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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 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-EZ and its instructions is at www.irs.gov/form990.A For the 2015 calendar year, or tax year beginning **JANUARY 1**, 2015, and ending **DECEMBER 31**, 2015

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization GROWTH AND OPPORTUNITY FUND, INC		D Employer identification number 46-4605899	
Number and street (or P O. box, if mail is not delivered to street address) 403 N. 2ND STREET		Room/suite	E Telephone number 717-602-1080
F Group Exemption Number ►			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ▲ (insert no) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **65020.00****Part I 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

Revenue	1	161,739 69
1 Contributions, gifts, grants, and similar amounts received	2	
2 Program service revenue including government fees and contracts	3	
3 Membership dues and assessments	4	
4 Investment income	5a	
5a Gross amount from sale of assets other than inventory	5b	
b Less cost or other basis and sales expenses	5c	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 96,719 69 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	43,280 31
c Less direct expenses from gaming and fundraising events	6c	43,280 31
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9 161739 69
SCANNED NOV 28 2016		
Expenses	10	10
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	63026 28
13 Professional fees and other payments to independent contractors	14	3000 00
14 Occupancy, rent, utilities, and maintenance	15	27183 23
15 Printing, publications, postage, and shipping	16	6,846 28
16 Other expenses (describe in Schedule O)	17	100,055 79
17 Total expenses. Add lines 10 through 16 ►		
RECEIVED NOV 18 2016 IRS-OSC OGDEN, UT		
Net Assets	18	18 61,683.90
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	82,651 00
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	144,976.10
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		

For Paperwork Reduction Act Notice, see the separate Instructions.

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Form 990-EZ (2015)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this part			
	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	82,651.00	22	144976.10
23 Land and buildings		23	0.00
24 Other assets (describe in Schedule O)		24	0.00
25 Total assets	82,651.00	25	144976.10
26 Total liabilities (describe in Schedule O)	0.00	26	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,651.00	27	144976.10

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	"Pennsylvania Answers" digital campaign with seven documentaries with real-life experiences of Pennsylvanians on the effect of wasteful spending and higher taxes		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	62,045 00
29			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	62,045 00

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated— see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		
33	✓	
34		
34	✓	
35a		
35a	✓	
35b		
35c		
36		
36	✓	
37a		
37a	37a	
b		
c		
38a		
38a		
b		
39		
a		
b		
40a		
b		
c		
d		
e		
41		
42a	Telephone no. ► 717-602-1080 Located at ► 403 N 2ND ST, HARRISBURG, PA ZIP + 4 ► 17101	
b		
42b	Yes	No
42b	✓	
42c	Yes	No
42c	✓	
43		
44a		
44a	✓	
b		
44b	Yes	No
44b	✓	
c		
44c	Yes	No
44c	✓	
d		
44d		
45a		
b		
45b	Yes	No
45b	✓	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 ✓

Part VI Section 501(c)(3) organizations only

Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a. Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b. If "Yes," was the related organization a section 527 organization?	49b	
50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

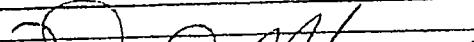
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

1. Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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

Sign Here				Date 11/15/16
 Signature of officer Dan Meuser, President				
 Type or print name and title D. ERIC LYCAN		Preparer's signature 	Date 11/15/16	Check <input type="checkbox"/> if self-employed PTIN P01672958
Paid Preparer Use Only		Firm's name ► DINSMORE & SHOHL LLP	Firm's EIN ►	
Firm's address ► 250 W. MAIN ST., STE. 1400, LEXINGTON, KY 40507		Phone no. 859-425-1000		
May the IRS discuss this return with the preparer shown above? See instructions  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

Growth and Opportunity Fund, Inc.

46-4605899

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 Golf event (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	140000			140000
	2 Less. Contributions	96719.69			96719.69
	3 Gross income (line 1 minus line 2)	43280.31			43280.31
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	28419.70			28419.70
	7 Food and beverages	14760.61			14760.61
	8 Entertainment				
	9 Other direct expenses	100			100
	10 Direct expense summary Add lines 4 through 9 in column (d)			►	43280.31
	11 Net income summary Subtract line 10 from line 3, column (d)			►	43280.31

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
Direct Expenses	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?
b If "No," explain

Yes No

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

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

13a	%
13b	%

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Part II

The corporation received a gross amount of \$140,000 in connection with its fundraising event. Following the Example on page 10 of the Form 990 instructions, it recorded \$43,280.31 as "income" from the event, for the value of the event itself, and the remainder as a "contribution" on Line 1 of the Form 990-EZ. That breakdown is reflected on this Schedule G in Part II, Column a.

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

2015

**Open to Public
Inspection**

Name of the organization
Growth and Opportunity Fund, Inc

Employer identification number
46-4605899

Part III. Description of primary exempt purpose

Growth And Opportunity Fund, Inc is a not-for-profit corporation dedicated to advocating and educating the public on issues important to the people of the Commonwealth of Pennsylvania, including free enterprise, limited government, economic growth, and traditional values. It will promote real policy solutions to create jobs, responsibly develop our plentiful energy resources and empower the private sector to move Pennsylvania forward. Growth And Opportunity Fund will equip the public with information and encourages citizens and policymakers to take action

Name of the organization

Employer identification number
