

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

May 11, 2015

CONFIDENTIAL

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

Dear Tony:

We have prepared the enclosed extension forms from information submitted by you without verification or audit. We suggest that you examine these forms carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each form is an instruction sheet for signing and filing. Please follow those instructions carefully.

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 do not hesitate to call.

Sincerely,

Hamil, Lehman & England, PC

Filing Instructions

Blue Jacket, Inc.

Application for Extension

Taxable Year Ended December 31, 2014

Date: May 15, 2015

Remittance: None is required. Your Form 9868 for the tax year ended 12/31/14 shows no balance due. Initial and date the copy of the extension for your records. We will be contacting you by August 17, 2015 with the completed return.

Other: Your extension is being filed electronically with the IRS and should not be mailed. Mailing a paper copy of your extension to the IRS will delay the processing of your return. We will be contacting you by August 17, 2015 with the completed return.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0040

▶ **File a separate application for each return.**▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- ▶ If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7304 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Blue Jacket, Inc.	Employer identification number (EIN) or 35-2210669
	Number, street, and room or suite no. If a P.O. box, see instructions. 2826 S. Calhoun Street	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fort Wayne IN 46807	

Enter the Return code for the return that this application is for (file a separate application for each return)

 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5327	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Kurt Kline
2826 S. Calhoun Street

▶ The books are in the care of ▶ **Fort Wayne****IN 46807**Telephone No. ▶ **260-744-1900**FAX No ▶ **260-744-1958**

- ▶ If the organization does not have an office or place of business in the United States, check this box
- ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ if this is for the whole group, check this box if it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/15** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2014** or▶ tax year beginning _____ and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8879-EO and Form 8879-EO for payment instructions.

Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Preparer Brian L. Hamil, MBA, CPA
- Force field entered with data "17.081" on Screen Exp-2

Missing Data

	Prior Year Data
Functional Expenses	
<input type="checkbox"/> M/G travel	60
<input type="checkbox"/> M/G advertising	256
Extensions	
<input type="checkbox"/> Reason for second extension	3
Expenses Directly Related to Income (Golf Outing)	
<input type="checkbox"/> Total %, other expenses	4,868
General Optional, Prior Year Revenue and Expenses, Penalties	
<input type="checkbox"/> Prior year grants expense	0
<input type="checkbox"/> Prior year benefits paid exp	0
<input type="checkbox"/> Prior year prof fund fees exp	0
Non-Cash Contributions	
<input type="checkbox"/> Other - contribution desc	Below Mid Rent
Balance Sheet - Assets	
<input type="checkbox"/> Savings - BOY	15,121
Balance Sheet - Liabilities and Equity	
<input type="checkbox"/> Prior period adjustments	51,479

Overrides

- Overridden field with data "16,802" on Form / Schedule 4562

Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning

and ending

Blue Jacket, Inc.

35-2210669

Net Asset / Fund Balance at Beginning of Year 93,617

Revenue

Contributions	<u>597,817</u>
Program service revenue	<u>553,921</u>
Investment income	<u>0</u>
Capital gain / loss	<u></u>
Fundraising / Gaming:	
Gross revenue	<u>21,502</u>
Direct expenses	<u>14,439</u>
Net income	<u>7,063</u>
Other income	<u>24,298</u>

Total revenue 1,183,099

Expenses

Program services	<u>721,118</u>
Management and general	<u>18,617</u>
Fundraising	<u>21,752</u>

Total expenses 761,487Excess / (deficit) 421,612

Charges

Net Asset / Fund Balance at End of Year 515,229

Reconciliation of Revenue

Total revenue per financial statements	<u>1,183,099</u>
Less:	
Unrealized gains	<u></u>
Donated services	<u></u>
Recoveries	<u></u>
Other	<u></u>
Plus:	
Investment expenses	<u></u>
Other	<u></u>
Total revenue per return	<u>1,183,099</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>761,487</u>
Less:	
Donated services	<u></u>
Prior year adjustments	<u></u>
Loans	<u></u>
Other	<u></u>
Plus:	
Investment expenses	<u></u>
Other	<u></u>
Total expenses per return	<u>761,487</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>217,148</u>	<u>622,157</u>	
Liabilities	<u>123,531</u>	<u>106,928</u>	
Net assets	<u>93,617</u>	<u>515,229</u>	<u>421,612</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/17/15
 Failure to file penalty _____

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

June 12, 2015

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)

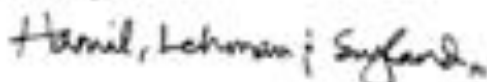
We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow these instructions carefully.

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, 2014

Date Due: August 17, 2015

Remittance: None is required. Your Form 990 for the tax year ended 12/31/14 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:

Hamil, Lehman & 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-EO.

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.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0048

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 2014

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879en.**2014**

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.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,183,099
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 8)	2b	
3a	Form 1120-PC/L check here	<input type="checkbox"/>	b	Total tax (Form 1120-PC/L, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 8)	4b	
5a	Form 990-B check here	<input type="checkbox"/>	b	Balance Due (Form 990-B, Part I, line 3c or Part II, line 8c)	5b	

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 2014 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 intermediate 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 1-866-353-6337 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 **Hamil, 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 2014 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 2014 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 signature

Date **06/03/15****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.

35507708099do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **06/03/15****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** (2014)

Form **990**

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2014

Open to Public Inspection

A. For the 2014 calendar year, or tax year beginning and ending

Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C. Name of organization
Blue Jacket, Inc.

D. Employer identification number
35-2210669

E. Telephone number
260-744-1900

F. Gross receipts 1,217,156

G. Name and address of principal officer
Anthony Hudson
2026 S. Calhoun Street
Fort Wayne IN 46807

H. EIN of group exempt for subsidiaries Yes No
I. EIN of subsidiaries included Yes No
If "No," attach a list (see instructions)

1. Tax-exempt status 501(c)(3) 501(c)(29) 501(c)(28) 501(c)(27) 501(c)(26) 501(c)(25) 501(c)(24) 501(c)(23) 501(c)(22) 501(c)(21) 501(c)(20) 501(c)(19) 501(c)(18) 501(c)(17) 501(c)(16) 501(c)(15) 501(c)(14) 501(c)(13) 501(c)(12) 501(c)(11) 501(c)(10) 501(c)(9) 501(c)(8) 501(c)(7) 501(c)(6) 501(c)(5) 501(c)(4) 501(c)(3)

2. Website Bluejacketinc.org

3. Date of organization Corporation Trust Association Other

4. Tax classification 2003 **5. State of legal domicile** IN

Part I Summary

1. Briefly describe the organization's mission or most significant activities:
See Schedule O

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a) 3 14

4. Number of independent voting members of the governing body (Part VI, line 1b) 4 14

5. Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 113

6. Total number of volunteers (estimate if necessary) 6 107

7a. Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b. Net unrelated business taxable income from Form 990-T, line 24 7b 0

	2014	2013
8. Contributions and grants (Part VIII, line 1b)	306,521	597,817
9. Program service revenue (Part VIII, line 2g)	414,482	553,921
10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-393	0
11. Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10d, and 11e)	289	31,361
12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	720,899	1,183,099
13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14. Benefits paid to or for members (Part IX, column (A), line 4)		0
15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	548,104	641,921
16a. Professional fundraising fees (Part IX, column (A), line 11a)		0
16b. Total fundraising expenses (Part IX, column (D), line 25) 21,752		0
17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	203,134	119,566
18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	751,238	761,487
19. Revenue less expenses. Subtract line 18 from line 12	-30,339	421,612
20. Total assets (Part X, line 18)	Beginning of Current Year 217,148	End of Year 622,157
21. Total liabilities (Part X, line 20)	123,531	106,928
22. Net assets or fund balances. Subtract line 21 from line 20	93,617	515,229

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *Anthony Hudson*
 Name: **Anthony Hudson** Title: **Executive Director**

Paid Preparer First name: **William L. Small, CPA** Date: **06/12/15** Check P/TW
 Firm name: **Hamil, Lohman & England, PC** Ref: **00200100**
 Use Only: Address: **6404 Constitution Drive** Phone: **35-2083429**
 City: **Fort Wayne, IN 46804** Phone: **260-434-1852**

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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:

See Schedule O

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)(2) and 501(c)(28) 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 \$ 721,118 including grants of \$) (Revenue \$ 553,921)

Blue Jacket, Inc. was created to provide the tools and opportunities to adult ex-offenders and other disadvantaged people to become productive members of society. Blue Jacket, Inc. serves homeless, veterans, low-income, and anyone with a hardship to employment. The career academy is a four week, sixty (60) 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 2014, 217 individuals were enrolled in the career academy. Opportunity Staffing provides transitional employment for the career academy graduates. In 2014, 129 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 ▶ 721,118

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(6), 501(c)(29), or 501(c)(28) 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, 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 10? 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 10? 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 10? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 20? 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 FSN 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 8 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 VIII, lines 1c and 3a? 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 VIII, line 3a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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 L, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule L, Parts I and II.		X
23 Did the organization answer "Yes" to Part VII, 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
24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defuse any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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
27 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 those persons? If "Yes," complete Schedule L, Part III.		X
28 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 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
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts E, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 17b and 18? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8868-T?		
6a	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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8869 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
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
1a	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.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 5104 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

1a 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.

- 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.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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.
- 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.
- 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 (for any hours for related organizations, please enter -0-)	(c) Position (do not check more than one box, unless person is both an officer and a director)							(d) Reportable compensation from the organization (99-1099-MISC)	(e) Reportable compensation from related organizations (99-1099-MISC)	(f) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former officer, director, trustee, key employee, or highest compensated employee	Former institutional trustee			
(1) Anthony Stites Board Member	1.00 0.00	X						0	0	0	
(2) Becky Teagarden Board Member	1.00 0.00	X						0	0	0	
(3) Bennie Lewis Board Member	1.00 0.00	X						0	0	0	
(4) Dave Umber Board Member	1.00 0.00	X						0	0	0	
(5) Kevin Erb Board Member	1.00 0.00	X						0	0	0	
(6) Frederick Bean Board Member	1.00 0.00	X						0	0	0	
(7) Karen Palumbo Board Member	1.00 0.00	X						0	0	0	
(8) Jon Painter Board Member	1.00 0.00	X						0	0	0	
(9) Christopher Lambert Board Member	1.00 0.00	X						0	0	0	
(10) Kim Spielman Board Member	1.00 0.00	X						0	0	0	
(11) Kinbra O'Brien Board Member	1.00 0.00	X						0	0	0	

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

(a) Name and title	(b) Average hours per week Did any hours for related organizations leave blank (see)	(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 (A-210844B)(C)	(e) Reportable compensation from related organizations (A-210844B)(D)	(f) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key Employee	Highest Compensated Employee	Former Officer, Director, or Trustee	Former Key Employee			
(12) Anthony Hudson Executive Director	40.00 0.00			X				70,335	0	0
(13) David Gutting President	3.00 0.00			X				0	0	0
(14) Jennifer Winklejohn Secretary	3.00 0.00			X				0	0	0
(15) Dan Schreiber Treasurer	3.00 0.00			X				0	0	0
(16)										
(17)										
(18)										
(19)										
1b Sub-total								70,335		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								70,335		
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
3 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
4 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
5 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 business address	(b) Description of services	(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 VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Revenue or excess or deficit from business revenue	(C) Unrelated business revenue	(D) Revenue included from fee under sections 513-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants	1e				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f	597,817			
	1g Remainder contributions included in lines 1a-1f	1g	354,081			
1h Total. Add lines 1a-1f	1h	597,817				
Program Service Revenue	2a Fees for services	2a	494,603	494,603		
	2b Contract Academy	2b	59,318	59,318		
	2c	2c				
	2d	2d				
	2e	2e				
	2f All other program service revenue	2f				
	2g Total. Add lines 2a-2f	2g	553,921			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3				
	4 Income from investment of tax-exempt bond proceeds	4				
	5 Royalties	5				
	6a Gross rents	(i) Real	10,736			
		(ii) Personal				
	6b Less: net lease	6b				
	6c Rents included in (b)	6c	10,736			
	6d Net rental income or (loss)	6d	10,736	10,736		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	7b Less: cost or other basis & sales exp.	7b				
	7c Gain or (loss)	7c				
7d Net gain or (loss)	7d					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	8a	21,502				
	8b Less: direct expenses	8b	14,439			
	8c Net income or (loss) from fundraising events	8c	7,063			
9a Gross income from gaming activities See Part IV, line 19	9a					
	9b Less: direct expenses	9b				
	9c Net income or (loss) from gaming activities	9c				
10a Gross sales of inventory, less returns and allowances	10a	28,912				
	10b Less: cost of goods sold	10b	19,618			
	10c Net income or (loss) from sales of inventory	10c	9,294	9,294		
Miscellaneous Revenue		Book Code				
11a Miscellaneous	11a	4,268	4,268			
11b	11b					
11c	11c					
11d All other revenue	11d					
11e Total. Add lines 11a-11d	11e	4,268				
12 Total revenue. See instructions	12	1,183,099	578,219	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(2) and 501(c)(4) 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, 7b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program services expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic 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	70,335	63,934	2,898	3,503
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	508,779	500,419	7,783	577
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	62,807	53,617	5,114	4,076
11 Fees for services (non-employees):				
a Management				
b Legal	28,316	27,455	140	721
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 expenses on Schedule O)				
12 Advertising and promotion	4,636	3,956		680
13 Office expenses	4,710	3,853	125	732
14 Information technology	510	491		19
15 Royalties				
16 Occupancy	23,456	20,014	239	3,203
17 Travel	342	342		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,844	1,730	1,701	413
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,081	12,811		4,270
23 Insurance	15,853	13,896		1,957
24 Other expenses (include 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 expenses on Schedule O):				
a Bad debts	9,475	9,475		
b Fees	3,923	3,699		224
c Repairs and Maintenance	3,577	2,204	594	779
d Miscellaneous	2,140	1,519	23	598
e All other expenses	1,703	1,703		
25 Total functional expenses. Add lines 1 through 24e	761,487	721,118	18,617	21,752
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 98-2 (ASC 98-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	9,919	65,219
	2 Savings and temporary cash investments		
	3 Pledges and grants receivable, net	40,000	40,000
	4 Accounts receivable, net	48,796	49,808
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958)(1), persons described in section 4958(c)(2)(B), and contributing employees and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use	15,159	22,134
	9 Prepaid expenses and deferred charges	4,513	6,315
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 495,186	
	b Less: accumulated depreciation	10b 56,505	
	11 Investments—publicly traded securities		
	12 Investments—other securities. See Part IV, line 11.		
	13 Investments—program-related. See Part IV, line 11.		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11.		
16 Total assets. Add lines 1 through 15 (must equal line 26)	217,148	622,157	
Liabilities	17 Accounts payable and accrued expenses	72,813	33,009
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		
	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.		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties	50,718	73,919
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		
	26 Total liabilities. Add lines 17 through 25	123,531	106,928
Net Assets or Fund Balances	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	53,617	475,229
	28 Temporarily restricted net assets	40,000	40,000
	29 Permanently restricted net assets		
	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		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	93,617	515,229	
34 Total liabilities and net assets/fund balances	217,148	622,157	

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

1	Total revenue (must equal Part VII, column (A), line 12)	1	1,183,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	761,487
3	Revenue less expenses. Subtract line 2 from line 1	3	421,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,617
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	515,229

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

	Yes	No
1 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		
2a 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 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	
c 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	
2c As a result of a federal event, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
d 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		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2014Open to Public
Inspection

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)(ii).**
- 2 A school described in **section 170(b)(1)(A)(iii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iv).**
- 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)(v).** (Complete Part II.)
- 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 II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 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 II.)
- 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 attendance 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 or IRC section (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)						
Total						

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

(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenue 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 Total. 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)

12

13 First five years. 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** ▶ **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ **b 33 1/3% support test—2013.** 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 **stop here.** The organization qualifies as a publicly supported organization. ▶ **17a 10%-facts-and-circumstances test—2014.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ **b 10%-facts-and-circumstances test—2013.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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 II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	630,372	519,823	389,960	322,918	629,329	2,302,392
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	178,840	289,117	309,230	439,614	393,369	1,809,172
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	821,212	809,029	699,190	762,532	1,212,698	4,104,263
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14,385	14,400	22,000	9,000	9,000	66,785
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	22,416	31,979	32,960	62,328	53,510	203,383
c Add lines 7a and 7b	36,801	46,379	54,960	71,328	62,510	270,168
8 Public support. (Subtract line 7c from line 6.)						3,834,093

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	821,212	809,029	699,190	762,532	1,212,698	4,104,263
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24	5	2			31
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	24	5	2			31
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,945	17,446	29,207	2,630	4,248	60,517
13 Total support. (Add lines 9, 10c, 11, and 12.)	829,577	826,538	727,399	764,549	1,217,156	4,164,811
14 First five years. 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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	92.56%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	86.23%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. 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—2013. 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 on line 11 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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 Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c 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 Part VI 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.		
5a 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 Part VI , 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 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).		
9a 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 Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) 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 Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
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?		
b A family member of a person described in (a) above?		
c A 20% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
	11a	
	11b	
	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.		
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.		
	1	
	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 fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), did 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.		
	1	
	2	
	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.		
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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
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.		
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.		
	2a	
	2b	
	3a	
	3b	

Part V Type II 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 II non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 1-10% 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 .05	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 65% 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	Distributable Amount. 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 II supporting organization (see instructions)		

Part V Type II 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	Total annual distributions. 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 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part II, line 12. Also complete this part for any additional information. (See instructions.)

Part III, Line 12 - Other Income Detail

\$ 60,517

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.

OMB No. 1545-0047

2014▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Blue Jacket, Inc.

35-2210669

Organization type (check one)

Filers 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 foundationCheck 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 33¹/₃% support test of the regulations under sections 508(a)(7) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 15b, 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 (j) 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, II, 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	Foellinger Foundation, Inc. 520 East Berry Street Fort Wayne IN 46802	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	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.)
4	The Waterfield Foundation, Inc. 7221 Engle Road, Suite 250 Fort Wayne IN 46804	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Lincoln Financial Foundation 1300 South Clinton Street Fort Wayne IN 46801	\$ 17,420	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Fellowship Missionary Church 2536 Tillman Road Fort Wayne IN 46816	\$ 8,000	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
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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
7	Robin Collins 2402 Florida Drive Fort Wayne IN 46805	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Clinton Short 3833 Cummins St. Apt 1308 Houston TX 77027	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CANI 227 E Washington Blvd. #1 Fort Wayne IN 46802	\$ 32,606	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Tippeman Family Fund 555 E. Wayne Street Fort Wayne IN 46802	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	English Bonter 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.)
12	PNC Charitable Trust 249 Fifth Ave One PNC Plaza, 20th Floor Pittsburgh PA 15222	\$ 5,000	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
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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
13	Old National Bank Foundation 1 Main Street Evansville IN 47708	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 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.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

Blue Jacket, Inc.

Employer identification number

35-2210669

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

Complete if the organization answered "Yes" to 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" to 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.

	Held 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, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 116 (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) Revenues included in Form 990, Part VII, 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 116 (ASC 958) relating to these items:
- | | |
|--|------|
| a Revenue included in Form 990, Part VII, 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 d Loan or exchange programs
- b Scholarly research e Other
- c Preservation for future generations
- 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 sold to raise 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" to 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 in Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" to 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 in 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 Yes No
- (ii) related organizations Yes No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (book value)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		51,661		51,661
b Buildings		341,239	12,152	329,087
c Leasehold improvements		44,115	5,147	38,968
d Equipment		50,071	38,676	11,395
e Other		8,100	530	7,570
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				438,681

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (SSG 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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,183,099
2	Amounts included on line 1 but not on Form 990, Part VII, line 12:			
a	Net unrealized 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	1,183,099
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, 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	1,183,099

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

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

1	Total expenses and losses per audited financial statements		1	761,487
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	761,487
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, 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 18.)		5	761,487

Part XIII Supplemental Information.

Provide the descriptions required for Part X, lines 3, 5, and 9; Part XI, lines 1a and 4; Part IV, lines 7c and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 2c.

▶ 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.

OMB No. 1545-0047

2014

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" to 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.

- a Mail solicitations
 b Internet and email solicitations
 c Phone solicitations
 d In-person solicitations
 e Solicitation of non-government grants
 f Solicitation of government grants
 g Special fundraising events

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.

	a Name and address of individual or entity (fundraiser)	b Activity	c Did fundraiser have custody or control of contributions?		d Gross receipts from activity	e Amount paid to (or retained by) fundraiser listed in row b	f Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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" to 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 (A)	(b) Event (B)	(c) Other events	(d) Total events
		Golf Outing <small>(Event type)</small>	 <small>(Event type)</small>	None <small>(Event number)</small>	(Add or subtract from (a) through (c))
Revenue	1	Gross receipts	17,260		17,260
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	17,260		17,260
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,000		7,000
	7	Food and beverages	3,524		3,524
	8	Entertainment			
	9	Other direct expenses	125		125
	10	Direct expense summary: Add lines 4 through 9 in column (d)			
11	Net income summary: Subtract line 10 from line 3, column (d)				6,611

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

		(a) Bingo	(b) Pull tabs/wheel/lingerie/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add or subtract from (a) through (c))
Revenue	1	Gross revenue			
Direct Expenses	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
- b An outside facility

13a	%
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 (ix) 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

2014**Open To Public Inspection**Department of the Treasury
Internal Revenue Service

- ▶ 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.

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 IV, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16	X	1	348,900	
17				
18				
19				
20				
21				
22				
23				
24				
25				
26	X	1	5,181	
27				
28				

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 II.

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

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 II.

32 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 II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Blue Jacket, Inc.

Employer identification number

35-2210669

Form 990 - Organization's Mission or Most Significant Activities

Blue Jacket, Inc. was created to provide the tools and opportunities to adult ex-offenders and other disadvantaged people to become productive members of society. Blue Jacket, Inc. serves homeless, veterans, low-income, and anyone with a hardship to employment.

Form 990 - Organization's Mission

Blue Jacket, Inc. was created to provide the tools and opportunities to adult ex-offenders and other disadvantaged people to become productive members of society. Blue Jacket, Inc. serves homeless, veterans, low-income, and anyone with a hardship to employment.

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

Name of the organization

Employer identification number

Blue Jacket, Inc.

35-2210669

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

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0047

2014Attachment Sequence No. **179**

Name(s) shown on return

Blue Jacket, Inc.

Identifying number

35-2210669

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** 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	Debt limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If marked flag separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Listed cost
7	Listed property. Enter the amount from line 29	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 2013 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 2015. 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 ACRS)	16	16,802

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 2014	17	0
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 2014 Tax Year Using the General Depreciation System

(a) Description of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment use only; see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a. 3-year property						
b. 5-year property		5,590	5.0	MQ	200DB	279
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	
			30 yrs.	MM	SL	
				MM	SL	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a. Class life					SL	
b. 12-year			12 yrs.		SL	
c. 40-year			40 yrs.	MM	SL	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 29	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	17,081
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** (2014)

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 %	179B Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Start-Up GDS Property:									
32	Computers for Computer Lab (13)	11/26/14	5,990			5,990	5 MQ3000B	0	279
			<u>5,990</u>			<u>5,990</u>		<u>0</u>	<u>279</u>
Other Depreciation:									
1	3 1/2 V Compact Tough Dvll #1	6/30/06	169			169	7 MO SL	169	0
2	Genetec Copy Machine	3/11/09	3,950			3,950	5 MO SL	3,818	132
3	Laptop - Exec Dtl	4/15/09	580			580	5 MO SL	551	29
4	(2) Desktop w/ DVD Burner	4/15/09	1,406			1,406	5 MO SL	1,316	70
5	(4) Desktop w/ DVD Rom	4/15/09	2,692			2,692	5 MO SL	2,538	134
6	(2) Desktop w/ DVD Burner	12/15/09	1,261			1,261	5 MO SL	1,009	252
7	Projector	1/20/10	1,200			1,200	5 MO SL	960	240
8	Camcorder	1/27/10	259			259	5 MO SL	207	52
9	Printer	1/27/10	300			300	5 MO SL	240	60
11	Opportunity Staffing Laptop	7/06/10	350			350	5 MO SL	244	70
13	MDP	4/05/11	17,952			17,952	3 MO SL	16,434	1,496
14	Laptop - Exec Dtl	4/11/11	471			471	5 MO SL	251	94
15	Laptop - Sparr - OS	5/03/11	471			471	5 MO SL	251	94
16	Projector	1/26/12	571			571	5 MO SL	219	154
17	Desktop PC for Adjunct	5/28/12	763			763	5 MO SL	242	152
18	(4) Security Cameras and Recorder	4/11/12	2,200			2,200	5 MO SL	770	440
19	(10) Desktop PC	4/19/12	4,956			4,956	5 MO SL	1,632	991
20	Tables & Chairs Classroom #2	9/01/12	8,920			8,920	7 MO SL	1,699	1,274
21	Washer & Dryer	7/01/13	1,600			1,600	7 MO SL	121	229
22	Clothing Store Improvements	4/15/13	44,115			44,115	15 MO SL	2,206	2,941
23	515 Lavina Land	12/31/09	4,761			4,761	0 -- Land	0	0
24	515 Lavina	12/31/09	39,239			39,239	30 MO SL	4,391	1,308
25	Laptop S510P	6/26/14	480			480	5 MO SL	0	48
26	Laser Printer HL61 (2)	6/26/14	500			500	5 MO SL	0	50
27	Laptop S55A5294	6/26/14	570			570	5 MO SL	0	57
28	Laptop S510P	6/26/14	480			480	5 MO SL	0	48
29	Laptop S510P	6/26/14	480			480	5 MO SL	0	48
30	Building (2826 S Calhoun St)	2/28/14	302,000			302,000	39 MO SL	0	6,453
31	Land (Calhoun Street)	2/28/14	46,900			46,900	0 -- Land	0	0
	Total Other Depreciation		<u>489,596</u>			<u>489,596</u>		<u>39,350</u>	<u>16,876</u>
	Total ACRS and Other Depreciation		<u>489,596</u>			<u>489,596</u>		<u>39,350</u>	<u>16,876</u>
	Grand Totals		<u>495,186</u>			<u>495,186</u>		<u>39,350</u>	<u>17,155</u>
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>495,186</u>			<u>495,186</u>		<u>39,350</u>	<u>17,155</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
5-year GDS Property:								
32	Computers for Computer Lab (13)	11/26/14	5,290	5,290	0	279	279	0
			<u>5,290</u>	<u>5,290</u>	<u>0</u>	<u>279</u>	<u>279</u>	<u>0</u>
Other Depreciation:								
1	18 V Compact Tough Drill #1	6/30/06	169	169	169	0	0	0
2	Genesee Copy Machine	3/11/09	3,950	3,950	3,878	132	132	0
3	Laptop - Exec Dir	4/15/09	580	580	551	29	29	0
4	(2) Desktop w/ DVD Burner	4/15/09	1,406	1,406	1,336	70	70	0
5	(4) Desktop w/ DVD Rom	4/15/09	2,692	2,692	2,558	134	134	0
6	(2) Desktop w/ DVD Burner	12/15/09	1,261	1,261	1,009	252	252	0
7	Projector	1/29/10	1,200	1,200	960	240	240	0
8	Camcorder	1/27/10	259	259	207	52	52	0
9	Printer	1/27/10	300	300	240	60	60	0
11	Opportunity Staffing Laptop	7/06/10	350	350	244	70	70	0
13	MP3	4/05/11	17,952	17,952	16,456	1,496	1,496	0
14	Laptop - Exec Dir	4/11/11	471	471	251	94	94	0
15	Laptop - Spire - OS	5/03/11	471	471	251	94	94	0
16	Projector	1/26/12	571	571	219	114	114	0
17	Desktop PC for Adjust	3/28/12	763	763	242	152	152	0
18	(4) Security Camera and Recorder	4/11/12	2,200	2,200	770	440	440	0
19	(10) Desktop PC	4/28/12	4,956	4,956	1,652	991	991	0
20	Tables & Chairs Classroom #2	9/01/12	8,920	8,920	1,699	1,274	1,274	0
21	Washer & Dryer	7/01/13	1,600	1,600	121	229	229	0
22	Clothing Store Improvements	4/15/13	44,115	44,115	2,206	2,941	2,941	0
23	515 Lavinia Land	12/31/10	4,761	4,761	0	0	0	0
24	515 Lavinia	12/31/10	39,239	39,239	4,391	1,308	1,308	0
25	Laptop S510P	6/26/14	480	480	0	48	48	0
26	Laser Printer HL61 (2)	6/26/14	500	500	0	50	50	0
27	Laptop S55A5294	6/26/14	570	570	0	57	57	0
28	Laptop S510P	6/26/14	480	480	0	48	48	0
29	Laptop S510P	6/26/14	480	480	0	48	48	0
30	Building (2826 S Calhoun St)	2/28/14	302,000	302,000	0	6,453	6,453	0
31	Land (Calhoun Street)	2/28/14	46,900	46,900	0	0	0	0
	Total Other Depreciation		<u>489,596</u>	<u>489,596</u>	<u>39,350</u>	<u>16,876</u>	<u>16,876</u>	<u>0</u>
	Total ACBS and Other Depreciation		<u>489,596</u>	<u>489,596</u>	<u>39,350</u>	<u>16,876</u>	<u>16,876</u>	<u>0</u>
	Grand Totals		<u>495,186</u>	<u>495,186</u>	<u>39,350</u>	<u>17,155</u>	<u>17,155</u>	<u>0</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>495,186</u>	<u>495,186</u>	<u>39,350</u>	<u>17,155</u>	<u>17,155</u>	<u>0</u>

BLUEJACKET Blue Jacket, Inc.

35-2210669

FYE: 12/31/2014

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>
MACRS Adjustments:						
Page 1	1	32	Computers for Computer Lab (13)	<u>279</u>	<u>210</u>	<u>69</u>
				<u>279</u>	<u>210</u>	<u>69</u>

Asset	Description	Date in Service	Cost	Tax	AMT
Five MACRS					
12	Computers for Computer Lab (13)	11/26/14	5,990	2,125	1,614
			<u>5,990</u>	<u>2,125</u>	<u>1,614</u>
Other Depreciation:					
1	18 V Compact Tough Drill #1	6/30/06	169	0	0
2	Gestetner Copy Machine	3/11/09	3,950	0	0
3	Laptop - Exec Dir	4/15/09	580	0	0
4	(2) Desktop w/ DVD Burner	4/15/09	1,406	0	0
5	(4) Desktop w/ DVD Burner	4/15/09	2,692	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	239	0	0
9	Printer	1/27/10	300	0	0
11	Opportunity Staffing Laptop	7/06/10	350	36	0
13	MIP	4/05/11	17,952	0	0
14	Laptop - Exec Dir	4/11/11	471	95	0
15	Laptop - Spurr - OS	5/05/11	471	95	0
16	Projector	1/29/12	571	114	0
17	Desktop PC for Adjunct	3/28/12	763	153	0
18	(4) Security Cameras and Recorder	4/11/12	2,700	440	0
19	(10) Desktop PC	4/29/12	4,956	990	0
20	Tables & Chairs Classroom #2	9/01/12	8,920	1,275	0
21	Washer & Dryer	7/01/13	1,690	229	0
22	Clothing Store Improvements	4/15/13	64,315	2,941	0
23	515 Lavina Land	12/31/10	4,761	0	0
24	515 Lavina	12/31/10	39,239	1,308	0
25	Laptop S510P	6/26/14	480	96	0
26	Laser Printer 28161 (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 (2426 S Calhoun St)	2/28/14	302,000	7,744	0
31	Land (Calhoun Street)	2/28/14	46,900	0	0
	Total Other Depreciation		<u>489,596</u>	<u>15,923</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>489,596</u>	<u>15,923</u>	<u>0</u>
	Grand Totals		<u>495,186</u>	<u>18,048</u>	<u>1,614</u>

Asset	Description	Date in Service	Cost	IN
Other MACRS:				
32	Computers for Computer Lab (13)	11/26/14	5,990	2,125
			<u>5,990</u>	<u>2,125</u>
Other Depreciation:				
1	18 V Compact Tough Drill #1	6/30/06	169	0
2	Genesee Copy Machine	3/11/09	3,950	0
3	Laptop - Eric Di	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	1/29/10	1,200	0
8	Camcorder	1/27/10	259	0
9	Printer	1/27/10	300	0
11	Opportunity Staffing Laptop	7/06/10	350	36
13	MIP	4/05/11	17,952	0
14	Laptop - Eric Di	4/11/11	471	95
15	Laptop - Sparr - OS	5/03/11	471	95
16	Projector	1/29/12	571	114
17	Desktop PC for Adjust	3/28/12	763	153
18	(4) Security Cameras and Recorder	4/11/12	2,300	440
19	(10) Desktop PC	4/19/12	4,956	991
20	Tables & Chairs Classroom #2	9/01/12	8,920	1,275
21	Washer & Dryer	7/01/13	1,600	229
22	Clothing Store Improvements	4/15/13	64,115	2,941
23	515 Lavina Land	12/31/10	4,761	0
24	515 Lavina	12/31/10	39,239	1,308
25	Laptop S510P	6/26/14	480	96
26	Laser Printer HL61 (2)	6/26/14	500	100
27	Laptop S55A5294	6/26/14	570	114
28	Laptop S510P	6/26/14	480	96
29	Laptop S510P	6/26/14	480	96
30	Building (2826 S Calhoun St)	2/28/14	302,000	7,744
31	Land (Calhoun Street)	2/28/14	46,900	0
	Total Other Depreciation		<u>489,596</u>	<u>15,923</u>
	Total ACRS and Other Depreciation		<u>489,596</u>	<u>15,923</u>
	Grand Totals		<u>495,186</u>	<u>18,048</u>

Form **990****Two Year Comparison Report****2013 & 2014**

For calendar year 2014, or tax year beginning

ending

Name

Taxpayer Identification Number

Blue Jacket, Inc.

35-2210669

		2013	2014	Differences
REVENUE	1. Contributions, gifts, grants	1. 306,521	597,817	291,296
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 414,482	553,921	139,439
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -393		393
	8. Net income or (loss) from fundraising events	8. 11,129	7,063	-4,066
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. -17,675	9,294	26,969
	11. Other revenue	11. 6,835	15,004	8,169
	12. Total revenues. Add lines 1 through 11	12. 720,899	1,183,099	462,200
EXPENSES	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 65,671	70,335	4,664
	16. Salaries, other compensation, and employee benefits	16. 482,433	571,586	89,153
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 7,978	28,316	20,338
	19. Occupancy, rent, utilities, and maintenance	19. 126,948	23,456	-103,492
	20. Depreciation and Depletion	20. 15,267	17,081	1,814
	21. Other expenses	21. 52,941	50,713	-2,228
	22. Total expenses. Add lines 13 through 21	22. 751,238	761,487	10,249
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -30,339	421,612	451,951
Other Information	24. Total exempt revenue	24. 720,899	1,183,099	462,200
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 403,249	578,219	174,970
	27. Total assets	27. 217,148	622,157	405,009
	28. Total liabilities	28. 123,531	106,928	-16,603
	29. Retained earnings	29. 93,617	515,229	421,612
	30. Number of voting members of governing body	30. 16	14	
	31. Number of independent voting members of governing body	31. 16	14	
32. Number of employees	32. 107	113		
33. Number of volunteers	33. 67	107		

Form **990T****Two Year Comparison Report****2013 & 2014**

For calendar year 2014, or tax year beginning

ending

Name

Taxpayer Identification Number

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

	2013	2014	Difference
1. Gross profit/loss on business activities			
2. Capital gains/losses			
3. Income/loss from partnerships and S corporations			
4. Rental income (net of expense)			
5. Unrelated debt-financed income (net of expense)			
6. Interest and other income from controlled organizations (net of expense)			
7. Investment income of specific organizations (net of expense)			
8. Exploited exempt activity income (net of expense)			
9. Advertising income (net of expense)			
10. Other income			
11. Total trade or business income. Combine lines 1 through 10			
12. Compensation of officers, directors, and trustees			
13. Other salaries and wages			
14. Repairs and maintenance			
15. Bad debts			
16. Interest			
17. Taxes and licenses			
18. Charitable contributions			
19. Depreciation and depletion			
20. Contributions to deferred compensation plans			
21. Employee benefit programs			
22. Other deductions			
23. Total deductions. Add lines 12 through 22			
24. Taxable income before NOL. Subtract line 23 from 11			
25. Net operating loss deduction			
26. Specific deduction		1,000	-1,000
27. Unrelated business taxable income.		-1,000	1,000
28. Income tax (corporate or trust)			
29. Proxy tax			
30. Alternative minimum tax			
31. Total taxes			
32. Other credits			
33. General business credit			
34. Credit for prior year minimum tax			
35. Total credits			
36. Net tax after credits			
37. Recapture taxes			
38. Total Taxes			
39. Prior year overpayment and estimated tax payments			
40. Payment made with extension			
41. Backup withholding and foreign withholding			
42. Other payments			
43. Total payments			
44. Balance due(Overpayment)			
45. Overpayment applied to next year			
46. Penalties			
47. Total due(Refund)			

Form **990**

Tax Return History

2014

Name

Blue Jacket, Inc.

Employee Identification Number

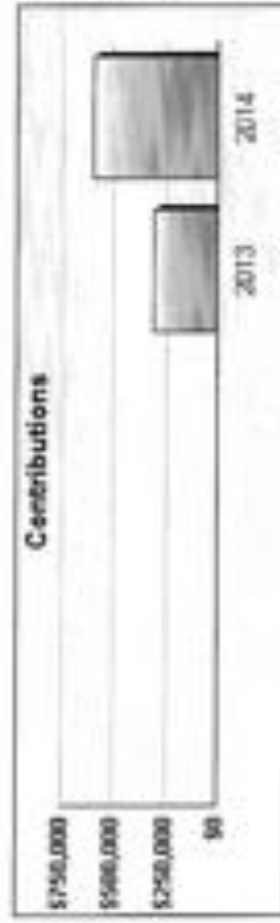
35-2210669

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants				306,521	597,817	
Membership dues						
Program service revenue				414,482	553,921	
Capital gain or loss				-393		
Investment income						
Fundraising revenue (income/loss)				11,129	7,063	
Gaming revenue (income/loss)						
Other revenue				-10,840	24,298	
Total revenue				720,899	1,183,099	
Grants and similar amounts paid						
Benefits paid to or for members				65,671	70,335	
Compensation of officers, etc.				482,433	571,586	
Other compensation				7,978	28,316	
Professional fees				126,948	23,456	
Occupancy costs				15,267	17,081	
Depreciation and depletion				52,941	50,713	
Other expenses				751,238	761,487	
Total expenses				-30,339	421,612	
Excess or (deficit)					1,183,099	
Total exempt revenue				720,899	1,183,099	
Total unrelated revenue						
Total excludable revenue				403,249	578,219	
Total Assets				217,148	622,157	
Total Liabilities				123,531	106,928	
Net Fund Balances				93,617	515,229	

Form **990T** | **Blue Jacket, Inc.** | **Tax Return History** | **2014**

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

	2010	2011	2012	2013	2014	2015
Business activity profits/loss						
Capital gains/losses						
Partner and S-Corp profits/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/losses†						
Investment income, specific organizations†						
Exploited exempt activity income*						
Other income						
Total (total or business income)						
Compensation of officers, etc.						
Other salaries and wages						
Repairs and maintenance						
Staff debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

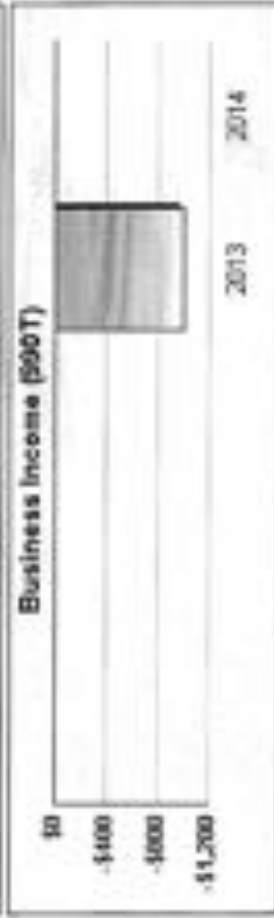


Form **990T** **Blue Jacket, Inc.** **Tax Return History** **2014**

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

	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction				1,000		
Income after expense and deductions				-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



BLUEJACKET Blue Jacket, Inc.
35-2210669
FYE: 12/31/2014

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Meals	\$ 1,075	\$ 1,075	\$	\$
Staff Development	628	628		
Total	\$ 1,703	\$ 1,703	\$ 0	\$ 0

BLUEJACKET Blue Jacket, Inc.
35-2210669
FYE: 12/31/2014

Federal Statements

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

Donor Name	2010	2011	2012	2013	2014
	\$ 14,385	\$ 14,400	\$ 20,000	\$ 9,000	\$ 9,000
Total	\$ 14,385	\$ 14,400	\$ 20,000	\$ 9,000	\$ 9,000

Federal Statements

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2012	40,235	32,961
2011	40,235	31,970
2010	28,708	22,416
AMS Foundation		
2013	33,831	26,185
Foellinger Foundation		
2014	40,000	27,828
2013	30,000	22,354
City of Fort Wayne		
2013	11,927	4,281
Community Foundation		
2013	10,000	2,354
Lincoln Financial Foundation		
2014	17,420	5,248
2013	15,000	7,354
Hoffman Estate		
2014	32,606	20,434
Total	<u>\$ 299,962</u>	<u>\$ 203,385</u>

BLUEJACKET Blue Jacket, Inc.
35-2210669
FYE: 12/31/2014

Federal Statements

Golf Outing

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Signs	\$ 125
Total	\$ 125

BLUEJACKET Blue Jacket, Inc.
35-2210669
FYE: 12/31/2014

Federal Statements

Fort 4 Fitness

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Shirts, bottles, backpack	\$ 3,382
Signs	288
Total	<u>\$ 3,670</u>

Indiana Diagnostics

Critical Messages

None

Informational Messages

- Indiana Department of Revenue does not support electronic filing

Form IT-20NP Return Summary

For calendar year 2014, or tax year beginning

, and ending

35-2210669

BLUE JACKET, INC.

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		_____
Total taxable income		_____
Indiana tax on unrelated business income		_____
Sales tax on purchases		_____
Total tax due		_____

Credit for Estimated Tax and Other Payments

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

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	_____

Miscellaneous Information

Amended return
 Return / extended due date 05/15/15

Annual Report Information

Amended report
 Report / extended due date 08/17/15