

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

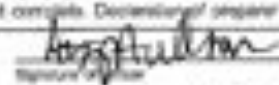

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2015 calendar year, or tax year beginning , and ending		<b>B</b> Employer identification number	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> First return preparer <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Blue Jacket, Inc.</b>		<b>35-2210669</b>
	Doing business as		<b>260-744-1900</b>
	Number and street or P.O. box if mail is not delivered to street address; Suite, room, or other number		<b>260-744-1900</b>
	City or town, state or province, country, and ZIP or foreign postal code		<b>967,645</b>
<b>F</b> Name and address of principal officer: <b>Anthony Hudson</b>		<b>6</b> (Overseas) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>7</b> (U.S.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a list (see instructions)	
<b>1</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) [ ] (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>8</b> Website: <b>Bluejacketinc.org</b>	
<b>9</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of transfer: <b>2003</b> <b>M</b> State of legal domicile: <b>IN</b>	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: The mission of Blue Jacket, Inc. is to provide education, training and opportunities to any disadvantaged person who is striving to earn a second chance at gainful employment.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>95</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>315</b>
	<b>7a</b> Total unrelated business revenue from Part VII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VII, line 7c)	Prior Year
<b>9</b> Program service revenue (Part VII, line 2g)		597,817	353,556
<b>10</b> Investment income (Part VII, column (A), lines 3, 4, and 7d)			0
<b>11</b> Other revenue (Part VII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11c)		31,361	158,789
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)		1,183,099	912,256
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	641,921	567,381
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>103,054</b>		0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	119,566	182,234
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	761,487	749,615
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	421,612	162,641	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 10)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 20)	622,157	829,828
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	106,928	151,958
		515,229	677,870

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	▶ 	6/23/16	
	▶ <b>Anthony Hudson</b>	<b>Executive Director</b>	
<b>Preparer Use Only</b>	Print preparer's name	Preparer's signature	Date
	Brian L. Neel, MBA, CPA		05/31/16
	Firm name ▶ <b>Hamil, Lehman &amp; England, PC</b>	Firm EIN ▶ <b>35-2083429</b>	PTIN ▶ <b>70020692</b>
	Firm address ▶ <b>6404 Constitution Drive Fort Wayne, IN 46804</b>	Phone no. ▶ <b>260-434-1852</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. **1** Briefly describe the organization's mission:

The mission of Blue Jacket, Inc. is to provide education, training and opportunities to any disadvantaged person who is striving to earn a second chance at gainful employment.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 602,699 including grants of \$ ) (Revenue \$ 399,911 )

Blue Jacket, Inc. was created to provide education, training and opportunities to any disadvantaged person who is striving to earn a second chance at gainful employment.

The career academy is a two week, forty (40) hour training program that provides job-readiness training, pre and post-placement services including job placement, education, skills and interest assessments, and personal and professional development. In 2015, 94 individuals were enrolled in the career academy and graduated.

Opportunity Staffing provides transitional employment for the career academy graduates. In 2015, 77 people were employed through Opportunity

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **602,699**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> 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.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 9a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 9a? If "Yes," complete Schedule G, Part III.		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and II		X
<b>23</b> Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defuse any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(2), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts I, II, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(2) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 9% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 12? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8868-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 6252?		X
<b>d</b>	If "Yes," indicate the number of Forms 6252 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-CV?		X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(2) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	14
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	1b	14
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed: **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

**Kurt Kline**  
Fort Wayne

2826 S. Calhoun Street

IN 46807

260-744-1900

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

1. List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

2. List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

3. List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

4. List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

5. List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (if any hours for related organizations leave blank (0))	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (9-2109-MISC)	(E) Reportable compensation from related organizations (9-2109-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former Officer	Former Director/Trustee			
(1) Frederick Bean	0.50										
President	0.00	X	X					0	0	0	
(2) Michael Coil	0.50										
Board Member	0.00	X						0	0	0	
(3) Kevin Erb	0.50										
Board Member	0.00	X						0	0	0	
(4) David Gutting	0.50										
Board Member	0.00	X						0	0	0	
(5) Christopher Lambert	0.50										
Vice President	0.00	X	X					0	0	0	
(6) Donnell Miller	0.50										
Board Member	0.00	X						0	0	0	
(7) Kimbra O'Brien	0.50										
Secretary	0.00	X	X					0	0	0	
(8) Jon Painter	0.50										
Board Member	0.00	X						0	0	0	
(9) Karen Palumbo	0.50										
Board Member	0.00	X						0	0	0	
(10) Dan Schreiber	0.50										
Treasurer	0.00	X	X					0	0	0	
(11) Anthony Stites	0.50										
Board Member	0.00	X						0	0	0	

**Part VI Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (Do not include hours for related organizations unless noted below)	(C) Position (Do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (2015-1594-1595)	(E) Reportable compensation from related organizations (2015-1594-1595)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key employee	Highest compensated employee	Former officer, director, trustee, key employee, or highest compensated employee	Former officer, director, trustee, key employee, or highest compensated employee			
(12) <b>Becky Teagarden</b>	0.50									
Board Member	0.00	X					0	0	0	
(13) <b>Dave Umber</b>	0.50									
Board Member	0.00	X					0	0	0	
(14) <b>Jennifer Winklejohn</b>	0.50									
Board Member	0.00	X					0	0	0	
(15) <b>Anthony Hudson</b>	40.00									
Executive Director	0.00		X				73,693	0	0	
<b>1b Sub-total</b>							73,693			
<b>c Total from continuation sheets to Part VI, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							73,693			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$100,000? If "Yes," complete Schedule J for such individual.		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and address (2015)	(B) Occupation, if any	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: **0**



**Part VII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VII 

		(A) Total revenue	(B) Revised or except fundraising revenue	(C) Unrelated business income	(D) Revenue excluded from the united method EQTSA	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (grants)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and other amounts not included above	<b>1f</b>	353,556			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>g</b>	27,300			
<b>h</b> Total. Add lines 1a-1f	<b>h</b>	353,556				
<b>Program Service Revenue</b>	<b>2a</b> Fees for service	<b>2a</b>	270,000	270,000		
	<b>b</b> Contract Academy	<b>2b</b>	129,911	129,911		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue	<b>f</b>				
	<b>g</b> Total. Add lines 2a-2f	<b>g</b>	399,911			
<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents	<b>6a</b>					
	<b>b</b> Less: real estate taxes					
	<b>c</b> Real estate taxes					
	<b>d</b> Net rental income or (loss)		13,877	13,877		
<b>7a</b> Gross amount from sale of assets	<b>7a</b>					
	<b>b</b> Less: cost or other basis & sales cost					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c. See Part IV, line 15)	<b>8a</b>					
	<b>b</b> Less: direct expenses		158,277			
	<b>c</b> Net income or (loss) from fundraising events		21,936			
<b>9a</b> Gross income from gaming activities. See Part IV, line 15	<b>9a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold		37,900			
	<b>c</b> Net income or (loss) from sales of inventory		33,453			
<b>11a</b> Miscellaneous Revenue	<b>11a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e</b> Total. Add lines 11a-11d	<b>e</b>	4,124	4,124			
<b>12</b> Total revenue. See instructions	<b>12</b>	912,356	422,359	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(29) and 501(c)(30) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

Do not include amounts reported on lines 5b, 7a, 8b, 9b, and 10a of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and foreign governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	73,937	40,928	15,990	17,019
6 Compensation not included above, to disqualified persons (as defined under section 4960(c)(1)) and persons described in section 4960(c)(2)(B).				
7 Other salaries and wages	446,973	408,700	20,903	17,370
8 Pension plan accruals and contributions (include section 401(k) and 408(a) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	46,471	40,981	3,130	2,360
11 Fees for services (non-employees):				
a Management				
b Legal	17,520	15,784		1,736
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. If the 11g amount exceeds 10% of the 25 column (A) amount, list the 11g expense on Schedule O.	7,400			7,400
12 Advertising and promotion	39,193	10,231	49	28,913
13 Office expenses	13,805	8,363	71	5,371
14 Information technology	457	360		97
15 Royalties				
16 Occupancy	24,426	20,442	138	3,846
17 Travel	6,970	3,296		3,674
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,950	1,728	1,546	676
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,275	13,794		5,481
23 Insurance	26,959	22,221		4,738
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If the 24e amount exceeds 10% of the 25 column (A) amount, list the 24e expense on Schedule O.)				
a Repairs and Maintenance	13,083	9,046	1,698	2,339
b Fees	4,051	3,496	306	249
c Meals	3,436	1,620	31	1,785
d Miscellaneous	1,679	1,679		
e All other expenses	30	30		
25 Total functional expenses. Add lines 1 through 24e.	749,615	602,699	43,862	103,054
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-7 (AIC 98-77).				

**Part X Balance Sheet**Check if Schedule D contains a response or note to any line in this Part X. 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	65,219	1	178,872
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	40,000	3	45,000
	4 Accounts receivable, net	49,808	4	37,956
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employee. Complete Part II of Schedule L.		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,134	8	40,279
	9 Prepaid expenses and deferred charges	6,315	9	11,633
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 591,873		
	b Less: accumulated depreciation	10b 75,785		
		438,681	10c	516,088
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11.		12	
	13 Investments—program-related. See Part IV, line 11.		13	
14 Intangible assets		14		
15 Other assets. See Part IV, line 11.		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	622,157	16	829,828	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	33,009	17	63,099
	18 Grants payable		18	
	19 Deferred revenue		19	2,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties.		23	
	24 Unsecured notes and loans payable to unrelated third parties.	73,919	24	81,852
	25 Other liabilities (including federal income tax payable to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	4,507
	26 <b>Total liabilities.</b> Add lines 17 through 25.	106,928	26	151,958
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	475,229	27	568,397
	28 Temporarily restricted net assets	40,000	28	109,473
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	515,229	33	677,870	
34 <b>Total liabilities and net assets/fund balances</b>	622,157	34	829,828	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

<b>1</b>	Total revenue (must equal Part VII, column (A), line 12)	<b>1</b>	912,256
<b>2</b>	Total expenses (must equal Part IX, column (A), line 28)	<b>2</b>	749,615
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	162,641
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	515,229
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	677,870

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2015)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Blue Jacket, Inc.

Employer identification number

35-2210669

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one 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 (Form 990 or 990-EZ).)
- 3  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 III.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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 III.)
- 8  A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part III.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11a, 11i, and 11g.
- a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- 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.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(a) Name of supported organization	(b) EIN	(c) Type of organization described on lines 1-8 above (see instructions)	(d) Is the organization listed in your governing document?		(e) Amount of monetary support (see instructions)	(f) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(2) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	319,922	389,360	322,318	419,319	511,933	2,363,032
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities rented or leased in any activity that is related to the organization's tax-exempt purpose	289,117	309,220	439,416	522,343	451,488	2,083,023
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	609,039	698,580	761,734	1,212,662	963,321	4,446,055
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	14,400	20,000	9,000	9,000	2,485	54,885
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	31,970	32,941	62,328	83,370	112,642	283,431
<b>c</b> Add lines 7a and 7b	46,370	52,941	71,328	92,370	115,127	348,496
<b>8 Public support.</b> (Subtract line 7c from line 6.)						4,097,559

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6	609,039	698,580	761,734	1,212,662	963,321	4,446,055
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3	2				7
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3	2				7
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,444	28,227	2,635	4,248	4,124	56,706
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	826,526	727,339	764,369	1,217,156	967,445	4,503,219
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	91.20%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	92.24%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the 6th month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), do the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify these supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to these supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to alternative supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 8	
10 Line 9 amount divided by Line 6 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 9			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section C, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**Part VI Supplemental information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1a; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 8. Also complete this part for any additional information. (See instructions.)

**Part III, Line 12 - Other Income Detail**

\$ 56,700

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

Blue Jacket, Inc.

Employer identification number

35-2210669

Organization type (check one):

Files of:

Section:

Form 990 or 990-EZ

501(c) 3 (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part III, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, III, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ 1

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Blue Jacket, Inc.	Employer identification number 35-2210669
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charles Kuhne Charitable Foundation Wells Fargo Wealth Management One West Fourth Street Winston-Salem NC 27101	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AWS Foundation, Inc. 8515 Bluffton Road Fort Wayne IN 46809	\$ 42,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	Foellinger Foundation, Inc. 520 East Berry Street Fort Wayne IN 46802	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Community Foundation 555 E. Wayne Street Fort Wayne IN 46802	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	The Waterfield Foundation, Inc. 7221 Engle Road, Suite 250 Fort Wayne IN 46804	\$ 52,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Lincoln Financial Foundation 1300 South Clinton Street Fort Wayne IN 46801	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **Blue Jacket, Inc.** Employer identification number **35-2210669**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Mary Cross Tippman Foundation 9009 Coldwater Road Fort Wayne IN 46825	\$ 32,770	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	English Boster Mitchell Foundation PNC Bank, NA 110 West Berry St., Suite 900 Fort Wayne IN 46802	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Old National Bank Foundation 1 Main Street Evansville IN 47708	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	City of Fort Wayne Community Development 200 East Berry Street Suite 320 Fort Wayne IN 46802	\$ 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	M E Raker Foundation 6207 Constitution Drive Fort Wayne IN 46804	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Three Rivers Federal Credit Union Fd P.O. Box 2573 Fort Wayne IN 46801	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Blue Jacket, Inc.</b>	Employer identification number <b>35-2210669</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(i) No.	(ii) Name, address, and ZIP + 4	(iii) Total contributions	(iv) Type of contribution
13	Zoliner Foundation WM Philanthropic West P.O. Box 95021 MAC 84753-028 Henderson NV 89009	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Blue Jacket, Inc.

Employer identification number

35-2210669

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Fantasy of Lights Displays .....	\$ 27,300	11/01/15
	.....	\$ .....	.....
	.....	\$ .....	.....
	.....	\$ .....	.....
	.....	\$ .....	.....
	.....	\$ .....	.....

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 5, 7, 8, 9, 50, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

Employer identification number

Blue Jacket, Inc.

35-2210669

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Hold at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(b)(4)(B)(i) and section 170(b)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 118 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 118 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 118 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition  
 b Scholarly research  
 c Preservation for future generations  
 d Loan or exchange programs  
 e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be added to sales funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %  
 b Permanent endowment  %  
 c Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (depreciated)	(b) Cost or other basis (net)	(c) Accumulated depreciation	(d) Book value
1a Land		51,661		51,661
b Buildings		341,239	21,204	320,035
c Leasehold improvements		44,115	8,088	36,027
d Equipment		50,071	42,104	7,967
e Other		104,787	4,389	100,398
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				516,088

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Sales tax payable	2,568	
(3) Security deposits	1,939	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,507	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FWN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	912,256
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Not realized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		912,256
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		912,256

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	749,615
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		749,615
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 15.)	5		749,615

**Part XIII Supplemental Information.**

Provide the descriptions required for Part I, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4c; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

The Organization adopted the FASB ASC Topic 740-10, Accounting for Uncertainty in Income Taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as derecognition, interest, penalties and disclosures required. The Organization's income tax filings are subject to audit by various taxing authorities. The Organization's open audit periods are 2012-2015. In evaluating the Organization's tax provisions and accruals, future taxable income, and the reversal of temporary differences, interpretations, and tax planning strategies are considered. The Organization believes their estimates are

**Part XII Supplemental Information** (continued)

appropriate based on current facts and circumstances.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 16.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

Blue Jacket, Inc.

Employer identification number

35-2210669

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d In-person solicitations          |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or received by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add (a), (b) through (c), (d))
	<u>Fantasy of Ligh</u> (event type)	<u>Golf Outing</u> (event type)	<u>1</u> (total number)	
<b>Revenue</b>				
1 Gross receipts	127,782	23,050	7,445	158,277
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	127,782	23,050	7,445	158,277
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes		1,230	550	1,780
6 Rent/facility costs		5,003		5,003
7 Food and beverages		3,192	1,430	4,622
8 Entertainment			275	275
9 Other direct expenses	7,921	455	1,880	10,256
10 Direct expense summary. Add lines 4 through 9 in column (d)				21,936
11 Net income summary. Subtract line 10 from line 3, column (d)				136,341

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Full licensed bingo/raffle/charity bingo	(c) Other gaming	(d) Total gaming (add or (a) through (c))
	<b>Revenue</b>			
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_



11. Does the organization conduct gaming activities with nonmembers?  Yes  No
12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

## 13. Indicate the percentage of gaming activity conducted in:

- |                                |     |   |
|--------------------------------|-----|---|
| a. The organization's facility | 13a | % |
| b. An outside facility         | 13b | % |

## 14. Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a. Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b. If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....

c. If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

## 16. Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

 Director/officer     Employee     Independent contractor

## 17. Mandatory distributions:

- a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Blue Jacket, Inc.**

Employer identification number

**35-2210669**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part III, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Light Displays)	X	1	27,300	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

30a X

b If "Yes," describe the arrangement in Part III.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a X

b If "Yes," describe in Part III.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part III.



**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Blue Jacket, Inc.

Employer identification number

35-2210669

Form 990, Part III, Line 4a - First Accomplishment

Staffing.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is provided to the Board in an electronic format for their review and questions prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members and staff will annually disclose and promptly update any previous disclosures made on an Annual Conflict of Interest Disclosure form provided by Blue Jacket, Inc. The full board, or executive chairperson of the board, as appropriate, will determine the course of action to be taken. All decisions involving a conflict of interest will be made only by disinterested persons. The fact that a conflict was managed and the outcome will be documented in the minutes of board/staff meetings if the conflict was related to the board/staff. If the conflict was related to a staff member, the Executive director will report the conflict and outcome to the board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board determines the Executive Director's wages using comparable wage analysis of other non - profits.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The documents will be provided upon request or inquiry

Name(s) shown on return

**Blue Jacket, Inc.**Identifying number  
**35-2210669**

Business or activity to which the form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Notes:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Other limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 2b	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRB)	16	17,155

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	1,062
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Description of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment) (see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		SL	
h	Residential rental property		27.5 yrs.	MM	SL	
i	Nonresidential real property		27.5 yrs.	MM	SL	
			39 yrs.	MM	SL	
				MM	SL	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a	Class life				SL	
b	13-year		13 yrs.		SL	
c	40-year		40 yrs.	MM	SL	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 2b	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	18,217
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** 2015

There are no amounts for Page 2

Blue Jacket, Inc.  
2826 S. Calhoun Street  
Fort Wayne, IN 46807

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

## Federal Asset Report Form 990, Page 1

Asset	Description	Date in Service	Cost	Bus Sec %	179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
32	Computers for Computer Lab (13)	11/26/14	5,595		X	2,795	5 MQ300DB	2,935	1,062
			<u>5,595</u>			<u>2,795</u>		<u>2,935</u>	<u>1,062</u>
<b>Other Depreciation:</b>									
1	18 V Compact Tough Drill #1	6/30/06	169			169	7 MO SL	169	0
2	Generator Copy Machine	3/11/09	3,950			3,950	5 MO SL	3,950	0
3	Laptop - Exec Dir	4/25/09	580			580	5 MO SL	580	0
4	(2) Desktop w/ DVD Burner	4/15/09	1,406			1,406	5 MO SL	1,406	0
5	(4) Desktop w/ DVD Burn	4/15/09	2,692			2,692	5 MO SL	2,692	0
6	(2) Desktop w/ DVD Burner	12/15/09	1,261			1,261	5 MO SL	1,261	0
7	Projector	1/20/10	1,200			1,200	5 MO SL	1,200	0
8	Camcorder	1/27/10	259			259	5 MO SL	259	0
9	Printer	1/27/10	300			300	5 MO SL	300	0
11	Opportunity Staffing Laptop	7/06/10	350			350	5 MO SL	314	36
13	MIP	4/05/11	17,952			17,952	3 MO SL	17,952	0
14	Laptop - Exec Dir	4/11/11	471			471	5 MO SL	345	95
15	Laptop - Sparr - OS	5/03/11	471			471	5 MO SL	345	95
16	Projector	1/26/12	571			571	5 MO SL	333	134
17	Desktop PC for Adjunct	3/28/12	763			763	5 MO SL	394	153
18	(4) Security Cameras and Recorder	4/11/12	2,200			2,200	5 MO SL	1,210	440
19	(10) Desktop PC	4/19/12	4,956			4,956	5 MO SL	2,643	961
20	Tables & Chairs Classroom #2	9/01/12	8,900			8,900	7 MO SL	2,973	1,275
21	Washer & Dryer	7/01/13	1,600			1,600	7 MO SL	350	229
22	Clothing Store Improvements	4/15/13	44,115			44,115	15 MO SL	5,147	2,941
23	315 Lavias Land	12/31/10	4,761	0		4,761	0 - Land	0	0
24	315 Lavias	12/31/10	39,239	30		39,239	30 MO SL	5,699	1,388
25	Laptop S510P	6/26/14	480			480	5 MO SL	48	96
26	Laser Printer HELI (2)	6/26/14	500			500	5 MO SL	50	100
27	Laptop S55A5294	6/26/14	570			570	5 MO SL	57	134
28	Laptop S510P	6/26/14	480			480	5 MO SL	48	96
29	Laptop S510P	6/26/14	480			480	5 MO SL	48	96
30	Building (2926 S Calhoun St)	2/28/14	302,000			302,000	39 MO SL	6,453	7,744
31	Land (Calhoun Street)	2/28/14	46,900	0		46,900	0 - Land	0	0
33	HVAC Unit	6/10/15	9,070			9,070	40 MO SL	0	132
34	Facade Improvements	10/27/15	50,530			50,530	39 MO SL	0	216
35	Festive of Lights Displays	11/01/15	27,300			27,300	7 MO SL	0	650
36	Light Display - Graduating FH	11/01/15	950			950	7 MO SL	0	23
37	Light Display - Polar Bear Family w/ Tree	11/01/15	3,400			3,400	7 MO SL	0	81
38	Light Display - Flying Raindeer	11/01/15	1,425			1,425	7 MO SL	0	34
39	Light Display - Cinderella Carriage	11/01/15	2,712			2,712	7 MO SL	0	65
40	Light Display - Bobbette's Star	11/01/15	1,300			1,300	7 MO SL	0	33
	<b>Total Other Depreciation</b>		<u>586,283</u>			<u>586,283</u>		<u>56,226</u>	<u>17,155</u>
	<b>Total ACBS and Other Depreciation</b>		<u>586,283</u>			<u>586,283</u>		<u>56,226</u>	<u>17,155</u>
	<b>Grand Totals</b>		<u>591,873</u>			<u>589,078</u>		<u>59,161</u>	<u>18,217</u>
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		<u>591,873</u>			<u>589,078</u>		<u>59,161</u>	<u>18,217</u>

## IN Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
<b>Prior MACRS</b>								
32	Computers for Computer Lab (13)	11/25/14	5,990	5,990	279	2,125	1,962	-1,063
			<u>5,990</u>	<u>5,990</u>	<u>279</u>	<u>2,125</u>	<u>1,962</u>	<u>-1,063</u>
<b>Other Depreciation</b>								
1	18 V Compact Trench Drill #1	6/30/06	169	169	169	0	0	0
2	Generator Copy Machine	3/11/09	3,950	3,950	3,950	0	0	0
3	Laptop - Exec Dir	4/15/09	580	580	580	0	0	0
4	(2) Desktop w/ DVD Burner	4/15/09	1,406	1,406	1,406	0	0	0
5	(4) Desktop w/ DVD Rom	4/15/09	2,692	2,692	2,692	0	0	0
6	(2) Desktop w/ DVD Burner	12/15/09	1,261	1,261	1,261	0	0	0
7	Projector	1/20/10	1,200	1,200	1,200	0	0	0
8	Camcorder	1/27/10	259	259	259	0	0	0
9	Printer	1/27/10	300	300	300	0	0	0
11	Opportunity Staffing Laptop	7/06/10	350	350	314	36	36	0
13	MIP	4/05/11	17,952	17,952	17,952	0	0	0
14	Laptop - Exec Dir	4/11/11	471	471	345	95	95	0
15	Laptop - Sparr - OS	5/03/11	471	471	345	95	95	0
16	Projector	1/26/12	571	571	333	114	114	0
17	Desktop PC for Adjunct	3/28/12	763	763	394	153	153	0
18	(4) Security Cameras and Recorder	4/11/12	2,200	2,200	1,210	440	440	0
19	(30) Desktop PC	4/29/12	4,956	4,956	2,643	991	991	0
20	Tables & Chairs Classroom #2	9/01/12	8,920	8,920	2,973	1,275	1,275	0
21	Washer & Dryer	7/01/13	1,600	1,600	350	229	229	0
22	Clothing Store Improvements	4/15/13	44,115	44,115	5,147	2,941	2,941	0
23	515 Lavina Land	12/31/10	4,761	4,761	0	0	0	0
24	515 Lavina	12/31/10	39,239	39,239	5,699	1,308	1,308	0
25	Laptop S510P	6/26/14	480	480	48	96	96	0
26	Laser Printer HL61 (2)	6/26/14	500	500	50	100	100	0
27	Laptop S55A5294	6/26/14	570	570	57	114	114	0
28	Laptop S510P	6/26/14	480	480	48	96	96	0
29	Laptop S510P	6/26/14	480	480	48	96	96	0
30	Building (2826 S Calhoun St)	2/28/14	302,000	302,000	6,453	7,744	7,744	0
31	Land (Calhoun Street)	2/28/14	46,900	46,900	0	0	0	0
33	HVAC Unit	6/29/15	9,079	9,079	0	152	152	0
34	Facade Improvements	10/27/15	50,530	50,530	0	216	216	0
35	Festivity of Lights Displays	11/01/15	27,300	27,300	0	650	650	0
36	Light Display - Graduating III	11/01/15	950	950	0	23	23	0
37	Light Display - Polar Bear Family w/ Tree	11/01/15	3,400	3,400	0	81	81	0
38	Light Display - Flying Reindeer	11/01/15	1,425	1,425	0	34	34	0
39	Light Display - Cinderella Carriage	11/01/15	2,712	2,712	0	65	65	0
40	Light Display - Bethlehem Star	11/01/15	1,300	1,300	0	31	31	0
	<b>Total Other Depreciation</b>		<u>586,283</u>	<u>586,283</u>	<u>56,226</u>	<u>17,155</u>	<u>17,155</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>586,283</u>	<u>586,283</u>	<u>56,226</u>	<u>17,155</u>	<u>17,155</u>	<u>0</u>
	<b>Grand Totals</b>		<u>591,873</u>	<u>591,873</u>	<u>56,505</u>	<u>19,280</u>	<u>18,217</u>	<u>-1,063</u>
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>591,873</u>	<u>591,873</u>	<u>56,505</u>	<u>19,280</u>	<u>18,217</u>	<u>-1,063</u>



**Bonus Depreciation Report**

Asset	Property Description	Date in Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Amtrix: Form 990, Page 1</b>								
32	Computers for Computer Lab (13)	11/26/14	5,590		0	0	2,795	2,795
		Form 990, Page 1	<u>5,590</u>		<u>0</u>	<u>0</u>	<u>2,795</u>	<u>2,795</u>
		<b>Grand Total</b>	<u>5,590</u>		<u>0</u>	<u>0</u>	<u>2,795</u>	<u>2,795</u>

35-2210669

**Depreciation Adjustment Report**  
**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report.						

## Future Depreciation Report    FYE: 12/31/16

### Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
32	Computers for Computer Lab (13)	11/25/14	5,590	637	0
			<u>5,590</u>	<u>637</u>	<u>0</u>
<b>Other Depreciation:</b>					
1	18 V Compact Tough Drill #1	6/30/06	169	0	0
2	Genetec Copy Machine	3/11/09	3,950	0	0
3	Laptop - Isaac Dr	4/15/09	380	0	0
4	(2) Desktop w/ DVD Burner	4/15/09	1,486	0	0
5	(4) Desktop w/ DVD Rom	4/15/09	2,682	0	0
6	(2) Desktop w/ DVD Burner	12/15/09	1,261	0	0
7	Projector	1/29/10	1,200	0	0
8	Camcorder	1/27/10	259	0	0
9	Printer	1/27/10	300	0	0
11	Opportunity Staffing Laptop	7/06/10	350	0	0
13	MIP	4/05/11	17,912	0	0
14	Laptop - Isaac Dr	4/13/11	471	31	0
15	Laptop - Spurr - OS	5/03/11	471	31	0
16	Projector	1/26/12	571	115	0
17	Desktop PC for Adjunct	3/28/12	763	152	0
18	(4) Security Cameras and Recorder	4/11/12	2,200	440	0
19	(10) Desktop PC	4/18/12	4,956	991	0
20	Tables & Chairs Classroom #2	9/01/12	8,920	1,274	0
21	Washer & Dryer	7/01/13	1,600	228	0
22	Clothing Store Improvements	4/15/13	44,115	2,941	0
23	515 Larina Land	12/31/10	4,761	0	0
24	515 Larina	12/31/10	39,239	1,505	0
25	Laptop S510P	6/26/14	480	96	0
26	Laser Printer EPL61 (2)	6/26/14	500	100	0
27	Laptop S55A5294	6/26/14	570	114	0
28	Laptop S510P	6/26/14	480	96	0
29	Laptop S510P	6/26/14	480	96	0
30	Building (2826 S Calhoun St)	3/28/14	302,000	7,743	0
31	Land (Calhoun Street)	2/28/14	46,900	0	0
33	HVAC Unit	6/18/15	9,039	227	233
34	Facade Improvements	10/27/15	50,530	1,296	1,296
35	Fantasy of Lights Displays	11/01/15	27,300	3,900	5,684
36	Light Display - Graduating Elf	11/01/15	950	135	199
37	Light Display - Polar Bear Family w/ Tree	11/01/15	3,400	486	709
38	Light Display - Flying Reindeer	11/01/15	1,425	204	297
39	Light Display - Cinderella Carriage	11/01/15	2,712	387	565
40	Light Display - Bethlehem Star	11/01/15	1,300	186	271
	<b>Total Other Depreciation</b>		<u>585,283</u>	<u>22,577</u>	<u>9,264</u>
	<b>Total ACRS and Other Depreciation</b>		<u>585,283</u>	<u>22,577</u>	<u>9,264</u>
	<b>Grand Totals</b>		<u>591,873</u>	<u>23,214</u>	<u>9,264</u>

## IN Future Depreciation Report    FYE: 12/31/16

### Form 990, Page 1

Asset	Description	Date In Service	Cost	IN
<b>Prior MACRS:</b>				
32	Compsan for Computer Lab (13)	11/26/14	5,590	1,274
			<u>5,590</u>	<u>1,274</u>
<b>Other Depreciation:</b>				
1	18 V Compact Tough Drill #1	6/30/06	169	0
2	Genesee Copy Machine	3/11/09	3,950	0
3	Laptop - Exec Dir	4/15/09	580	0
4	(2) Desktop w/ DVD Burner	4/15/09	1,406	0
5	(4) Desktop w/ DVD Rom	4/15/09	2,692	0
6	(2) Desktop w/ DVD Burner	12/15/09	1,261	0
7	Projector	1/20/10	1,200	0
8	Casscorder	1/27/10	259	0
9	Printer	1/27/10	300	0
11	Opportunity Staffing Laptop	7/06/10	150	0
13	MIP	4/03/11	17,952	0
14	Laptop - Exec Dir	4/11/11	471	31
15	Laptop - Spurr - OS	5/03/11	471	31
16	Projector	1/26/12	571	135
17	Desktop PC for Adjunct	3/28/12	363	152
18	(4) Security Cameras and Recorder	4/11/12	2,200	440
19	(1) Desktop PC	4/19/12	4,956	991
20	Tables & Chairs Classroom #2	9/01/12	8,920	1,274
21	Washer & Dryer	7/01/13	1,600	228
22	Clothing Store Improvements	4/15/13	44,115	2,941
23	515 Lavina Land	12/31/10	4,761	0
24	515 Lavina	12/31/10	39,239	1,308
25	Laptop S100P	6/26/14	480	96
26	Laser Printer HL61 (2)	6/26/14	500	100
27	Laptop S55A5294	6/26/14	370	114
28	Laptop S100P	6/26/14	480	96
29	Laptop S100P	6/26/14	480	96
30	Building (2826 S Calhoun St)	2/28/14	302,000	7,743
31	Land (Calhoun Street)	2/28/14	40,900	0
33	BVAC Unit	6/10/15	9,870	227
34	Facade Improvements	10/27/15	50,530	1,206
35	Faculty of Lights Displays	11/01/15	27,300	3,900
36	Light Display - Graduating III	11/01/15	950	135
37	Light Display - Polar Bear Family w/ Tree	11/01/15	3,400	486
38	Light Display - Flying Reindeer	11/01/15	1,425	204
39	Light Display - Cinderella Carriage	11/01/15	2,712	387
40	Light Display - Bethlehem Star	11/01/15	1,300	186
	<b>Total Other Depreciation</b>		<u>586,283</u>	<u>22,577</u>
	<b>Total ACRS and Other Depreciation</b>		<u>586,283</u>	<u>22,577</u>
	<b>Grand Totals</b>		<u>591,873</u>	<u>23,851</u>

**SCHEDULE G**  
**(Form 990 or**  
**990-EZ)**

**Fundraising Other Events**

**2015**

For calendar year 2015, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name **Blue Jacket, Inc.** Employer Identification Number **35-2210669**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Fort 4 Fitness</u>	_____	_____	(all or (a) through (c))
		(prev. year)	(prev. year)	(prev. year)	(a) (b) (c)
Revenue	<b>1</b> Gross receipts	7,445			7,445
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	7,445			7,445
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes	550			550
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages	1,430			1,430
	<b>8</b> Entertainment	275			275
	<b>9</b> Other expenses	1,880			1,880

For calendar year 2015, or tax year beginning \_\_\_\_\_ ending \_\_\_\_\_

Name

Taxpayer Identification Number

Blue Jacket, Inc.

35-2210669

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	597,817	353,556	-244,261
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	553,921	399,911	-154,010
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	7,063	136,341	129,278
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	9,294	4,447	-4,847
	11. Other revenue	15,004	18,001	2,997
	12. Total revenue. Add lines 1 through 11	1,183,099	912,256	-270,843
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	70,335	73,937	3,602
	16. Salaries, other compensation, and employee benefits	571,586	493,444	-78,142
	17. Professional fundraising fees			
	18. Other professional fees	28,316	24,920	-3,396
	19. Occupancy, rent, utilities, and maintenance	23,456	24,426	970
	20. Depreciation and depletion	17,081	19,275	2,194
	21. Other expenses	50,713	113,613	62,900
	22. Total expenses. Add lines 13 through 21	761,487	749,615	-11,872
23. Excess or (deficit). Subtract line 22 from line 12	421,612	162,641	-258,971	
Other information	24. Total exempt revenue	1,183,099	912,256	-270,843
	25. Total unrelated revenue			
	26. Total excludable revenue	578,219	422,359	-155,860
	27. Total assets	622,157	829,828	207,671
	28. Total liabilities	106,928	151,958	45,030
	29. Retained earnings	515,229	677,870	162,641
	30. Number of voting members of governing body	14	14	
	31. Number of independent voting members of governing body	14	14	
32. Number of employees	113	95		
33. Number of volunteers	107	315		

Name

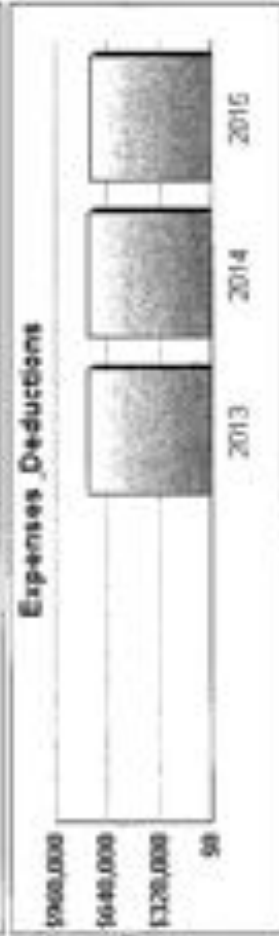
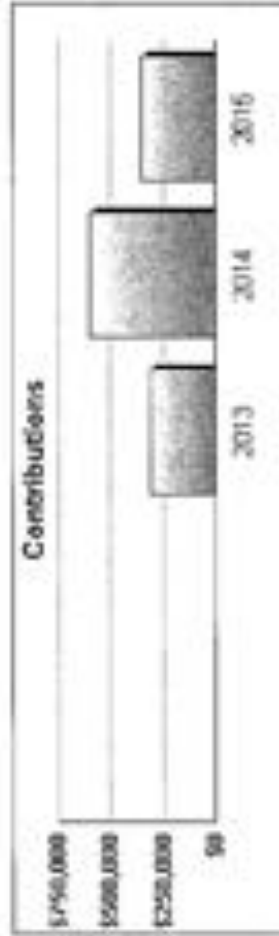
Blue Jacket, Inc.

Employer Identification Number  
35-2210669

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants			306,521	597,817		353,556
Membership dues						
Program service revenue			414,482	553,921		399,911
Capital gain or loss			-393			
Investment income						
Fundraising revenue (nonrevenue)			11,129	7,063		136,341
Gaming revenue (nonrevenue)			-10,840	24,298		22,448
Other revenue			720,899	1,183,099		912,256
<b>Total revenue</b>						
Grants and similar amounts paid						
Benefits paid to or for members			65,671	70,335		73,937
Compensation of officers, etc.			482,433	571,586		493,444
Other compensation			7,978	28,316		24,920
Professional fees			126,948	23,456		24,426
Occupancy costs			15,267	17,081		19,275
Depreciation and depletion			52,941	50,713		113,613
Other expenses			751,238	761,487		749,615
<b>Total expenses</b>						
<b>Excess or (deficit)</b>						
			-30,339	421,612		162,641
<b>Total exempt revenue</b>			720,899	1,183,099		912,256
<b>Total unrelated revenue</b>						
<b>Total excludable revenue</b>			403,249	578,219		422,359
<b>Total Assets</b>			217,148	622,157		829,828
<b>Total Liabilities</b>			123,531	106,928		151,958
<b>Net Fund Balances</b>			93,617	515,229		677,870

Name **Blue Jacket, Inc.** Employee Identification Number **35-2210669**

	2011	2012	2013	2014	2015	2016
Business activity profits						
Capital gains/losses						
Partner and S Corp. gains/loss						
Rental income						
Debt-financed income						
Controlled corporations income/loss						
Investment income, specific dispositions						
Exploited exempt activity income						
Other income						
<b>Total trade or business income</b>						
Compensation of officers, etc.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						





Form 990T

## Tax Return History

2015

Name

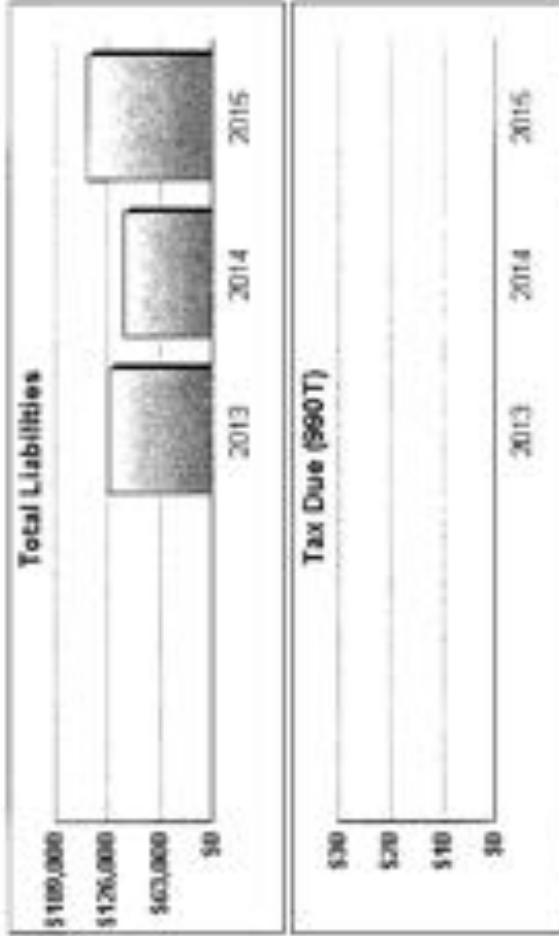
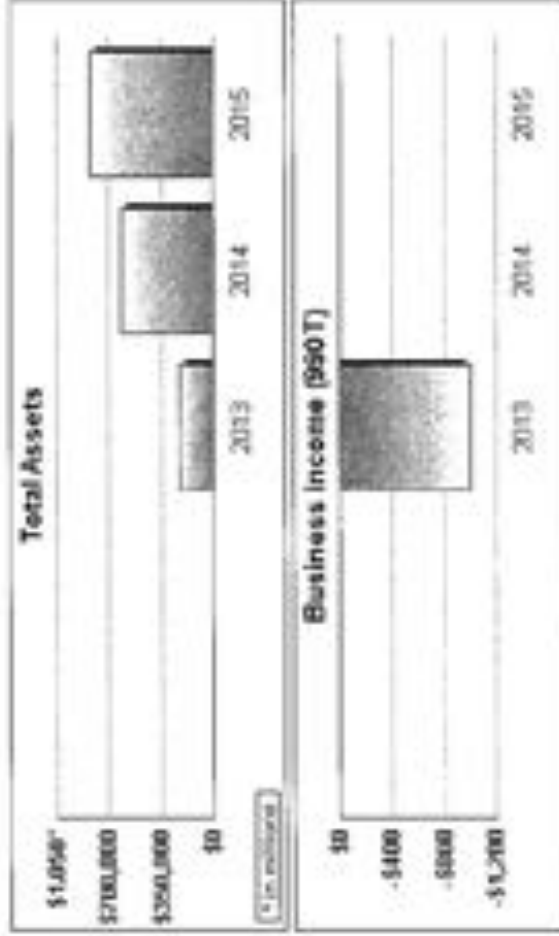
Blue Jacket, Inc.

Employer Identification Number

35-2210669

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction			1,000			
Specific deduction			-1,000			
Income after expense and deductions						
Income tax (corporation or trust)						
Other taxes						
<b>Total taxes</b>						
General business credit						
Other credits						
<b>Net tax after credits</b>						
Estimated tax payments						
Other payments						
<b>Balance due/Overpayment</b>						

\* Income shown net of expenses



## Federal Statements

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employees)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contract Labor	\$ 7,400	\$	\$	\$ 7,400
Total	\$ 7,400	\$ 0	\$ 0	\$ 7,400

## Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Staff Development	\$ 30	\$ 30	\$	\$
Total	\$ 30	\$ 30	\$ 0	\$ 0

## Federal Statements

## Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2011	2012	2013	2014	2015
	\$ 14,400	\$ 20,000	\$ 9,000	\$ 9,000	\$ 2,465
Total	\$ 14,400	\$ 20,000	\$ 9,000	\$ 9,000	\$ 2,465

## Federal Statements

## Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
	\$	\$
2012	40,235	32,961
2013	40,235	31,970
AWS Foundation		
2015	42,300	32,624
2013	33,831	26,185
Foellinger Foundation		
2015	45,000	35,324
2014	40,000	27,828
2013	30,000	22,354
City of Fort Wayne		
2015	23,000	13,324
2013	11,927	4,281
Community Foundation		
2015	10,000	324
2013	10,000	2,354
Lincoln Financial Foundation		
2015	17,000	7,324
2014	17,420	5,248
2013	15,000	7,354
Hoffman Estate		
2014	32,606	20,434
Mary Cross Tippman Foundation		
2015	32,770	23,094
Three Rivers FCU Foundation		
2015	10,000	324
Sollner Foundation		
2015	10,000	324
Total	\$ 461,324	\$ 293,631

**Federal Statements****Golf Outing****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Signs	\$ 455
Total	\$ 455

**Federal Statements****Fort 4 Fitness****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Miscellaneous	\$ 218
Signs	1,462
Total	<u>\$ 1,880</u>

**Federal Statements****Fantasy of Lights****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Displays	\$ 7,921
Total	\$ 7,921

## Indiana Diagnostics

### Critical Messages

None

### Informational Messages

- Force field entered with data "0" on Screen INAdj
- Indiana Department of Revenue does not support electronic filing



## Form IT-20NP Return Summary

For calendar year 2015, or tax year beginning \_\_\_\_\_

and ending \_\_\_\_\_

**BLUE JACKET, INC.**

**35-2210669**

**Tax Calculation on Unrelated Business Income**

Federal unrelated business taxable income		
Less: Specific deduction		
Interest on U.S. Obligations		
Deduction for qualified patents income		
Unrelated business income		
Indiana modifications		
Adjusted unrelated business income		
Indiana apportionment percentage		<u>100.00%</u>
Unrelated business apportioned to Indiana		
Indiana NOL deduction		
Taxable Indiana unrelated business income		
Taxable income from other forms		
<b>Total taxable income</b>		
<b>Indiana tax on unrelated business income</b>		
Sales/use tax on purchases		
<b>Total tax due</b>		

**Credit for Estimated Tax and Other Payments**

Quarterly estimated tax paid		
Amount paid with extension		
Amount of overpayment credit		
Other credits		
<b>Total credits</b>		
<b>Balance of tax due</b>		
Underpayment penalty		
Late payment interest		
Late payment penalty		
<b>Total penalties and interest</b>		
<b>Total payment due</b>		
<b>Total overpayment</b>		
<b>Amount to be refunded</b>		
<b>Amount to be applied</b>		

**Next Year's Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

**Miscellaneous Information**

Amended return   
 Return / extended due date 05/16/16

**Annual Report Information**

Amended report   
 Report / extended due date 08/15/16

## Federal Diagnostics

### Critical Messages

None

### Electronic Filing

None

### Informational Messages

- Force field entered with data "19,275" on Screen Exp-2
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- Preparer 'Brian L. Hamil, MBA, CPA'

### Missing Data

	Prior Year Data
<b>Functional Expenses</b>	
<input type="checkbox"/> MG legal fees	140
<b>Income, Analysis of Activities, Additional Information</b>	
<input type="checkbox"/> Direct public support-noncash	354,081
<b>General Options, Prior Year Revenue and Expenses, Penalties</b>	
<input type="checkbox"/> Prior year investment rev	-393
<b>Non-Cash Contributions</b>	
<input type="checkbox"/> Other - contribution desc	Services

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning

and ending

**Blue Jacket, Inc.**

35-2210669

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>515,229</u>
<b>Revenue</b>		
Contributions	<u>353,556</u>	
Program service revenue	<u>399,911</u>	
Investment income	<u>0</u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>158,277</u>	
Direct expenses	<u>21,936</u>	
Net income	<u>136,341</u>	
Other income	<u>22,448</u>	
<b>Total revenue</b>		<u>912,256</u>
<b>Expenses</b>		
Program services	<u>602,699</u>	
Management and general	<u>43,862</u>	
Fundraising	<u>103,054</u>	
<b>Total expenses</b>		<u>749,615</u>
<b>Excess / (deficit)</b>		<u>162,641</u>
Changes		<u>          </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>677,870</u>

### Reconciliation of Revenue

Total revenue per financial statements	<u>912,256</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>912,256</u>

### Reconciliation of Expenses

Total expenses per financial statements	<u>749,615</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>749,615</u>

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>622,157</u>	<u>829,828</u>	
Liabilities	<u>106,928</u>	<u>151,958</u>	
Net assets	<u>515,229</u>	<u>677,870</u>	<u>162,641</u>

### Miscellaneous Information

Amended return

Return / extended due date 08/15/16

Failure to file penalty

Hamil, Lehman & England, PC  
6404 Constitution Drive  
Fort Wayne, IN 46804  
260-434-1852

May 31, 2016

**CONFIDENTIAL**

Blue Jacket, Inc.  
2826 S. Calhoun Street  
Fort Wayne, IN 46807

Dear Tony:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Indiana Nonprofit Organization's Annual Report (Form NP-20)

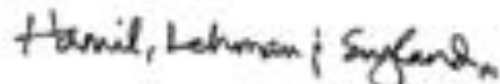
We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



Hamil, Lehman & England, PC

**Filing Instructions**

**Blue Jacket, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2015**

**Date Due:** August 15, 2016

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/15 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Harril, Lehtman & England, PC  
6404 Constitution Drive  
Fort Wayne, IN 46804

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EQ.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2015, or fiscal year beginning ..... 2015, and ending ..... 2015

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).**2015**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**Blue Jacket, Inc.**

Employer identification number

**35-2210669**

Name and title of officer

**Anthony Hudson  
Executive Director****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</b> .....	<b>1b</b> <u>912,256</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue, if any (Form 990-EZ, line 9)</b> .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax (Form 1120-POL, line 22)</b> .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income (Form 990-PF, Part VI, line 5)</b> .....	<b>4b</b> _____
<b>5a</b> Form 990-B check here ▶ <input type="checkbox"/>	<b>b Balance Due (Form 990-B, Part I, line 3c or Part II, line 8c)</b> .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-866-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Ramil, Lehman & England, PC to enter my PIN 02826 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's date: ▶

Date: 05/11/16**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35507708099**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4903, Modernized e-File (MeF)** Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: ▶

Date: 05/11/16**ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)