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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

lame of the organization						Employer identification number			
HE FIRST FREEDOM, INC					42-1133919				
Part I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) S				
he organization is not a private founda	ition because it i	s: (For lines 1 through	11, chec	k only or	ne 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.)									
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.) 									
8 A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9 An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mo d to its exempt nt income and	re than 331/3% of its functions—subject to unrelated business	support i certain taxable ii	exception ncome (le	ns, an ess s	d (2) no more	e than 331/31	% of its	
10 An organization organized and						0(-)(4)			
11 PAn organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusi I organizations d	vely for the benefit of, escribed in section 5 6	to perfor	m the fun r section	ctions 509(a	of, or to carry	ion 509(a)(3). Check	
a Type I. A supporting organize the supported organization(sorganization. You must companization.) the power to re	gularly appoint or ele							
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
control or management of the organization(s). You must co	e supporting org	anization vested in th	e same p	ersons th	nat co	ntrol or manag	ge the suppo	orted	
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
d Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on rec	uirement and	ted organiza an attentive	ition(s) eness	
 Check this box if the organiz functionally integrated, or Ty 	ation received a pe III non-function	written determination	from the	IRS that	it is a า.	Type I, Type I	il, Type fil		
f Enter the number of supported of									
g Provide the following information		orted organization(s).							
(i) Name of supported organization	(described on lines 1-9 listed in your governing sup				ount of monetary support (see nstructions)	ry (vi) Amount of other support (see instructions)			
			Yes	No					
A) CITY OF RICEVILLE	42-6005151	6				О.			
B)									
C)					-	RECEI			
D)					7887	MAR 18	2016 S		
E)						OGDEN			
					-		-	J	