

- 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		X

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		X

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

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

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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
Name <u>None</u>				
Title <u>Hr/WK</u>	<u>.00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>.00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>.00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>.00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>.00</u>			

- f** Total number of other employees paid over \$100,000 **▶** _____

- 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
Name <u>None</u> Str		
City <u>ST</u> ZIP <u></u>		
Name <u></u> Str		
City <u>ST</u> ZIP <u></u>		
Name <u></u> Str		
City <u>ST</u> ZIP <u></u>		
Name <u></u> Str		
City <u>ST</u> ZIP <u></u>		
Name <u></u> Str		
City <u>ST</u> ZIP <u></u>		

- 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. **▶** ☒ 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	Signature of officer	Date
	<u>PATRICK BLAIR, TREASURER</u>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>JAN N STERLING</u>	<u>JAN N STERLING</u>	<u>8/18/2016</u>		<u>P00039599</u>
	Firm's name ▶ <u>JAN STERLING ASSOC INC</u>	Firm's EIN ▶ <u>52-1913223</u>			
	Firm's address ▶ <u>205 THELMA AVENUE SET A, GLEN BURNIE, MD 21061</u>			Phone no. <u>(410) 761-9296</u>	

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