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Short Form

Return of Organization Exempt From Income Tax

2014

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.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 2014, and ending 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
Hiburn Education Association

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
11 Eaton Road

City or town, state or province, country, and ZIP or foreign postal code
Hiburn, NH 03232 USA

D Employer identification number
03-7349033

E Telephone number
603-483-2769

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ none

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(15) ◀ (insert no.) 4947(a)(1) or 527

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. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | | Revenue | | Expenses | | Net Assets | |
|----|---|---------|---------|---|--|------------|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 105.00 | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 0 |
| 2 | Program service revenue including government fees and contracts | 2 | 0 | 11 | Benefits paid to or for members | 11 | 0 |
| 3 | Membership dues and assessments | 3 | 3546.00 | 12 | Salaries, other compensation, and employee benefits | 12 | 2049.00 |
| 4 | Investment income | 4 | 0 | 13 | Professional fees and other payments to independent contractors | 13 | 0 |
| 5a | Gross amount from sale of assets other than inventory | 5a | 0 | 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 |
| b | Less: cost or other basis and sales expenses | 5b | 0 | 15 | Printing, publications, postage, and shipping | 15 | 0 |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 | 16 | Other expenses (describe in Schedule O) | 16 | 1040.00 |
| 6 | Gaming and fundraising events | | | 17 | Total expenses. Add lines 10 through 16 | 17 | 3089.00 |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 0 | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 804.00 |
| b | Gross income from fundraising events (not including \$ 105.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 242.00 | 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) | 19 | 511.09 |
| c | Less: direct expenses from gaming and fundraising events | 6c | 0 | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | -19.35 |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 242.00 | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 295.74 |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 0 | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED 832 AUG 31 2015 OGDEN, UT IRS-OSC </div> | | | |
| b | Less: cost of goods sold | 7b | 0 | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 | | | | |
| 8 | Other revenue (describe in Schedule O) | 8 | 0 | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 3893.00 | | | | |

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | | 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 | | <input checked="" type="checkbox"/> |
| 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) | | <input checked="" type="checkbox"/> |
| 35a | 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)? | | <input checked="" type="checkbox"/> |
| 35b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35c | 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | |
| 37b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | <input checked="" type="checkbox"/> |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 40b | b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | <input checked="" type="checkbox"/> |
| 40c | 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 ▶ na | | |
| 40d | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ na | | |
| 40e | 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 | | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed ▶ | | |
| 42a | The organization's books are in care of ▶ Judith Miller-Nesbitt Telephone no. ▶ 603-483-2769 Located at ▶ 11 Eaton Road, Auburn, NH ZIP + 4 ▶ 03032 | | |
| 42b | b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | <input checked="" type="checkbox"/> |
| 42c | c 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: ▶ | | <input checked="" type="checkbox"/> |
| 43 | 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 ▶ 43 <input type="checkbox"/> | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44b | b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44c | c Did the organization receive any payments for indoor tanning services during the year? | | <input checked="" type="checkbox"/> |
| 44d | 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 | | <input checked="" type="checkbox"/> |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 45b | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | <input checked="" type="checkbox"/> |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|----|-----|-------------------------------------|
| 46 | | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | Yes | No |
|----|-----|-------------------------------------|
| 47 | | <input checked="" type="checkbox"/> |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | Yes | No |
|----|-----|-------------------------------------|
| 48 | | <input checked="" type="checkbox"/> |

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | Yes | No |
|-----|-----|-------------------------------------|
| 49a | | <input checked="" type="checkbox"/> |

b If "Yes," was the related organization a section 527 organization?

| | Yes | No |
|-----|-----|-------------------------------------|
| 49b | | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 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) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Judith Miller-Neshitt Signature of officer August 5, 2015 Date
Judith Miller-Neshitt, Treasurer Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name _____ Firm's EIN _____
 Firm's address _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

We spent 300.00 on prizes, books, and incentives for
Read Across America during the month of February.

We spent 300.00 on gifts for students winning awards
presented at graduation, two 50.00 gift cards to Staples
and Barnes & Noble for each of the three recipients.

We donated 350.00 to Dollars for Scholars for a
scholarship.

We paid 25.00 for a quilt to be made for a retiree.

We were assessed a 15.00 bank fee for our balance
dropping below allowable amount.

Line 00, -19.35 includes rounding of expenses and revenue,
an additional bank fee of 15.00, and 3.00 from the operating expenses
to round the amount donated or raised up to 350.00 for the
Dollars for Scholars contribution.