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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 black tung benefit oversit or private foundation)

> Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

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

20112

OMB No. 1545-1150



Open to Public Inspection

_	L ts		ar year, or t			January 1	<u> </u>	2011, a				mber :	
^_		piicable:	C Name of	-						P	Employ	-	ntification number
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=	ume cha: tual retur	-		-	box, if mail is no	ot delivered to stre	eet address)		Room/suite	e E	Telephi	one nur	nber
=	rounate:		PO Box 10										
=	nemded :		City or town	, state or count	ry, and ZIP + 4					F	Group	Exem	ption
<u> </u>	pEcation	n pending		OH 45030							Numb	er 🕨	
Ac	count	ing Method:	✓ Cash	☐ Accrual	Other (spe	acify) ▶			j	H Ch	eck ▶	Ø if €	the organization is no
	ebsit												ch Schedule B
Tæ	(-e)ter	rept status (che	ack onty one)	- ☐ 501(c)(3) 📝 501(c)	(4) ◀ (Insert	t na.) 🔲 4947(i	a)(1) or	527	(Fo	orm 990), 990-	EZ, or 990-PF).
	eck >								27 organi:	zation	and its	aross	receipts are normally
по	it more	e than \$50,00	0. A Form 9	90-EZ or Fort	m 990 return is	not required th	ough Form 99	90-N (e	-postcard)) may b	e requ	red (se	ee instructions). But if
					ire to file a con								·
. Ad	d lines	5b, 6c, and 7	b, to line 9 to	o determine gr	oss receipts. If	gross receipts a	re \$200,000 or	more, c	or if total as	ssets (P	art II,		
		olumn (B) belo	w) are \$500,	,000 or more, f	ile Form 990 in	stead of Form 99	90-EZ					▶ \$	
Pa	rt I	Revenu	e, Expen	ses, and C	hanges in	Net Assets	or Fund Ba	alanc	es (see 1	the in	struct	ions	for Part I.)
						O to respond							
T	1					nts received .						1	5,675
	2	Program s	ervice reve	nue includir	ng governme	nt fees and co	ontracts .				. [2	
	3										. [3	6,838
ł	4	Investment									. [4	477
	5a	Gross amo	ount from s	ale of asset	s other than	inventory .		5a			ľ		
	ь	Less: cost	or other ba	asis and sal	es expenses			5b					
	C	Gain or (los	ss) from sa	de of assets	other than in	nventory (Subt	tract line 5b	from li	ne 5a) .		$\overline{}$	5c	
	6	Gaming an	id fundrais	ing events							Γ		
9	а					dule G if gr		6a					
Revenue	b	Gross inco	me from fu	undraising e	vents (not inc			للشنب	contribu	tions			
œ						exceeds \$15,0		6b		40	402		
-		_		_		raising events		6c			2,103		
- 1	ď					raising events			6b and				
- 1	•		0 0, (1000)		ig with fuller	adding overing	COULD IN CO.			3000		6d	1,922
- 1		mie oci .						1 - 1			· -	 	1,322
	7a	line 6c) . Gmss sale	s of invent	orv less reti	ums and allo	wances		1 7A I			- 1		
	_	Gross sale		-		wances		78 7b					
	b	Gross sale Less: cost	of goods s	sold				7b				76	
	c p	Gross sale Less: cost Gross prof	of goods s lit or (loss)	sold from sales o	 of inventory (7b from line	7 b 7a)				7c	25 946
	b	Gross sale Less: cost Gross prof Other reve	of goods s lit or (loss) nue (descr	sold from sales o tibe in Scheo	 of inventory (s dute 0)	Subtract line 7	7b from line	7 b 7a)	· · · ·	<u> </u>		8	25,946 40.858
	8 b	Gross sale Less: cost Gross prof Other reve Total reve	of goods s lit or (loss) nue (descr nue, Add l	sold from sales on the in Scheolines 1, 2, 3,	of inventory (state O)	Subtract line 7	7b from line	7 b 7a)	IVE	<u> </u>		8	25,946 40,858
- 1	b c 8 9	Gross sale Less: cost Gross prof Other reve Total reve Grants and	of goods s lit or (loss) nue (descr nue. Add l d similar an	sold from sales of the in Scheolines 1, 2, 3, mounts paid		Subtract line 7	7b from line	7 b 7a)	IVE	D .		8 9 10	
	b c 8 9 10 11	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo	sold from sales of the in Scheolines 1, 2, 3, mounts paid or members	of inventory (source of the control	Subtract line 7	7b from line	7ь 7а) ЕС	IVE	D		8 9 10 11	
	b c 8 9 10 11 12	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits po Salaries, o	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther compo	sold	of inventory (state of the control o	Subtract line 7	7b from line	7b 7a)	IVE 1	D 2	S-09C -	8 9 10	
11368	b c 8 9 10 11 12 13	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa Salaries, o Profession	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther compo al fees and	sold from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other payn	of inventory (state of the office of the off	Subtract line 7	7b from line	7ь 7а) ЕС	IVE	D	RS-OSC (8 9 10 11 12 13	40,858
kbenses	b c 8 9 10 11 12 13	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa Salaries, o Profession Occupance	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther comp al fees and y, rent, util	sold from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paymittes, and ma	of inventory (stude 0)	Subtract line 7 c, and 8 dule O) benefits pendent conti	7b from line	7ь 7а) ЕС	IVE	D 2	IRS-OSC ▼	8 9 10 11 12 13 14	40,858 8,353
Expenses	8 9 10 11 12 13 14	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa Salaries, o Profession Occupance Printing, pa	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther comp al fees and y, rent, util ublications	from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paymittes, and mas, postage, a	of inventory (stude 0)	Subtract line 7 c, and 8 dule O) benefits pendent cont	7b from line	76) ECI	IVE	D 2	IRS OSC	8 9 10 11 12 13 14 15	40,858 8,353 114
Expenses	8 9 10 11 12 13 14 15	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa Salaries, o Profession Occupance Printing, pa Other expe	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther comp al fees and y, rent, util ublications enses (desc	sold from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paynities, and mas, postage, a cribe in Scheolines.	of inventory (studie O)	Subtract line 7 c, and 8 dule O) benefits pendent cont	7b from line	76) ECI	8 2012 N. L	D 2	IRS:OSC (♣)	8 9 10 11 12 13 14 15 16	40,858 8,353 114 40,269
Expenses	b c 8 9 10 11 12 13 14 15 16	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pi Salaries, o Profession Occupance Printing, pi Other expe Total expe	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther comp al fees and y, rent, utili ublications enses (descenses. Add	from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and d other payn lities, and ma a, postage, a cribe in Scheolines 10 the	of inventory (stude O)	Subtract line 7 c, and 8 dule O) benefits pendent cont	7b from line	The Transport of the Control of the	8 2012 N. L	Ī	IRS:OSC (♣)	8 9 10 11 12 13 14 15 18 17	8,353 114 40,269 48,736
Expenses	8 9 10 11 12 13 14 15	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pi Salaries, o Profession Occupance Printing, pi Other expe Total expe Excess or	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther comp al fees and y, rent, utili ublications enses (desc enses. Add (deficit) for	from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paynlities, and mas, postage, a cribe in School the the year (Se	of inventory (studie O)	Subtract line 7 c, and 8 dule O) benefits pendent cont	7b from line	To (7a)	8 2012 N. L		INS.OSC. ■	8 9 10 11 12 13 14 15 16	40,858 8,353 114 40,269
Expenses	b c 8 9 10 11 12 13 14 15 16 17	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pi Salaries, o Profession Occupance Printing, pi Other expe Total expe Excess or Net assets	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther compo al fees and y, rent, utili ublications enses (descenses. Add (deficit) for s or fund b	from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paynlities, and mas, postage, a cribe in School ines 10 the the year (School in School in Sc	of inventory (studie O)	Subtract line 7 c, and 8 dule O) benefits pendent cont 7. from line 9) f year (from line	7b from line	7b 7a) ECI SEP 1	8 2012 N. I	gree v	HIN SOSC ▲	8 9 10 11 12 13 14 15 16 17 18 =	40,858 8,353 114 40,265 48,736 - (7,878)
Assets Expenses	8 9 10 11 12 13 14 15 16 17	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa Salaries, o Profession Occupance Printing, pa Other expe Total expe Excess or Net assets end-of-year	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther compe al fees and y, rent, util ublications enses (descenses. Add (deficit) for ar figure re	from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paymitties, and mag, postage, a cribe in Schoolines 10 ther the year (Schoolines at ported on process at ported on pressure of the sales and ported on pressure in Schoolines at pressure in Schoolines at ported on pressure in Schoolines at press	of inventory (source of inventory (source of inventory (source of inventory (source of inventory (source of inventory of inventory (source of inventory of inventory (source	Subtract line 7 c, and 8 dule O) benefits pendent cont 7. from line 9) i year (from lin	rac on O	76) ECI	8 2012 N. I	gree v	THE OSC A	8 9 10 11 12 13 14 15 16 17 18 =	8,353 114 40,269 48,736
Vet Assets Expenses	b c 8 9 10 11 12 13 14 15 16 17	Gross sale Less: cost Gross prof Other reve Total reve Grants and Benefits pa Salaries, o Profession Occupand Printing, pa Other expe Total expe Excess or Net assets end-of-yea Other char	of goods s fit or (loss) nue (descr nue. Add I d similar an aid to or fo ther compo al fees and y, rent, utili ublications enses (descenses. Add (deficit) for ar figure re nges in net	from sales of the in Scheolines 1, 2, 3, mounts paid or members ensation, and other paynelities, and may postage, a cribe in Scheolines 10 the the year (Schoolances at ported on presented on presented in assets or full	of inventory (stude O)	Subtract line 7 c, and 8 dule O) benefits pendent cont 7. from line 9) f year (from line	rac on one 27, column chedule O)	76) ECI	8 2012 N. I	gree v	HR: OSC 4	8 9 10 11 12 13 14 15 16 17 18 =	40,858 8,353 114 40,265 48,736 - (7,878)

Form !	90-EZ (2011)					Page 2
Pa	Balance Sheets. (see the instructions Check if the organization used Schedule		w question in this !	Port II		
	Check if the digamization used correction	O to respond to ai		(A) Beginning of year	•	(B) End of year
22	Cash, savings, and investments		-	58.859	201	
23	Land and buildings		-	30,033	23	48,967
24	Other assets (describe in Schedule O)			16,777		18,791
25	Total assets		· · · · ·	75,636		67,758
26	Total liabilities (describe in Schedule O)			73,030	26	07,730
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	75,636		67,758
Par						07,130
	Check if the organization used Schedule				/ D	Expenses
Wha	is the organization's primary exempt purpose?			<u> </u>		quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service accomplis			maram sandasa	orga	anizations and section
as n	easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the	services provided	, the number of		7(a)(1) trusts; optional others.)
28	Provides the means, facilities, personnel, equipment		r youths aged 5-11 to	participate		7
	in football and cheerleading and provide education a	ind recreation to its n	nembers (200-300 yo	uths participate)		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	• 🗅	28a	46,736
29	Provides 4 scholarships to graduating High School s	eniors who are alum	ni of the Harrison Yo	uth Football		
	Program					

	(Grants \$ 500.00) If this amount	includes foreign gra	nts, check here .	▶ 🛘	298	2,000
30	***************************************	••••••	·····			

	/D		·			
24		includes foreign gra	nts, check here .	▶ Ц	30 2	3
31	Other program services (describe in Schedule O) (Grants \$) If this amount		- · · · · · ·			_ [
32	Total program service expenses (add lines 28a t	includes foreign gra	nts, check here .	· · · • 💆	318	
Par					_==	,
	Check if the organization used Schedule				150 0	
		(b) Title and average	(c) Reportable	(d) Health benefits,	Ť	· · · · · · · · · · · · · · · · · · ·
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employs benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		coror componence
Bria	ı Crosley	President			Т	
Harr	son OH	1hr/week	0		0	0
Jeff	Gherhart	Vice President			Т	
Hart	son OH	1hr/week	0		0	0
Lisa	Crosley	Secretary				
Нагт	son OH	1hr/week	0		이	0
	d Gozdiff	Treasurer				
Нап	son OH	1hr/week	0		0	0
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Form **990-EZ** (2011)

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Page 3

				- 1 1
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		▼
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	38		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37ь	ļ	_
,00	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		-
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	304		-
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]]	
Ь	Gross receipts, included on line 9, for public use of club facilities	1		
10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-		
C		40b		_
	·		Į .]
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
e	relmbursed by the organization	40e		7
0	relmbursed by the organization	40e		7
9	relmbursed by the organization	40e	2-845	1
e 1 2a	reImbursed by the organization	513-70	030	
e 11 12a	relmbursed by the organization	513-70 456		No
e 41 42a	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. ▶ The organization's books are in care of ▶ David Gozdiff Telephone no. ▶ Located at ▶ Harrison, OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank	513-70	030	
e 11 12a b	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. ▶ The organization's books are in care of ▶ David Gozdiff Telephone no. ▶ Located at ▶ Harrison, OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	513-70 450 42b	030	No
e 11 12a b	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. ▶ The organization's books are in care of ▶ David Gozdiff Telephone no. ▶ Located at ▶ Harrison, OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	513-70 456	030	No ✓
e 11 12a b	relmbursed by the organization	513-70 450 42b	Yes	No ✓
e 11 122a b	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. ▶ The organization's books are in care of ▶ David Gozdiff Telephone no. ▶ Located at ▶ Harrison, QH At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	513-70 456 42b 42c	030	No
e 11 12a b	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. The organization's books are in care of David Gozdiff Telephone no. ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	513-70 450 42b	Yes	No ✓
e 31 122a b c 33	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. The organization's books are in care of David Gozdiff Telephone no. ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	42b 42c 44a	Yes	No ✓
e 31 122a b c 33	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. ▶ The organization's books are in care of ▶ David Gozdiff Telephone no. ▶ Located at ▶ Harrison, OH ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b 42b 42c 44a 44b 44c	Yes	No ✓
e 111 12a b c 44a b c =d=	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. ▶ The organization's books are in care of ▶ David Gozdiff	42b 42b 42c 44a 44b	Yes	No ✓
e si1 si2a b c c si3	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. ▶ The organization's books are in care of ▶ David Gozdiff	42b 42b 42c 44a 44b 44c	Yes	No ✓

3111) 89U-EZ	. (zvii)							age 4
6 Did	the organization engage, directly or in	directly, in political o	ampaign activities or	behalf of	or in opposit	tion [Yes	No
to	candidates for public office? If "Yes," of	complete Schedule (C, Parti			. 48	1	
art VI	Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sch	and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexempt xempt charitable to	charitab iousts usts must	e trusts on answer qu	ly. All se	ction	b
	Check if the organization used Sci	ledule O to respond	to any question in	ins Part V	<u> </u>	• • • •	Yes	
7 Dic yea	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Part		section 501(h) election		t during the	tax 47		No.
18 lst	the organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E				7
	d the organization make any transfers to					. 49	а	1
b If "	Yes," was the related organization a se	ction 527 organization	on?			. 49	ь	
io Co	emplete this table for the organization's	five highest comper	nsated employees (ot	her than of	ficers, direct	tors, trus	ees ar	d key
911	nployees) who each received more than			~	there is non	e, enter	None.	
(a)) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plan	ns to employee s, and deferred lensation	(e) Estima other co	ted emo impensa	
one	•••••••••••••••••••••••••••••••••••••••	······································						
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f To	tal number of other employees paid ov	er \$100,000			<u>-</u>			
51 Co	tal number of other employees paid ow omplete this table for the organization' 00,000 of compensation from the orga	s five highest comp	ensated independent	contracto	rs who each	n receive	d more	e thar
51 Co \$10	emplete this table for the organization'	s five highest comp inization. If there is n	ensated independent		Т	n receive		thar
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20

Employer Identification number

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Harrison Youth Football 31-1296428 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗍 Type I b Type !! c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) h Provide the following information about the supported organization(s). (ii) EIN (Iv) is the organization in col (i) listed in your (i) Name of supported (iii) Type of organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9) the omanization in organization in col support ning document? col. (i) of your (i) organized in the above or IRC section (see instructions)) support? U.S.? No Yes Yes No Yes No (A) (B) (C) (D) (E) Total

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to gu	i) alify under
Secti	on A. Public Support						
Calen	dàr year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						-
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her				<u> </u>		· • • •
	on C. Computation of Public Suppor		·	4		Last	
14	Public support percentage for 2011 (line 6		-			14	<u>%</u>
15 162	Public support percentage from 2010 Sch 331/3% support test—2011. If the organiz					15 P	thack this
	box and stop here. The organization qual						
b	331/3% support test—2010. If the organicheck this box and stop here. The organi	ization did no	ot check a box	c on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circ	-and-circumsta umstances" te	inces" test, ch st. The organiz	eck this box a cation qualifies	nd stop here. I	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization at Explain in Part IV how the organization and	ion meets the eets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test.	test, check to	nis box and ston qualifies as	top here. a publicly
18	supported organization Private foundation. If the organization did instructions	d not check a	box on line 13	, 16a, 16b, 17	a, or 17b, ched	k this box and	
							000 E7 2011

Part III	or Organizations Described in Section	

(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.)

Secti	on A. Public Support	under the tes	sts listed belo	w, please col	mpiete Part II	.)	
	dår year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	\-,·	1-7-000	(5, 2000	10/2010	10, 2011	(i) rotal
	received. (Do not include any "unusual grants.")	11762	6462	6810	6225	6838	38,097
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	48488	44804	34345	33569	25946	187,152
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						
6	Total. Add lines 1 through 5	60250	54206	41155	39794	32784	225,249
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	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						
8 8	Add lines 7a and 7b						
	line 6.)			l	<u> </u>		225,249
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6	60250	54206	41155	39794	32784	225,249
100	payments received on securities loans, rents, royalties and income from similar sources .	2084	1882	1416	810	477	6,669
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-				-	
C	Add lines 10a and 10b	2084	1882	1416	810	477	6,669
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	61344	56088	42571	40604	33261	231,918
14	First five years. If the Form 990 is for the organization, check this box and stop her	-		d, third, fourth,	=		n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8		-			15	97.1 %
16	Public support percentage from 2010 Sch			. <u>.</u>	<u></u>	16	97.5 %
	on D. Computation of Investment Inc						
<u> 17 </u>	Investment income percentage for 2011 (<u>in (f))</u>	. 17	2.9 %
18	Investment income percentage from 2010					18	2.5 %
19 a	331/a% support tests - 2011. If the organi 17 is not more than 331/a%, check this box						
ь	331/3% support tests—2010. If the organiz	*	-	•		-	
	line 18 is not more than 331/3%, check this b						, —
20	Private foundation. If the organization di						

Schedule A (F	orm 990 or 990-EZ) 2011 p.	age 4
Part IV	Supplemental Information. Complete this part to 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).	
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Schedule A (Form 990 or 990-EZ) 2011

Harrison Youth Footbal 31-1296428 2010 Form 990EZ Schedule 1 for Form A

Line 14	
Utilities	\$2,876.00
Maintenance	\$5,477.00
	\$8,353.00 total

Line 16	
Equipment/Uniforms	\$13,753.00
Scholarships	\$2,000.00
Insurance	\$3,478.00
PO Box rental	\$62.00
Bank Fees	\$65.00
Sam's Club	\$35.00
Advertising	\$75.00
Awards, Banquet, competition	\$4,147.00
Concession Expenses	\$10,320.00
License	\$340.00
Spirit Wear	\$1,673.59
Referees	\$4,320.00
-	\$40,268.59 total