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#### 990-EZ

#### 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)

Form 990-EZ (2013)

OMB No 1545-1150 2013

Open to Public

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public

Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990 Internal Revenue Service A For the 2013 calendar year, or tax year beginning , 2013, and ending 20 C Name of organization D Employer identification number Check if applicable HAMBURG SCHOOLS FOUNDATION 31-1716922 Address change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Name change Initial return Terminated PO BOX 328 (870)853-8223 City or town, state or province country and ZIP or foreign postal code F Group Exemption \_\_ Amended return HAMBURG, AR 71646 Number ▶ Application pending If the organization is not H Check ► Accounting Method required to attach Schedule B Website ▶ 501(c)( J Tax-exempt status (check only one) - X 501(c)(3) )  $\blacktriangleleft$  (insert no ) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) K Form of organization 🖾 Corporation Trust Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 83,978 Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part I) Part I Contributions, gifts, grants, and similar amounts received 83,329 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 4 Investment income 649 5a 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) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... c Less direct expenses from gaming and fundraising events . . . . . . . . . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold **c** Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 83,978 Grants and similar amounts paid (list in Schedule O) . . 33,847 11 11 S 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractor 13 1,175 Occupancy, rent, utilities, and maintenance 14 14 Total expenses (describe in Schedule O)

17 Total expenses Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 2 end-of-year figure reported on prior year's return)

20 Other changes in net assets or fund balances (explain in Sch

21 Net assets or fund balances at end of year Combine lines 18

Por Paperwork Reduction Act Notice, see the separate instructions. 15 Printing, publications, postage, and shipping 15 137 16 35,159 48,819 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with . . . . . . . 86,146 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 134,965

	m 990-EZ (2013) HAMBURG SCHOOLS FOUNDAT	ION		31-1	716	922 Page :
·[P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	any question in this P	art II			<u>X</u>
			(A) Be	ginning of year		(B) End of year
22	Cash, savings, and investments			25,766	22	73,998
23	Land and buildings			0	23	0
	Other assets (describe in Schedule O)			60,380	24	60,967
				86,146	25	134,965
				<del></del>	<del>                                     </del>	
	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must agree v			86,146	27	134,965
Р	art III Statement of Program Service Accompli			)		Expenses
	Check if the organization used Schedule O to respond to	o any question in this f	Part III	<u> </u>	(Red	quired for section
Wh	at is the organization's primary exempt purpose? PROVIDE SU	PPORT TO HAMBU	RG SCHOOL		501(	(c)(3) and 501(c)(4)
_					orga	inizations and section
	scribe the organization's program service accomplishments for each		-		_	7(a)(1) trusts, optional
	measured by expenses In a clear and concise manner, describe th sons benefited, and other relevant information for each program title		ie number of		ł	others)
				<del></del>	101 0	iners /
28	PROVIDE SUPPORT TO PROGRAMS AND CURRICULUM	·	······			
	ACCADEMIC EXCELLENCE IN THE HAMBURG PUBLIC	C SCHOOLS (PROV	/IDES			
	MINI TEACHING GRANTS)					
	(Grants \$ 83,329 ) If this amount inc	cludes foreign grants, o	check here	<b>▶</b> 🔲	28a	33,847
29						
					ļ	
	(Constants	aludas faraisa aranta i	hook horo		20-	
	(Grants \$ ) If this amount inc	cludes foreign grants, o	check nere	<u></u> ▶ ⊔	29a	
30		<del></del>				
	(Grants \$ ) If this amount inc	cludes foreign grants, o	heck here	▶ □	30a	
31						
•		cludes foreign grants, o		_	31a	
		ciddes foreign grants, t		· · · · · ·		
22	Tatal and annual acquires assessed and linear 20a through 21a)				י מי	
		· · · · · · · · · · · · · · · · · · ·			32	33,847
	art IV List of Officers, Directors, Trustees, and Key Employee	yees (list each one eve	en if not compensated		ions	for Part IV)
		yees (list each one eve	en if not compensated	d (see the instruct	ions	for Part IV)
	art IV List of Officers, Directors, Trustees, and Key Employee	yees (list each one eve	en if not compensated Part IV	(d) Health benefits,	ions	for Part IV)
	art IV List of Officers, Directors, Trustees, and Key Employee	yees (list each one even o any question in this F	en if not compensated Part IV	(d) Health benefits, contributions to empl	oyee	for Part IV)
	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to	yees (list each one even o any question in this F (b) Average	en if not compensated Part IV	(d) Health benefits,	oyee	for Part IV)
<b>P</b>	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to	yees (list each one event o any question in this F (b) Average hours per week	en if not compensated Part IV (c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to empli benefit plans, and	oyee	for Part IV)
COI	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title	yees (list each one events of any question in this Figure 1) (b) Average hours per week devoted to position	en if not compensated Part IV (c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to empli benefit plans, and	oyee	for Part IV)
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Form 990-EZ (2013)

EEA

Form	990-EZ (2013	) HAMBURG SCHOOLS	FOUNDATION				31-1	17169	22	F	age ·
46	Did the c	rganization engage, directly or indirectly, in	political campaign activ	ities on beh	alf of or in opp	osition			<u> </u>	Yes	Na
		lates for public office? If "Yes," complete S					<u></u>	<u> </u>	46		X
Pa		section 501(c)(3) organizations				_					
		all section 501(c)(3) organizations	must answer quest	tions 47-4	19b and 52	and comp	ete the t	ables	for li	nes	
		0 and 51									
		check if the organization used Sch	edule O to respond	to any c	luestion in	inis Part VI	····	· · · ·		<del></del>	<u> </u>
4-7	Dod the e		have a section 504(h)		C					Yes	Na
47		rganization engage in lobbying activities or	nave a section 501(h) e	lectr <b>o</b> n in en	fect during the	tax					\ <del>.</del> .
40	•	Yes," complete Schedule C, Part II	170/b\/1\/A\/u\2 If "Voc	" complete !				• •	47		X
48 49a	-			· ·				• •	48		X
49a b		rganization make any transfers to an exem was the related organization a section 527		organizatio	,,,				49a 49b		<u> </u>
50		e this table for the organization's five highes	•	· · ·	an officers di	· · · · · · · ·	e and key	• •	430		L
30		es) who each received more than \$100,000					_				
	cripioye	who each received more than \$100,000				(d) Health be					
	,	a) Name and title of each employee	(b) Average hours per week	1	eportable opensation	contributions to	employee		Estimate		
	,	by Name and the oreast employee	devoted to position		-2/1099-MISC)	benefit plans ar compens			other con	pensat	lon
NON	E										
	•				-					<del></del> -	
					•						
								l			
f	Total nun	nber of other employees paid over \$100,000	· · · · · · · · · · · · · · · · · · ·		·-··						
51		e this table for the organization's five highes	,		tors who each	received mor	e than				
	\$100,000	of compensation from the organization If	there is none, enter "No	ne "		<del></del>	<del></del>				
	(a) N	ame and business address of each independent contra	ctor		b) Type of service		(c	c) Comp	ensation		
							<del></del>		-		
NON	r.										
NON	<u> </u>			1							
				İ							
						1					
	<del></del>										
d	Total num	ber of other independent contractors each	receiving over \$100,000	)	<b>&gt;</b>			-			
52	Did the oi	ganization complete Schedule A? <b>Note</b> . Al	section 501(c)(3) organ	nizatīions and	d 4947(a)(1)						
	nonexem	pt charitable trusts must attach a completed	Schedule A				▶	. 🛚	Yes		No
Under	penalties of p	erjury   declare that I have examined this return include	ng accompanying schedules a	nd statements,	and to the best of	my knowledge and	d belief, it is				
true, co	orrect, and co-	mplete Declaration of preparer (other than officer) is ba	sed on all information of which	preparer has a	ny knowledge						
		V Connie Timos	n Presider	nt-						-	
Sigi	n   🏴	Signature of officer	/			Date					
Here	e 📗	CONNIE TIMMONS, PRESIDEN	T								
		Type or print name and title									
	T	Print/Type preparer's name	eparer's signature		Date	Che	ck X if	PTIN			
Paid	g	hawn Hickman			08-14-20	14 self-	employed	₽000	06374	17	
Prep	arer	Firm's name 🕨 Shawn Hickman CP	Ā			Firm's EIN	<b>&gt;</b>				
Use (	Only 📙	Firm's address  105 East Adams									
		Hamburg AR 71646				Phone no	870-8		3303		
May t	the IRS dis	cuss this return with the preparer shown at	ove? See instructions				<u>&gt;</u>		Yes		lo_
FEA								For	m ggn	F7 (2	20139

### SCHÈDULE 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.

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► 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

Inspection Employer identification number

HAM	BUR	G SCHOOLS FOUR								1716922		<u>.</u> .
Pa	rt l	Reason for F	Public Charity	Status (All organi	zations n	nust com	plete th	ıs part )	See inst	ructions		
The	orgar	nization is not a privat	e foundation beca	use it is (For lines 1 thro	ough 11, <b>ch</b>	eck only o	ne box)					
1	A church, convention of churches, or association of churches described iin section 170(b)(1)(A)(i).											
2		A school described i	n section 170(b)(	1)(A)(ii). (Attach Schedu	ıle E)							
3		A hospital or a coope	erative hospital sei	rvice organization descr	ibed in sect	ion 170(b)	(1)(A)(III)					
4		A medical research	organization opera	ited in conjunction with a	hospital de	scribed in	section 1	70(b)(1)(A	)(III). Ente	r the		
		hospital's name, city	, and state									
5		An organization oper	rated for the benef	it of a college or univers	ity owned o	r operated	by a gove	rnmental u	nıt describ	ed in		
		section 170(b)(1)(A	)(iv). (Complete P	art II)								
6		A federal, state, or lo	cal government o	r governmental unit desc	cribed in <b>se</b>	tion 170(l	b)(1)(A)(v)					
7		An organization that	normally receives	a substantial part of its	support from	n a govern	mental uni	t or from th	ne general	public		
		described in section	170(b)(1)(A)(vi).	(Complete Part II)								
8	X	A community trust de	escribed in <b>sectio</b> i	n 170(b)(1)(A)(vi). (Com	plete Part I	1)						
9		An organization that	normally receives	(1) more than 33 1/3%	of its suppo	rt from cor	ntributions,	members	hip fees, a	nd gross		
		receipts from activitie	es related to its ex-	empt functions - subject	to certain e	xceptions,	and (2) no	more that	n 33 1/3%	of its		
		support from gross in	nvestment income	and unrelated business	taxable inc	ome (less	section 51	1 tax) from	business	es		
		acquired by the orga	nization after June	30, 1975 See section	509(a)(2). ((	Complete	Part III)					
10		An organization orga	nized and operate	ed exclusively to test for	public safet	y See sec	tion 509(a	1)(4)				
11		An organization orga	nized and operate	ed exclusively for the ber	nefit of, to pa	erform the	functions of	of, or to ca	rry out the			
		purposes of one or n	nore publicly supp	orted organizations desc	cribed in sex	ction 509(a	)(1) or sec	tion 509(a	)(2) See <b>s</b>	ection		
		<u> </u>	_	s the type of supporting	-			11e through	_			
	_	a ∐ Typel		,	e III-Functio			d L			onally integrat	ed
е	Ш		•	organization is not contro	_							
			n managers and ot	ther than one or more pu	iblicly suppo	orted organ	nizations de	escribed in	section 5	09(a)(1)		
		or section 509(a)(2)										
f		=		etermination from the IR		Type I, Ty	pe II, or Ty	/pe III sup	porting			
		organization, check t										🗆
g			06, has the organia	zation accepted any gift	or contribut	ion from ar	ny of the					
		following persons?						-l - ( )				
		• • •	-	controls, either alone o	_	iin person	s describe	u in (ii) and	1		Yes	No
		· · ·		the supported organization	0117 -						11g(ı)	+
		(ii) A family member		on described in (i) or (ii) a							11g(n)	<del> </del>
h		• •	•	** **							11g(iii)	
<u>h</u>	(ı) Na			the supported organization		rappization	(v) Did vo	vu potrfy	(44)	r the	L	
	(1) 142	) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9				(v) Is the corganization (v) Did you notify in col (i) listed in your the organization in			(vi) Is the organization in col		(vii) Amount of monetary support	
				above or IRC section	governing::document?		col (i) of your support?		(ı) organız	ed in the S ?		
				(see instructions))	Yes	No	Yes	No	Yes	No	-	
(A)					169	140	162	110	162	- 140	<del> </del>	<del></del>
(~)												
(B)							<del>                                     </del>	<del>                                     </del>			1	
(0)												
(C)		-				<del> </del>				<del> </del>	<u> </u>	
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(D)						<del> </del>						
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(E)						<del>                                     </del>		<del>                                     </del>	<del> </del> -	-		
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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 failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,399	8,816	4,891	16,778	83,329	117,213
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	3,399	8,816	4,891	16,778	83,329	117,213
5	The portion of total contributions by		-				
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on		1		j		
	line 1 that exceeds 2% of the amount		1				
	shown on line 11, column (f)		-				
6	Public support Subtract line 5 from line 4						117,213
	tion B. Total Support				r		
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Tottal
7	Amounts from line 4	3,399	8,816	4,891	16,778	83,329	117,213
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1.0	12	10	17	540	505
	sources	18	13	10	17	649	707
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 .						117,920
12	Gross receipts from related activities, etc. (s	ee instructions)				12	11,,520
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganızatıon's first, se					▶□
	tion C. Computation of Public Su		<del></del>		·····	<del></del> -	
14	Public support percentage for 2013 (line 6, c				• • • • • • • • •		9.40 %
15	Public support percentage from 2012 Sched				[	15	%
16a	33 1/3% support test - 2013 If the organiza						E-21
	box and stop here. The organization qualified	. , .,	9			• • • • • • •	▶ 🏻
b	33 1/3% support test - 2012. If the organiza						
	check this box and stop here. The organiza			ŭ			► 📙
17a	10%-facts-and-circumstances test - 2013.	_		•	•		
	10% or more, and if the organization meets				•		
	Part IV how the organization meets the "fact		•	•	. , , , , ,		_
	organization						▶ □
b		•				<del>)</del>	
	15 is 10% or more, and if the organization m				-		
						-	▶ □
8	Private foundation. If the organization did r						_
	instructions						🛌 🗆

# 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		<u> </u>				· · · ·
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 bus under sec 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<del></del>		ļ			
8	Public support (Subtract line 7c from						
Sec	ction B. Total Support		<u>l</u>	L	.1	L	
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Toptal
9	Amounts from line 6				, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14 <u>Sec</u>	First five years. If the Form 990 is for the org organization, check this box and stop here ction C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					▶ □
15	Public support percentage for 2013 (line 8, co					15	%
16	Public support percentage from 2012 Schedu		1_			16	
	ction D. Computation of Investmen						
17	Investment income percentage for 2013 (line		<del></del>	lumn (f))		17	%
18	Investment income percentage from 2012 Sci	nedule A, Part III,	, line 17			18	%
19a	33 1/3% support tests - 2013 If the organization of the organizati	ition did not chec and <b>stop here.</b> Th	k the box on line 14 he organization qual	and line 15 is mor fies as a publicly s	re than 33 1/3%, an supported organizat	d line ion	▶ □
	33 1/3% support tests - 2012. If the organizatine 18 is not more than 33 1/3%, check this b	ox and <b>stop her</b>	e. The organization	qualifies as a publi	cly supported orgar		▶ □
	Private foundation. If the organization did no	t check a box on	line 14, 19a, or 19b	, check this box ar	d see instructions	<u> </u>	<u></u> ▶ □
EEA						Schedu	le A (Form 990 or '990-EZ) 201

### S.CHEDULE 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.

OMB No 1545-0:047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

HAMBURG SCHOOLS FOUNDATION

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

Inspection
Employer identification number

31-1716922

01. List of grants and sim	nilar amounts paid (Part I, line 10)
ACTIVITY	EDUCATIONAL GRANTS FOR VARIOUS SCHOOL ACTIVITIES
GRANTEE	HAMBURG SCHOOL DISTRICT
STREET	202 E PARKER ST
CITY, STATE, ZIP	HAMBURG, AR 71646
AMOUNT	33,847
02. Description of other a	ssets (Part II, line 24)
CATEGORY	BEGINNING OF YEAR END OF YEAR
CD DELTA TRUST	60,380 60,967
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