

**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
<b>46</b>		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
<b>47</b>		X

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

	Yes	No
<b>48</b>		X

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

	Yes	No
<b>49 a</b>		X

**b** If 'Yes,' was the related organization a section 527 organization? . . . . . 

	Yes	No
<b>49 b</b>		

**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				
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**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
NONE		
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**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 and 4947(a)(1) nonexempt charitable trusts 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: KURT J. HENRY Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/type preparer's name: Charles R. Dixon Preparer's signature: [Signature] Date: 11/06/14 Check  If self-employed PTIN: P00059244

Firm's name: Dixon & Company P.C. Firm's EIN: 76-0069718

Firm's address: 21025 Springbrook Plaza Dr Phone no.: (281) 444-0247  
Spring TX 77379

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