, enter 'None.'			100,000 01		
	(a) Name and business address of each independent co	ontractor	(b) Type (of service	(c) Com	pensatio	n
None							
d Tota	I number of other independent contractors	s each receiving over \$	100.000				
52 Did t	he organization complete Schedule A? N	ote. All section 501(c)(3) organizations must at	tach a			
	oleted Schedule A				. ► X Ye	s L	No
Under penaltic true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying scheor) is based on all information of	dules and statements, and to the of which preparer has any knowle	e best of my knowledge and bel edge.	ief, it is		
		0000					
Sign	Signature of officer			Date			
Here	TOM KINDER ULLINU	UUII		President			
	Type or print name and title	De de maria					
	Print/Type preparer's name	Kehale English the COA	Date	Check A if	TIN		
Paid	ROB CAMPBELL CPA	ROB CAMPBELL C	PA (7/5)		0017028	<u> 35</u>	
Preparer	Firm's name ► Robert E. Campbe	ell, CPA					
Use Only	Firm's address ► P.O BOX 12212	22.627		Firm's EIN	0) 000		
NA	Costa Mesa, CA			Phone no. (94		0221	
way the IF	S discuss this return with the preparer sh	iown above? See instri	actions		·		No
					Form 99	0-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2014

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

NEW	PORT HARBOR FOOTBALL	BOOSTERS				33-001000	5
Par	t I Reason for Public Ch	arity Status (All o	rganizations must	comple	te this	part.) See instruc	tions.
The	organization is not a private foun						
1	A church, convention of church	hes, or association of c	hurches described in sec	tion 170(b)(1)(A)	(i).	
2	A school described in section	on 170(b)(1)(A)(ii). (Ati	tach Schedule E.)				
3	A hospital or a cooperative	hospital service organ	nization described in se	ction 17	0(b)(1)(A	AXiii).	
4	A medical research organiza						nter the hospital's
	name, city, and state:	······					·
5	An organization operated for t	he benefit of a college of	or university owned or op	erated by	y a gove	rnmental unit described i	n section
6	A federal, state, or local gov		ental unit described in s	section 1	70(b)(1	ΧΑΧν).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial r					olic described
8	A community trust described	d in section 170(b)(1)((A)(vi). (Complete Part	II.)			
9	An organization that normally from activities related to its exinvestment income and unre June 30, 1975. See section	elated business taxabl	le income (less section	rom contr and (2) r 511 tax)	ributions no more nore b	, membership fees, and on than 33-1/3% of its suppo- usinesses acquired by	gross receipts ort from gross the organization after
10	An organization organized a	and operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).	
11	An organization organized a or more publicly supported or lines 11a through 11d that d	organizations describe escribes the type of s	ed in section 509(a)(1) oupporting organization	or sectio and con	n 509(a iplete lii)(2). See section 509(a nes 11e, 11f, and 11g.	(3). Check the box in
а	organization(s) the power to recomplete Part IV, Sections	egularly appoint or elect A and B.	t a majority of the directo	rs or trus	tees of t	he supporting organization	on. You must
b	management of the supporting must complete Part IV, Section 19	j organization vested in t ions A and C.	the same persons that c	ontrol or	manage	the supported organizati	on(s). You
С	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations). You must com	tion operated in connectio plete Part IV, Sections	n with, ar A, D, an	nd functio d E.	onally integrated with, its	supported
d	X Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting ord	ianization operated in cor	nection	with its s	supported organization(s)	that is not
е	Check this box if the organiz integrated, or Type III non-fu	zation received a writt unctionally integrated	en determination from supporting organization	the IRS	that is a	Type I, Type II, Type I	
f	Enter the number of supported	organizations		, , , , , , , ,			
g	Provide the following information	on about the supported	d organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I organizat in your g docum	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(R)							
(B)							
(C)							
(D)							
(E)							
Total						0.	0.

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	ecked the box on line 5, 7, or alify under the tests listed	8 of Part I or if the o	organization failed to	qualify under Part III. If the
ı A. Public Support				

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale begi	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) 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	125 137 147 147 147 147 147 147 147 147 147 14		A Committee of the Comm			
Sec	tion B. Total Support	***************************************	1				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	▶ []
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20					1	%
	Public support percentage from					<u> </u>	%
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pul	did not check the blicly supported o	box on line 13, an	d the line 14 is 3	3-1/3% or more, ch	neck this box
b	33-1/3% support test — 2013. If t and stop here. The organization	he organization d qualifies as a pu	lid not check a bo blicly supported o	ox on line 13 or 16a organization	a, and line 15 is 3	33-1/3% or more, c	heck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	st – 2014. If the omeets the 'facts-and-circumstand	organization did r and-circumstance es' test. The orga	not check a box on s' test, check this l anization qualifies	line 13, 16a, or 1 box and stop he r as a publicly supp	6b, and line 14 is e. Explain in Part \ ported organization	10% /I how ▶ □
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	st — 2013. If the omeets the 'facts-ad-circumstances'	organization did r and-circumstance test. The organiza	not check a box on s' test, check this l ation qualifies as a	line 13, 16a, 16b oox and stop he r publicly supporte	, or 17a, and line 1 e. Explain in Part \ ed organization	5 is 10% /I how the
18	Private foundation. If the organize						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include						
_	any 'unusual grants.')	,					
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3							
	that are not an unrelated trade						
4	or business under section 513 Tax revenues levied for the						
4	organization's benefit and						
	either paid to or expended on						
5	its behalf						
J	facilities furnished by a						4
	governmental unit to the						
_	organization without charge						
	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						
	Add lines 7a and 7b						
	Public support (Subtract line						
٥	7c from line 6.)						
Sec	tion B. Total Support					-	
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	dar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6a Gross income from interest, dividends, payments received on securities loans,	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10:	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10 a	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10:	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10:	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10:	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10:	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10:	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 103 1 11	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10: 11 11 12	Amounts from line 6						
9 10: 11 11 12	Amounts from line 6	is for the organiza	ation's first, seco	nd, third, fourth, o	r fifth tax year as	a section 501 (c)(3	3)
9 10; 11 11 12 13 14	Amounts from line 6	is for the organize	ation's first, secon		r fifth tax year as	a section 501 (c)(3	3)
9 10; 11 11 12 13 14	Amounts from line 6	is for the organize	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
9 10: 11 11 12 13 14 Sec 15	Amounts from line 6	is for the organiza stop here	etion's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
9 10; 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiza stop here Dlic Support P 14 (line 8, columno 2013 Schedule A, estment Incon	etion's first, secon ercentage n (f) divided by lin Part III, line 15. ne Percentage	nd, third, fourth, one 13, column (f))	r fifth tax year as	a section 501(c)(3	3) ▶ □
9 10: 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	is for the organiza stop here Dlic Support P 14 (line 8, column 2013 Schedule A, estment Incor	ercentage n (f) divided by lin Part III, line 15. ne Percentage	nd, third, fourth, one 13, column (f))	r fifth tax year as	a section 501 (c) (3	3) ▶ □
9 10: 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organize stop here Dlic Support P 14 (line 8, column 2013 Schedule A, estment Incor or 2014 (line 10c, rom 2013 Schedule A)	ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divide le A, Part III, line	nd, third, fourth, one 13, column (f))e	r fifth tax year as	a section 501 (c) (3	3) 26 26 26
9 10: 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiza stop here Dlic Support P 14 (line 8, column 2013 Schedule A, estment Incordor 2014 (line 10c, rom 2013 Schedule the organization	ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divide le A, Part III, line did not check the	nd, third, fourth, one 13, column (f)) ed by line 13, column 17	r fifth tax year as	a section 501 (c) (3	3)
9 10: 11 11 12 13 14 Sec 15 16 Sec 17 18 19:	Amounts from line 6	is for the organiza stop here Dlic Support P 14 (line 8, column 2013 Schedule A, estment Incomor 2014 (line 10c, rom 2013 Schedule the organization this box and stop the organization the	ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divide le A, Part III, line did not check the b here. The organ	nd, third, fourth, one 13, column (f)) ed by line 13, column 17	r fifth tax year as mn (f)) nd line 15 is more s a publicly suppo	a section 501 (c) (3	3) % % % % nd line 17
9 10a 11 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6	is for the organiza stop here Diic Support P 14 (line 8, column 2013 Schedule A, estment Incord 2014 (line 10c, rom 2013 Schedule the organization this box and stop the organization check this box a	ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divide le A, Part III, line did not check the bend stop here. The	nd, third, fourth, on the 13, column (f)) ed by line 13, column 17	r fifth tax year as mn (f)) nd line 15 is more s a publicly suppone 19a, and line 1 alifies as a publicl	a section 501 (c) (3	8)

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		. ,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	За		Х
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		Х
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
١	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		X
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	1	X
ł	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		Х
(c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		X
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		X
ŀ	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		X
	b A family member of a person described in (a) above?	11b		X
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		X
Se	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	Taxasan a	Yes	No
,	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove			
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	1	
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		X
Sec	ction E. Type III Functionally-Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization of the parent of the supported organizations.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		74.30 37.30
3	Parent of Supported Organizations. Answer (a) and (b) below.			
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete	ovemb e Sect	er 20, 1970. See instructio ions A through E.	ns. All
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	,	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035,	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0.
2	Enter 85% of line 1	2		0.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0.
4	Enter greater of line 2 or line 3	4		0.
5	Income tax imposed in prior year	5		0.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0.
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting orga	nization
BAA			Schedule A (Form	990 or 990-EZ) 2014

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiz	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions	on is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С		Asset Services	A CONTRACTOR OF THE PROPERTY OF	
d				
е	From 2013			Company of the Compan
1	Total of lines 3a through e		Light State of the	
g	Applied to underdistributions of prior years			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
h	Applied to 2014 distributable amount		100	
i	Carryover from 2009 not applied (see instructions)			100
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			1 20
	line 7: \$		The state of the s	ter and the second seco
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4		建 着练	12.57
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c	N. W. A. CONTACT A C.		
8	Breakdown of line 7:	25 TO 100 TO		
а				
b	Street and the street of the s		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
С		2.22 (1878)		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
d	Excess from 2013		100	
е	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number NEWPORT HARBOR FOOTBALL BOOSTERS 33-0010005 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. Mail solicitations а Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?...... **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. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) organization (or retained by) fundraiser listed in or entity (fundraiser) from activity have custody or control of contributions? column (i) Yes No 1 2 3 4 5 6 7 8 9 10 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.

Page 2

Part II 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) FIREWORKS STAN PROGRAM SALES REVENUE (total number) (event type) (event type) **1** Gross receipts..... 35,895. 33,577 28,628 98,100. **3** Gross income (line 1 minus line 2)..... 33,577. 28,628 35,895. 98,100. 5 Noncash prizes..... DIRECT 6 Rent/facility costs..... 7 Food and beverages..... EXPENSES 8 Entertainment..... Other direct expenses..... 18,996. 9,369. 28,365. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 28,3<u>65.</u> 69,735. Part III 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. (a) Bingo (b) Pull tabs/instant (d) Total gaming (add column (a) through column (c)) (c) Other gaming REVENUE bingo/progressive bingo Gross revenue..... DIRECT 3 Noncash prizes..... 4 Rent/facility costs..... Other direct expenses..... Yes Yes Yes 6 Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... Net gaming income summary. Subtract line 7 from line 1, column (d)...... ▶ 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain:

		3-0010005	Page 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 conducted in:	1 1	
	The organization's facility	13a	8
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:		
	Name ►		
	Address ►		
b	Does the organization have a contact with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization \$\\$ and the of gaming revenue retained by the third party \$\\$ If 'Yes,' enter name and address of the third party:	?? Yes e amount	No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the comparison of t	he	
Part	organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	umns (iii) and (additional	(V),

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEWPORT HARBOR FOOTBALL BOOSTERS

Employer identification number 33-0010005

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion. COACHES CLOTHING. COACHES STIPEND.		709. 2,895. 10,440.
CONFERENCE		5,000.
EQUIPMENT		3,277.
GAME BALLS		2,712.
GAME DAY TRANSPORTATION		2,317.
GAME JERSEYS		20,851.
Information Technology		120.
Insurance.		1,468.
MEMBERSHIP.		1,815.
Office Expenses		85.
PLAYOFFS SCHOLARGUER		1,412.
SCHOLARSHIP		1,000.
SPIRIT WEARSUMMER CAMP		8,084.
SUMMER CAMP SUMMER LEAGUE RENTAL		58,500.
		1,000.
UNIFORMS VIDEOGRAPHY		2,177.
WIVES & MOMS		6,799. 394.
Total	8	131.055.
IOCAL	ې	131,055.

Form 990-EZ, Part II, Line 26 Total Liabilities

					<u>Beginn</u>	ing	 Ending
Accounts	Payable	and	Accrued	Expenses	\$	0.	\$ 7,000.
				Total	\$	0.	\$ 7,000.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROVIDE EQUIPMENT, UNIFORMS AND SUPPLIES FOR NEWPORT HARBOR HIGH SCHOOL FOOTBALL TEAM.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

PROVIDE EQUIPMENT, UNIFORMS AND SUPPLIES FOR NEWPORT HARBOR HIGH SCHOOL FOOTBALL TEAM. THE BOYS FOOTBALL PROGRAM CONSISTS OF 3 TEAMS OF VARSITY 50 PLAYERS, JUNIOR VARISTY 20 PLAYERS AND FRESHMAN 50 PLAYERS FOR A TOTAL OF 120 STUDENT-PLAYERS. A SUMMER SKILLS CAMP IS ALSO OFFERED AND FUNDED FOR ALL PLAYERS WHO WISH TO TRY OUT FOR THE UPCOMING SEASON.

Page 2 Name of the organization Employer identification number NEWPORT HARBOR FOOTBALL BOOSTERS 33-0010005

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you ar	e filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of the	is form	า).		
Do not com	plete Part II unless you have already been grant	ed an autom	natic 3-month extension on a previously	filed F	orm 8868.		
Electronic fi corporation request an ex Associated \	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (not stension of time to file any of the forms listed in Pari With Certain Personal Benefit Contracts, which not fing of this form, visit www.irs.gov/efile and click	68 if you nee ot automatic t I or Part II v nust be sent	d a 3-month automatic extension of time) 3-month extension of time. You can el- vith the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file ectroni	e (6 months cally file Fo	for a rm 8868 to ers etails on the	
Part I	Automatic 3-Month Extension of Time	. Only sul	bmit original (no copies needed)				
A corporatio	on required to file Form 990-T and requesting an				ete Part I o	nlv ▶ □	
	rporations (including 1120-C filers), partnerships,			t an ex	tension of t	time to file	
	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
Type or							
print File by the	NEWPORT HARBOR FOOTBALL BOOST Number, street, and room or suite number. If a P.O. box, see				33-0010005 Social security number (SSN)		
due date for	P O BOX 1533		- Columbia			()	
filing your return, See	City, town or post office, state, and ZIP code. For a foreign add	st office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	NEWPORT BEACH, CA 92659						
	HEMI ORI BEHOIT, CH 32003						
Enter the Re	eturn code for the return that this application is for	or (file a sep	parate application for each return)			01	
Application Is For		Return Code	Application Is For				
Form 990 or I	Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A				
Form 4720 (individual)		03	Form 4720 (other than individual)	ual)			
Form 990-PF		04	Form 5227				
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069				
Form 990-T (trust other than above)		06	Form 8870				
Telephon If the org If this is check this the exter	e No. \(\begin{align*} align	digit Group check this be required to f	e United States, check this box	this is	for the who	ole group,	
► X 2 If the ta	calendar year 20 or tax year beginning $4/01$, 20 14 ax year entered in line 1 is for less than 12 montange in accounting period	_, and endin		al retu	rn		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit						0.	
c Balanc EFTPS	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions						

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.