5.... 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 601(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or (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 Balar Check if the organization used Schedule O to respond to any question of the contributions, gifts, grants, and similar amounts received. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory. 5 b Less: cost or other basis and sales expenses. 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from 6 Gaming and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Gross income from fundralsing events (not including \$ from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundralsing events. 6 Net Income or (loss) from gaming and fundralsing events (add lines 6a a line 6c). 7a Gross sales of inventory, less returns and allowances. 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O). 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	nces (seen in this	ee the in	** \$ structions **	112,600				
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8 Other revenue (describe in Schedule O)			. 7c	0				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								
			8 9	112,600				
	 -		. 10	105 934				
11 Benefits paid to or for members			. 11	100,10				
			12	0				
9 49 Restockional food and other narrants to independent contractors			. 13	0				
14 Occupancy, rent, utilities, and maintenance			. 14	O				
15 Printing, publications, postage, and shipping			. 15	O				
16 Other expenses (describe in Schedule O)				0				
17 Total expenses. Add lines 10 through 16				105 930				
19 Evenes or (deficit) for the year (Subtract line 17 from line 0)		•	. 18	119.65				
19 Net assets or fund balances at beginning of year (from line 27, column (47446				
end-of-year figure reported on prior year's return)		t agree w		<i>D</i>				
Net assets or fund balances at beginning of year (from line 27, column (end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O).				0				
21 Net assets or fund balances at end of year. Combine lines 18 through 20								

	0-EZ (2014) Balance Sheets (see the instructions for	Part II)				п
-Qart	Balance Sheets (see the instructions to Check if the organization used Schedule O	to respond to any	question in this Pa	ert il	Œ	t) End of year
<u> </u>	Check if the organization		(A)	Beginning or you	22	6666
22	Cash, savings, and investments			0	23	0
23	Land and buildings.			0	24	
24	Other assets (describe in Schedule O)			0	25	0
25	Total assets		🗀		26 27	6
26	Total Babilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with li	ne 21)	- <u>6</u>	51	6,000
27 Pent	Net assets or fund balances (line 27 of column (s) Statement of Program Service Accompli	shments (see the i	instructions for Pa	ert III		Expenses
					(Requ	ired for section (3) and 501(c)(4)
What	TOUR TOUR PROPERTY OF THE PROP	DAUINING FAZI:	- Jewistin II	715	organ	izations; optional for
Door	is the organization's primary exempt purposer. In the organization is program service accomplishing the organization is program service accomplishing the organization is program and concise many programs.	ments for each of it	s three largest pro-	the number of	other	z.)
as m	easured by expension in the section for each	n nnogram title.			 	
perso	ons benefited, and other relevant information to discover increased in January	THE AR	CONIZATION	-HAS		
28	PROVIDED TUITION ASSISTANCE TO	19 QUALIFI	D COUFGE S	TUTTONS		_
	WITHE GORM OF DIRECT PAYMENTS		ATIONAL INS	▶ □	288	105,934
	(Grants \$ 105.934) If this amount in	cludes foreign grant	S, Great hard		T	
29		'S SOLE !	DURPOSE			
	# 28 IS THE ORGANIZATION				1	N/K
	O) If this amount it	ıcludes foreign gran	ts, check here .	▶ 🛘	29a	177.
	(Grants \$ O) If this amount is					
30	# 28 IS THE ORGANIZATION	is sole f	URPOSE		·]	
	The state of the s		to check here	▶□	308	N/A
	(Grants \$ 0) If this amount is		1/14			
31	Other program services (describe in Schedule U)	318	1 2 2 2 2 2			
	(Grants \$ 6) If this amount	t Odal		•	32	1 100, 73T
	to average (add lines 288 ti	n rough 3 iey . <u></u>	<u> </u>		inches	ctions for Part IV)
32	(Grants \$ 6) if this amount if Total program service expenses (add lines 28a ti	Employees (list each	one even if not com	pensated-see th	instru	ctions for Part IV)
	Total program service expenses (add lines 28a to the lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an	one even if not com	pensated—see the		ctions for Part IV)
		O to respond to an	one even if not come y question in this (c) Reportable	pensated—see the Part IV	s, loyee (e	ctions for Part IV)
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İ	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	_
		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	Yes	No
Ĩ	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	103	/
	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		/
	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)?	35a		1
	c 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 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	35b 35c		1
	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		1
	37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a U	37b		1
	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?	38a		1
	9 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	a b 40a	Initiation fees and capital contributions included on line 9			
_	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	40b		V
)	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			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	44	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	/
	41 42a	The organization's books are in care of WANDA S. MCNEIL, TREAS. Telephone no.	15)	712-	9000
		Located at \$\infty \(\frac{4512}{25} \) PRICE CIRCLE RO. NASHYILLE TN & ZIP +4 \$\infty \) At any time during the calendar year, did the organization have an interest in or a signature or other authority over	720		132
		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: N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b		-
		Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
	с 43	If "Yes," enter the name of the foreign country: ► N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			→ □
		and enter the amount of tex-exempt interest received or accrued during the tax year	N	Yes	No
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
	þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b 44c		/
	d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		/
J	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)	45a 45b		/

Did the organization engage, directly or indirectly, in political earmpaign activities on behalf of or in opposition to candidates for public office? If Yee, "complete Schedule C, Part I	Form 9	90-EZ	(2014)							P	age
to candidates for public office? If "Yes," complete Schedule C, Part II All section 501(c)(S) 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 It the organization angage in tobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II It is the organization active and described in section 170(b)(1)(A)(B)? If "Yes," complete Schedule E	46	Did	the organization engage, directly or i	indirectly, in political o	campaign activiti	es on be	half of or in o	opposition		Yes	No
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 Is the organization complete Schedule C, Part II Is the organization make any transfers to an exempt non-charitable related organization? 48	Part	to o	candidates for public office? if "Yes," Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51.	complete Schedule C s only ns must answer que	estions 47-49b	and 52,	and comp	• • •	46	or line	≥ S
Did the organization engage in bobying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule E			Check is the organization used Sc	Medica O to respon	1 to any question	n in trus	Part VI .	• • • •		1	
### at the organization a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E ### ###	47	Did yea	the organization engage in tobbying r? if "Yes," complete Schedule C, Par				effect duri	ng the tax	42	res	INC
b if "Yes," was the related organization a section 527 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and its employees) who each received more then \$100,000 of compensation from the organization. If there is none, enter "Mone." (d) Name and title of each employee (e) Name and title of each employees paid over \$100,000 (forms W-2/1699-MSQ) (e) Name and title of each employees paid over \$100,000 (forms W-2/1699-MSQ) (form		ls th	ne organization a school as described in the organization make any transfers t	n section 170(b)(1)(A)(0? If "Yes." com	lete Sch	edule E .		48		
(a) Name and title of each employee board provided devoted to position (Forms W-2/1039-MSSQ) THE ORGANIZATION HAS NO EMPLOYEES AND PAYS NO COMPRESSATION— 1 Total number of other employees paid over \$100,000 Pays of compensation from 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) Name and business address of each independent contractor (c) Name and business address of each independent contractor (d) Total number of other independent contractor (e) Name and business address of each independent contractor (e) Name and business address of each independent contractor (f) Total number of other independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors	_	If "\ Con	es," was the related organization a se	ection 527 organizations five bigbest compen	on?	 s (other t	han officers	, directors,	49b	es and	
f Total number of other employees paid over \$100,000 ▶ O 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." (e) Name and business address of each independent contractor (b) Type of service (c) Compensation THE ORGANIZATION HAS EMPLOYED NO INDEPENDENT CONTRACTORS d Total number of other independent contractors each receiving over \$100,000 . ▶ O Did the organization complete Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a completed Schedule A? Note. All section \$51(c)(3) organizations must attach a complete Schedule A? Note. All section \$51(c)(3) organizations must attach a complete Schedule A? Note. All section \$51(c)(3) organizations must attach a complete Schedule A? Note. All section				(b) Average hours per week	(c) Reportable compensation	con	(d) Health bene tributions to em efit plans, and d	nts, picyes (e) E leferred cti	stimate	d amou	
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) Type of service (d) Compensation THE ORGANIZATION HAS EMPLOYED NO INDEPENDENT CONTRACTORS d Total number of other independent contractors each receiving over \$100,000▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Note. All section 501(c)(3) organizations must attach a completed Schedule A. Note. All section 501(c)(3) organizations of my knowledge and belief, it is true, correct, and complete. Decignation of prepare, (other than official) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's EIN ▶ Firm's address ▶ Phone no.		77	A		EMPL	oye	es And	۵			
THE ORGANIZATION HAS EMPLOYED NO INDEPENDENT CONTRACTORS d Total number of other independent contractors each receiving over \$100,000 . ▶	51	Con \$100	nplete this table for the organization's 0,000 of compensation from the organ	s five highest compe nization. If there is no	ne, enter "None."	lent con	tractors who				lhar
d Total number of other independent contractors each receiving over \$100,000 . 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A . 10 Pres 10 Note. All section 501(c)(3) organizations must attach a completed Schedule A . 11 Pres 12 Pres 13 Preparer that I have examined this return, locketing accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Designation of preparer (other than official) is based on all information of which preparer has any knowledge. 14 - 27 - 2015 15 Signature of officer 15 Preparer's signature of officer 16 Preparer's name Preparer's name Preparer's signature 17 Proporer 18 Prim's each preparer's name Preparer's signature 19 Preparer 19 Prim's each preparer's name Preparer's signature 10 Prim's each preparer 15 Prim's each preparer Prim's each preparer's name Preparer Proposed 17 Prim's each preparer 18 Prim's each preparer Prim's each preparer's name Preparer's signature Prim's each preparer 19 Prim's each preparer Prim's each preparer's name Preparer's name Preparer Proposed 18 Prim's each preparer Prim's each preparer's name Preparer Prim's each preparer Prim's e								(e) Comp	JENSAUO	R	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		1.1:1									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A							_				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A											
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 Signature of officer	52	Did 1	the organization complete Schedul		tion 501(c)(3) o	-	ons must a		/	□No	
Here	Under per true, com	naities act, an	of perjury, I declare that I have examined this re ad complete. Declaration of preparer (other than	itum, including accompanyi officer) is based on all infor	ng schedules and sta nation of which prepa	tements, ar ver has any	nd to the best of knowledge.	my knowledg	e and b	elief, it i	s
Preparer Use Only Firm's name ► Firm's EIN ► From's address ► Phone no.	Sign Here		WANDA S. MCNE	SIL, TREAS	UREK			27-2	015		
Use Only Firm's name ► Firm's EIN ► Phone no.	Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date		ᅉᄔᅼᇎᇉ	TIN		
Manual In Common Allores and Manual In Common Allores and Manual Inc.							Firm's EIN	>		· · · · · · · · · · · · · · · · · · ·	_
way the the disease this retain with the preparer shown abover see instructions	May the	IBS		shown shows? See in	Structions						

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

Hant	EQUAL CHANCE	FOR FOUR	CATTON!			46 - 452			
Pa	rt I Reason for Public Ch			t comp	ete this				
STATE OF THE PARTY.	organization is not a private found	dation because it	t is: (For lines 1 through	th 11 che	eck only	part.) See monuci	0115.		
1									
2									
3									
4									
5									
6 7	☐ 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)(
. 8									
9	receipts from activities relate support from gross investm acquired by the organization	ed to its exempt ent income and after June 30, 19	functions—subject t unrelated business 375. See section 509(o certain taxable a)(2). (Co	exception income (mplete P	ons, and (2) no mor (less section 511 to Part III.)	e than 331/3% of its		
10		d operated exclu	usively to test for publ	ic safety.	See sec	tion 509(a)(4).			
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations	described in section 5	09(a)(1)	or section	n 509(a)(2). See sec	tion 509(a)(3). Check		
а		zation operated, s) the power to r	supervised, or contro egularly appoint or ele	lled by it	s support	ted organization(s), t	vpically by giving		
ь		ization supervise ne supporting or	ed or controlled in con ganization vested in th	nection v	vith its su persons t	pported organization hat control or mana	n(s), by having ge the supported		
C		ated. A supporti	ng organization opera	ted in co	nnection V. Sectio	with, and functional	ly integrated with,		
d		itegrated. A sup	porting organization of ization generally must	perated satisfy a	in connec	ction with its suppor	ted organization(s) an attentiveness		
е	Check this box if the organiz						II Type III		
	functionally integrated, or Ty	pe III non-functi	onally integrated supr	ortina or	ganizatio	п.	n, Type m		
f	Enter the number of supported				3				
g			ported 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) is the disted in yo	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)				16					
~									

1	Par	Support Schedule for Organiza	ations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	1	
		(Complete only if you checked to	he box on lin	e 5, 7, or 8 o	f Part I or if th	e organizatio	on failed to au	alify under	
} _		Part III. If the organization fails to	o qualify und	er the tests i	isted below, p	olease compl	ete Part III.)		
-		tion A. Public Support							
•	Cale	ndar year (or fiscal year 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.")						47,600	
	2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0	
	3	The value of services or facilities furnished by a governmental unit to the organization without charge					0	0	
	4	Total. Add lines 1 through 3					47,600	47.600	
	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)						19,932	
	6	Public support. Subtract line 5 from line 4.		1			27,668	27.448	
S	ect	ion B. Total Support					1 01/1000	·// ##0	
C	ale:	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	7	Amounts from line 4					47,600	47,600	
a	8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	0	
)	9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	6	
•	10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					0	0	
	11	Total support. Add lines 7 through 10						47,600	
	12	Gross receipts from related activities, etc.	(see instruction	ons)			12		
	l3 ecti	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	ъ		d, third, fourth,	or fifth tex ye	ear as a section	501(c)(3)	
	4				41		44.1		
	1 -1 15	Public support percentage for 2014 (line 6)	, www.m (I) di\	videu by line 1 Libra 4.4	i, column (ŋ)	• • • •	14	<u>%</u>	
	6a	Public support percentage from 2013 Schedule A, Part II, line 14 331/s% support test—2014. If the organization did not check the box on line 13, and line 14 is 331/s% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	þ	33's% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33's% or more, check this box and step here. The organization qualifies as a publish supported experiential.							
1	7a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "fat VI how the organization meets the "fat organization	14. If the organts the "facts-aucts-and-circur	nization did no ınd-circumstar	et check a box nces" test, chec t. The organiza	on line 13, 16a ck this box and	d ston here. Ev	nlain in	
		10%-facts-and-circumstances test—20115 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	13. If the organ on meets the ets the "facts-	nization did no "facts-and-cir -and-circumst	ot check a box cumstances" t ances" test. Th	est, check thine organization	s box and stop qualifies as a p	nd line here. bublicly	
1	8	Private foundation. If the organization did	not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se		