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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

B Check if applicable Address change Address change Initial return Final return/terminated Amended return Application pending Application pending C Name of organization D Employer identification number 35-1273055 E Telephone number F Room/suite E Telephone number (317) 739-0336 F Group Exemption Number ▶	A	For the	2014 calenda	ar year, or tax year beginning , 2014, and ending		, 20				
Onter charge India ritions Onter the State Onter the Stat	В	Check if applicable			Employer id					
Number and stateger Number and street (or P O box, if mail a not delivered to street address)		Address c	change							
For the the the thick the term of the t		Name cha								
City or town, state or prownee, country, and ZIP or foreign postal code Residual City or town, state or prownee, country, and ZIP or foreign postal code Apalication revenue City or town, state or prownee, country, and ZIP or foreign postal code Apalication revenue City or town, state or prownee, country, and ZIP or foreign postal code Accounting Method: Zi Cash Accrual Cither (specify) H Check Zif the organization is not required to attach Schedule B	=			P.O. Box 641	(3:	(317) 739-0336				
Aptentions pending Franklin, IN 46131 Number Accrual Accrual Other (specify) H Check If the organization is not required to attach Schedule B Number Numb	Ħ			Character to the control of the cont						
Second trip Method:	=				-	•				
Website: www.FOP154.com required to attach Schedule B Taxe-exempt status (fects only one)	_									
J Tax-exempt status (check only one)			. •							
K Form of organization:	J T	ax-exen								
L Add lines 5b, 6c, and 7b to line 9 to determine gross recepts. If gross recepts are \$200,000 or more, or if total assets [Part I] Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	_									
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Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received. 1 121,488 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 18 5a Gross amount from sale of assets other than inventory 5a Cannor (loss) from sale of assets other than inventory 5b Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Cannor (loss) from fundraising events (not including \$ of contributions from fundraising events (loss) from sale of inventory (Subtract line 5b from line 7a) 6 C C Less: clirect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total revenue. Add lines 1, 2, 3, 4, 5c-6d-7c, and 6t VFD 9 9 128,584 10 Grants and similar amounts paid (listin Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee tableting 8 2015 O 112 2,0					. ▶ 9	128 584				
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20 Other changes in net assets or fund balances (explain in Schedule O)	155		end-of-yea	r figure reported on prior year's return)		105 220				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	¥	20	-							
	ž				107.551					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2014)

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	990-EZ (2 rt	Balance Sheets (see the instruction	ns for Part II)				Page
r a		Check if the organization used Sched		any quaetian in this	Dort II		_
		officer in the organization used coned	die o to respond to	arry question in this	(A) Beginning of year	i 	(B) End of year
22	Cash	, savings, and investments		 	27,493	22	(-,
23		and buildings			80,000		27,55 80,00
24		r assets (describe in Schedule O)			80,000	24	80,00
25		l assets			107,493		107,55
26		I liabilities (describe in Schedule O)			2,155		107,33
27	Net a	assets or fund balances (line 27 of colu	ımn (B) must agree w	ith line 21)	105,338	_	107,55
Par		Statement of Program Service Acco					
		Check if the organization used Sched	ule O to respond to	any question in this	Part III		Expenses
What	t is the	organization's primary exempt purpose?	·		<u> </u>		quired for section (c)(3) and 501(c)(4)
as m	neasure	e organization's program service accom d by expenses. In a clear and concise refited, and other relevant information for	manner, describe ti	of its three largest phe services provided	program services, d, the number of	orga	anizations; optional for ers.)
28	JIIS DEI	iented, and other relevant information to	reach program title.			╂	Т
20							
				•••••			
	(Grants	s\$) If this amou	unt includes foreign g	rants, check here .	• П	28a	<u>, </u>
29	<u></u>				- <u> </u>	1	†
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	(Grants	s \$) If this amou	unt includes foreign g	rants, check here .	▶ 🗆	29 a	1
30						İ	
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04	(Grants		unt includes foreign g			30a	1
31	(Grants	orogram services (describe in Schedule (
32		program service expenses (add lines 28	unt includes foreign g Ba through 31a)			31a	
Par		List of Officers, Directors, Trustees, and					
		Check if the organization used Sched					
		one of the organization deed contact	(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC			Estimated amount on other compensation
			devoted to position	(if not paid, enter -0-)			other compensation
Rand	y Werde	en					
Presi	dent		5 Hours			0	500
Tevis	McLau	ghlin					
Vice	Preside	nt	3 Hours		<u> </u>	0	500
Scott	Carter						
Secre	etary		8 Hours			0	500
Anth	ony Cor	liss					
Treas	urer		8 Hours		<u> </u>	0	500
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rant	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net as during the year? If "Yes," complete applicable parts of Schedule N			1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .		 	
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		/
39	Section 501(c)(7) organizations. Enter.	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ Indiana			
42a	······································	317) 5:		95
.	Located at ► 428 Maria Drive Greenwood, IN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	461	143	
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO ✓
	If "Yes," enter the name of the foreign country: ▶	720		-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	LĪ	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedulo O	44:		
45-	explanation in Schedule O	44d	 	 , -
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	 ✓
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

		-					Yes	age
46	Did the organization engage, directly or	indirectly, in political o	campaign activities	on behalf of o	r ın opposit	ion Table	162	NO
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I	<u></u>		46		7
Part \	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. Check if the organization used So	ns must answer que				e tables f	or line	 es
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax							
47	year? If "Yes," complete Schedule C, Pa	ntll				. 47		
48	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							<u> </u>
	If "Yes," was the related organization a s	to an exempt non-cha	aritable related orga	inization?		. 49a		
50	Complete this table for the organization	s five highest comper	nsated employees (other than offi	 cers. direct	. [49b ors. truste	es an	d ke
	employees) who each received more tha	n \$100,000 of compe	nsation from the org	ganization. If t	here is none	e, enter "N	one."	J 110
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans, compe	to employee and deferred	(e) Estimate other com		
		- 1						
		-				·		
		-	_					
		-						
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	s five highest compo	ensated independe	nt contractors	s who each	received	more	tha
	(a) Name and business address of each indepen		(b) Type of service		(c) Compensation			
					·			
					*			
d 52	Total number of other independent contr Did the organization complete Sched completed Schedule A	ule A? Note . All se	ection 501(c)(3) or			. —		
52 Under pe	Did the organization complete Sched	ule A? Note . All se	ection 501(c)(3) org	ements and to the	best of my kn	.▶∐ Yes		
Under pe	Did the organization complete Sched completed Schedule A	ule A? Note . All se	ection 501(c)(3) org	ements, and to the	best of my kn	.▶☐ Yes owledge and		
52 Under pe	Did the organization complete Sched completed Schedule A	ule A? Note . All se	ection 501(c)(3) org	ements, and to the	best of my kn	.▶☐ Yes owledge and		

Preparer

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no