Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

for an Exempt Organization	OMB No
2015 or fiscal year basis-is-	ļ

DMB No. 1545-1878

Name of exempt organization	► Information about Form 8879-EO an	ne IRS. Keep for yo	our records.	2015
			Employer identific	ation number
OUT OF THE ASHES	INC		46-2835023	
STACY SEGEBARTH,	DIRECTOR			
	eturn and Return Information (Wh	nole Dollars Only	w)	
Check the box for the return	n for which you are using this Form 8879-FO:	and enter the applica	able amount if any from the anti-	
Zie die der off mic 1a, Z	a, Sa, Sa, Ol Sa, Delow, and the amount on tha	t line for the return h	iging filed with this form was blank th	
the applicable line below. D	o not complete more than 1 line in Part I.	ter -0-). But, if you e	ntered -0- on the return, then enter -0)- on
1a Form 990 check here		Part VIII, column (A), line 12)	1b 840,5
2a Form 990-EZ check he	re ▶ 🔲 b Total revenue, if any (Form 9	990-EZ, line 9) .		2b
3a Form 1120-POL check	nere b l b Total tax (Form 1120-PC	DL, line 22)		3b
4a Form 990-PF check he	re 🕨 🔲 b Tax based on investment in	come (Form 990-Pl	F, Part VI, line 5) 4	l b
5a Form 8868 check here	▶ ☐ b Balance Due (Form 8868, Part I,	line 3c or Part II, line	e 8c) 5	5b
Part II Declaratio	n and Signature Authorization of	Officer		
are true, correct, and complete organization's electronic retito send the organization's retite transmission, (b) the reacuthorize the U.S. Treasury financial institution account in return, and the financial institution account and the financial institution account in return, and the financial institution account in the financial institution a	declare that I am an officer of the above organic return and accompanying schedules and sete. I further declare that the amount in Part I arm. I consent to allow my intermediate service turn to the IRS and to receive from the IRS (asson for any delay in processing the return or and its designated Financial Agent to initiate andicated in the tax preparation software for pattution to debit the entry to this account. To reviate than 2 business days prior to the payments.	tatements and to the above is the amount or provider, transmitted an acknowledgem refund, and (c) the dan electronic funds wayment of the organizoke a payment. I misse	e best of my knowledge and belief, the shown on the copy of the er, or electronic return originator (ERC ent of receipt or reason for rejection of late of any refund. If applicable, I withdrawal (direct debit) entry to the zation's federal taxes owed on this ust contact the U.S. Treasury Finance	O) of
resolve issues related to the electronic return and, if appli Officer's PIN: check one b X I authorize WALTE on the organization's being filed with a sta	payment. I have selected a personal identific cable, the organization's consent to electronic	onfidential information ation number (PIN) ation number (PIN) at funds withdrawal. to enter my PIN ave indicated within	n necessary to answer inquiries and as my signature for the organization's 35023 as my signatur Enter five numbers, but do not enter all zeros	s re
resolve issues related to the electronic return and, if appli Officer's PIN: check one box I authorize WALTE on the organization's being filed with a state ERO to enter my PIN As an officer of the out of I have indicated with a state of the outer my PIN I have indicated with a state of the outer	payment. I have selected a personal identific cable, the organization's consent to electronic tox only ERS STAEDTLER ALLEN LL ERO firm name stax year 2015 electronically filed return. If I have the agency (ies) regulating charities as part of the cable of the ca	onfidential information ation number (PIN) at funds withdrawal. to enter my PIN have indicated within the IRS Fed/State processor on the organization filed with a state at the state at t	as my signature for the organization's 35023 as my signature Enter five numbers, but do not enter all zeros I this return that a copy of the return is rogram, I also authorize the aforementally filed agency (ies) regulating charities as pagency (ies) regula	re is ntioned
on the organization's being filed with a sta ERO to enter my PIP As an officer of the out of IRS Fed/State proficer's signature	payment. I have selected a personal identific cable, the organization's consent to electronic tox only IRS STAEDTLER ALLEN LL ERO firm name Is tax year 2015 electronically filed return. If I have te agency (ies) regulating charities as part of the non-the return's disclosure consent screen. Inganization, I will enter my PIN as my signature thin this return that a copy of the return is being ogram, I will enter my PIN on the return's disclosure.	onfidential information ation number (PIN) at funds withdrawal. to enter my PIN have indicated within the IRS Fed/State processor on the organization filed with a state at the state at t	as my signature for the organization's 35023 as my signature Enter five numbers, but do not enter all zeros I this return that a copy of the return is rogram, I also authorize the aforementally filed agency (ies) regulating charities as pagency (ies) regula	re is intioned I return.
on the organization's being filed with a sta ERO to enter my PIT As an officer of the officer's signature Officer's signature Part III Certification of application to the organization's being filed with a sta ERO to enter my PIT As an officer of the officer's signature Part III Certification	payment. I have selected a personal identific cable, the organization's consent to electronic tox only RRS STAEDTLER ALLEN LL ERO firm name stax year 2015 electronically filed return. If I have the agency(ies) regulating charities as part of the non-the return's disclosure consent screen. Augustian, I will enter my PIN as my signature thin this return that a copy of the return is being ogram, I will enter my PIN on the return's discontant and Authentication	onfidential information ation number (PIN) at funds withdrawal. to enter my PIN have indicated within the IRS Fed/State processor on the organization filed with a state at the state at t	as my signature for the organization's 35023 as my signature Enter five numbers, but do not enter all zeros I this return that a copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram, I also authorize the aforemental copy of the return is rogram.	re is intioned I return.
resolve issues related to the electronic return and, if appli Officer's PIN: check one box I authorize WALTE on the organization's being filed with a state ERO to enter my PIN As an officer of the officer's signature Part III Certification ERO's EFIN/PIN. Enter your	payment. I have selected a personal identific cable, the organization's consent to electronic tox only IRS STAEDTLER ALLEN LL ERO firm name Is tax year 2015 electronically filed return. If I have the agency(ies) regulating charities as part of the non-the return's disclosure consent screen. Inganization, I will enter my PIN as my signature thin this return that a copy of the return is being ogram, I will enter my PIN on the return's discontinuous and Authentication SIX-digit electronic filing identification	onfidential information ation number (PIN) at funds withdrawal. to enter my PIN have indicated within the IRS Fed/State processor on the organization filed with a state at the state at t	as my signature for the organization's 35023 as my signature Enter five numbers, but do not enter all zeros I this return that a copy of the return is orgam, I also authorize the aforement on's tax year 2015 electronically filed agency(ies) regulating charities as pagen. Date 04-20-201	re is is intioned if return. art of
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on the organization's being filed with a sta ERO to enter my PIN As an officer of the officer's signature Officer's signature Part III Certification ERO's EFIN/PIN. Enter your number (EFIN) followed by your indicated above. I confirm the part indicated above.	payment. I have selected a personal identific cable, the organization's consent to electronic tox only IRS STAEDTLER ALLEN LL ERO firm name Is tax year 2015 electronically filed return. If I have the agency(ies) regulating charities as part of the non-the return's disclosure consent screen. Inganization, I will enter my PIN as my signature thin this return that a copy of the return is being ogram, I will enter my PIN on the return's discontinuous and Authentication SIX-digit electronic filing identification	onfidential information ation number (PIN) is funds withdrawal. to enter my PIN have indicated within the IRS Fed/State processor on the organization gilled with a state and source consent screen.	as my signature for the organization's 35023 as my signature Enter five numbers, but do not enter all zeros It his return that a copy of the return is rogram, I also authorize the aforement on's tax year 2015 electronically filed agency(ies) regulating charities as passen. Date	re is is intioned if return. art of6

Form	99	0	Retu	n of Organizatio	n Exempt	From Incom	ne Tax		OMB No 1545-0047
Depar	ment of the	he Treasury	Under section 501	c), 527, or 4947(a)(1) of the enter social security num	he Internal Reve	nue Code (except	private foundation	ns)	2015
mema	Revenu	e Service	▶ Informa	tion about Form 990 and					Inspection
B	or the	2015 calend	ar year, or tax year beg	inning		, 2015, and en			, 20
_ `	week it at	pplicable:	C Name of organization OUT	OF THE ASHES IN	2		· · · · · · · · · · · · · · · · · · ·	D Em	ployer identification no.
	ddress ci	:2:	Doing business as					1	2835023
	lame cha		Number and street (or P.O.	pox if mail is not delivered to stree	t address)		Room/suite	E Tel	ephone number
	nitial retur	***	PO BOX 1928					(41	7)588-6265
		n/terminated		ce, country, and ZIP or foreign pos	tal code				840,593
\neg	mended i		LEBANON, MO 6					G Gr	oss receipts\$
_ ^	pplication	pending	F Name and address of princip	pal officer:			H(a) Is this a group	return for	
I T	ax-exemp						subordinates	?	∐ Yes ☑ No
		► N/A	501(c)(3) 501(c) () ◀ (insert no.) 494	17(a)(1) or 52	27	H(b) Are all subord	dinates incl	luded? Yes No t (see instructions)
			Corporation Trust A	<u> </u>			H(c) Group exemp	tion numb	er 🕨
Pa		Summar		ssociation Other		Year of formation: 20	M State of	legal dom	icile: MO
C				sion or most significant ac	4. 4				
-		AND TO	ibe the organization's mis	sion or most significant ac	divides: THE	ORGANIZATION	SEEKS TO PI	ROVIDI	E ASSISTANCE
ဦ			E MISSION TRIPS.						
L L			E MIDDION INIPO.						
Ne.	2	Check this be	ox ▶ ☐ if the organization	on discontinued its operation	one or disposed o	f more than 25% a	f its not associa		
ၓ				erning body (Part VI, line 1			Î	2	
Activities & Governance	(34)			ers of the governing body (3	·
iţie				in calendar year 2015 (Pa			_	5	
ई			r of volunteers (estimate				_	6	
ď	4			n Part VIII, column (C), line				7a	2
				e from Form 990-T, line 34				7b	
	1 -		- Dudition taxable moon	0 1101111 01111 000 17, 11110 0-	'	····	Prior Year	76	C
	8	Contributions	and grants (Part VIII, lin	e 1h)		-	306,	505	Current Year 840,58
e				ne 2g)			300,	303	840,58
Revenue				(A), lines 3, 4, and 7d) .				19	1
Re				lines 5, 6d, 8c, 9c, 10c, an					
				(must equal Part VIII, col			306,	604	840,59
			(t IX, column (A), lines 1-3)			3007	-	040,35
			to or for members (Part	. ,					
100				ee benefits (Part IX, colun					95
Expenses	1			, column (A), line 11e) .		·			
Je J	1		sing expenses (Part IX, o			0			
X			• • • •	lines 11a-11d, 11f-24e)			261,	395	761,38
	18	Total expens	ses. Add lines 13-17 (mu	st equal Part IX, column (/	A), line 25)		261,		762,33
	19	Revenue les	s expenses. Subtract lin	e 18 from line 12			45,	209	78,25
or ses							Beginning of Current Y	ear	End of Year
ets	20	Total assets	(Part X, line 16)		* * * * * * * *		45,	209	123,46
Net Assets or Fund Bajances	21	Total liabilitie	es (Part X, line 26)						
F.E	22	Net assets o	r fund balances. Subtrac	ct line 21 from line 20	<u> </u>		45,	209	123,46
Pa	rt II	Signatu	re Block	CLIENT	COP	Y			
Under	penalties	of perjury, I dec	lare that I have examined this re	turn, including accompanying sch officer) is based on all information	edules and statements of which preparer has	s, and to the best of my l any knowledge.	knowledge and belief, it i	s	
Tue, c	Joinect, an	id complete. Dec	laration of preparer (other than c	micery to based on an inventories	F			T	
~ .		STAC	Y SEGEBARTH					<u></u>	
Sig		Signatu	re of officer					Date	
He	re	STAC	Y SEGEBARTH, DI	RECTOR					
-		Type or	print name and title	111		Date			
_		1 100	eparer's name	Prepaler's signature		The state of the	Check	If PTIN	00437070
Pai			ALLEN CPA	1 / Ch		04-21-2016	self-employed	<u></u>	00437878
	parer				EN LLC		Firm's EIN		
Us	e Onl	y Firm's addre					Phone no.	7-532-	5941
-				n MO 65536	otiono)		4		となるとという とうしているというないないないないないないないないないないないないないないないないないないな
Ma	the IR	S discuss this		shown above? (see instru	cuons)				Form 990 (2015)

For	m 990 (2015) OUT OF THE ASHES INC	46-283	5023	Page 2
-	Statement of Program Service Accomplishments			_
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u></u>	<u> LL</u>
	briefly describe the organization's mission:			
	THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO			
	CORDINATE MISSION TRIPS.			
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 2	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		v 5	Z Na
	services?	Ц	tes E	S) NO
4	If "Yes," describe these changes on Schedule O.	ed by		
7	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organizations.			
	the total expenses, and revenue, if any, for each program service reported.	,1013,		
	and term on periods, and retended, if any, for each program solving reported.			
4a	(Code:) (Expenses \$ 762,338 including grants of \$) (Revenue	\$	840	,593)
	THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO CORDINATE MISSION TRIPS			
Ь	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)

				-
	(Code:) (Expenses \$ including grants of \$) (Revenue	\$		· · · · · · · · · · · · · · · · · · ·
С	(Code:) (Expenses \$ including grants of \$) (Revenue	*		
				5.00 - 5,00 - 50 - 10 - 10 - 10 - 10 - 10 - 10 -
				·, ····
d	Other program services (Describe in Schedule O.)	The state of the		
	(Expenses \$ including grants of \$) (Revenue \$			
е	Total program service expenses ► 762,338		Form	990 (2015)

Form **990** (2015)

P	art 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,"	1	X	
	annulate Cahadula A	2	X	
2	the state of the s			
3		3		X
	and the control of the control of the Cabadula C Martin			37
4		4		X
5	to the associantion a postion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives more			17
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
	Part III		l	l
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	١,,
	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	6	<u> </u>	X
	"Yes," complete Schedule D, Part I		1	١
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 7	<u> </u>	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		İ	
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	. 8		X
	complete Schedule D, Part III			
1	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	. 9		X
				Τ
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		X
	and authority permanent endowments or quasi-endowments? If "Yes," complete Schedule D, Fait V			
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VIII VIII IX or X as applicable.	N. W. C. S.		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		X
	complete Schedule D. Part VI	IIa	 	+
b	Bid the acceptance of the properties an amount for investments - other securities in Part X, line 12 that is 5% or more		1	1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	1		1
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
6	Did the organization report an amount of statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
	Schedule D, Parts XI and XII			-
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		Х
	"Yes," and if the organization answered the to line 12a, then completing concease 2,7 and the manufacture of the completing conceases 2,7 and the concease 2			X
	is the organization a school described in section 170(5)(1)(1)(1)	_		X
3	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
)	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			3.5
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	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	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			020.00
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		Х
	n roug complete conceans of a contract of the	1	A 100 TO 100 TO	

Part IV Checklist of Required Schedules (continued)

20a	Did to			
b	Old the Organization			
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? domestic government on Part IX, column (A) is a substance to any domestic government on Part IX.		Yes	-
. 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization report more than \$5,000 of grants or other assistance or othe	20a	Tes	X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Part IX, column (A), line 23 If "IV.	20b		_^
-2	Did the organization represent (A), line 1? If "Yes," complete 0.	200		
	Part IX, column (A) line 22 to 11 and 11 and 11	21		7.
23	Did the organization and will yes," complete Schedule I. Parts Land III.	21		X
	organization's current and former are			
	organization's current and former officers, directors, trustees, key employees, and highest compensated Did the organization have a term of the state of the sta	22		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than through 24d and complete 2.1.			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Did the organization invest are:	23		2
C	Did the organization maintain an occasion tax-exempt bonds beyond a temporary period exception 2	24a		1
		24b		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year Section 501(c)(2) 504(c)(3)			
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit is the organization.	24d		+-
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		 	+
-	the organization aware that it engaged in an	25a		١,
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	230	 	2
	res, complete Schedule L. Part I. See Schedule L. Part I. See See See See See See See See See Se			
26	Did the organization report any amount on Boot V in a second seco		ŀ	_
	current of former officers, directors, trustocal leaves to any	25b		2
	current or former officers, directors, trustees, key employees, highest compensated employees, or Did the organization are stated employees.			
27	Did the organization provide a grant or other assistance to an officer director to the distance to an officer director to the	ŀ		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection assistance to an officer.	26		2
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes " complete 9 to the selection committee member, or to a 35% controlled			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
-0	o party to a pusitiess transaction with an of the control of the c	27		1
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer disease at a second with one of the following parties (see Schedule L,	17.		
a	of the officer, director, trustee or key employeed is the			
b		28a		2
			<u> </u>	 -
C	of which a current of former officer director trusted and	28b	l	Σ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			-
29	Did the organization receive more than \$25,000 in pon-cash contribute as 2 to 100.	28c		l v
30	The state of the s			X
		29		_X
31	Tes, complete Schedule M			٠.
ν,	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
33				10.00
32	The state of the s	31		_X
	complete schedule N, Part II			
33	service under Description unde	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	the organization related to any tax-exempt or taxable entity? If "Yes " complete Schedule P. Port II. III	33		X
	or IV, and Part V, line 1	İ		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
	Controlled ontity within the manning of the control of the controlled ontity within the manning of the controlled ontity within the manning of the controlled ontity within the manning of the controlled ontity within the manning of the controlled ontity within the manning of the controlled ontity within the manning of the controlled ontity within the manning of the controlled ontity within t			
36	Section 501(c)(3) organizations. Did the organization make any transfers to a section 501(c)(3) organizations.	35b		
company of	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
Ų,	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,			
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

-	rt V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
Pa	Statements Regarding Other IRS Fillings and Text Check if Schedule O contains a response or note to any line in this Part V	$\overline{}$	Yes	No
				-
	1a 1a			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	20	
b	Enter the number of Forms W-2G included in line 1a. Enter to miss appropriate payments to vendors and Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
C	Did the organization comply with backup with blockup with backup w		-,	
	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 2a 2			
2a		2b		
b		3a		X
		3b		
3a				
b				
4a	At any time during the calendar year, did the organization have different account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, securities account, securities account in a foreign country (such as a bank account, securities account, securities account in a foreign country (such as a bank account in a foreign country (such	4a		X
	account)?	ino:		10 "000"
b	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	Logic		
	See instructions for filing requirements for PINCEN POINT 114, Report 5.		i e des	v
	(FBAR).	5a		X
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Was the organization a party to a prohibited tax shelter transaction?	5b		X
b	Was the organization a party to a prohibited tax shelter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	The did the erganization file FORM 0000-1 (
6a	If "Yes" to line 5a or 5b, did the diganization have annual gross receipts that are normally greater than \$100,000, and did the Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	the state of the s			
b	If "Yes." did the organization include with every solicitation an express statement that such solicitation and express statement that such solicitation are expressed in the control of th	6b		
	eithe were not tay deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a navment in excess of \$/5 made partly as a contribution and partly is.	7a		X
-	and services provided to the payor?	7b		
b	K "Vee " did the organization notify the donor of the value of the goods or services provided?	-		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		X
•	required to file Form 8282?	76		1
d	## "Ves " indicate the number of Forms 8282 filed during the year			X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{\Lambda}{X}$
f	Did the accompanies during the year, pay premiums, directly or indirectly, on a personal benefit contract:	7 f		_
· ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 6099 as required r	7g	-	X
g	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?	7h		X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1000	21 fee	
8	sponsoring organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.	0.00	J. et l.,	
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
ь		D.v.		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
а	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	100		
а		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	against amounts due of received from them.	12a		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			-
þ	If "Yes," enter the amount of tax-exempt interest received of accorded carried and the second of tax-exempt interest received of accorded carried and the second of the second of tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received of accorded carried and tax-exempt interest received and tax-exempt	1 1		•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	138	70	
	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?	143	-	X
<u>p</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	2045
An In T		TO SERVICE SER	-uii / '.	Z117.50

P	art VI Governance, Management			
	Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in School 10ction A. Governing a response of the circumstances of the circum			
	Check if Sabard Sala 8b. or 10b below, describe the			
Sec	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction A. Governing Body and Management	TWO DODGES	27	
	Enter the cumber of the state o	18, 9919	The same of	
1a	Enter the number of the	• • •	<u>· · · ·</u>	نند
	if there are material differences in voting rights among members of the governing body at the end of the tax year if the governing body delegated broad authority to an executive committee, explain in Schodule 2.		T.,	
	if the governing body delegated broad authority to an executive committee or similar Enter the number of units.	7	- -	2
	committee, explain in Schedule O		1	
b	TO TOUR DE VOIRO MONTE		l	
2	Enter the number of voting members included in line 1a. above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate seven		İ	
	only other officer, director, trustee	7		
3	Did the organization delegate control over management duties customarily performed by or under the direct Did the organization of officers, directors, or trustees, or key employees to a management area.			
	supervision of officers, directors, as a supervision of officers, directors, directors, as a supervision of officers, directors, directors, directors, directors, directors, directors, directors, direct	. L	2	
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the			
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the assessment.	ئے ۰	3	
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	·	1	
7a	Did the organization have members, stockholders, or other persons who had the	· _ :	5	
	one of more members of the	0	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval but a second appoint			
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	. 7	a	4
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written persons.		-	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	. 7	b	-
а	The governing body?			
b	Each committee with authority to an annual state of the committee with authority to an annual state of the committee with authority to an annual state of the committee with authority to an annual state of the committee with a state of the committ		_	
9	Each committee with authority to act on behalf of the governing body?	. 8	-	_
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 81	X	4
ect	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies).	1.		1.
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9		
			T.,	-
b	Did the organization have local chapters, branches, or affiliates?	. 10:	Ye	7
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100	-	+-4
	The state their operations are consistent with the organization	. 101		
	a substitution of the copy of this Form gon to all members of the	. 11a	+	+
	of process, if arry, used by the organization to review this Farm one	-	121	+-
b \	Did the organization have a written conflict of interest policy? If "No," go to line 13 Nere officers, directors, or trustees, and key organization to review this Form 990.	12a	X	
c [and the state of t	12b	+	X
(2)	described and consistently monitor and enforce compliance with the policy? If "Yes,"		1	1
	Not the constraint of the contract of the cont	12c		X
	Did the organization have a written whistleblower policy?			X
	Did the organization have a written document retention and destruction policy?	14		X
i i	Did the process for determining compensation of the following persons include a review and approval by			
a 7	ndependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ь (he organization's CEO, Executive Director, or top management official	15a		X
		15b		X
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		2.4	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			-3.)
b 11	ith a taxable entity during the year?	16a		X
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	X		
ectio	rganization's exempt status with respect to such arrangements?	16b		X
	ist the states with which a copy of this Form 990 is required to be filed			
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (Section 501(c)(3)s only)			
	vailable for public inspection. Indicate how you made these available. Check all that apply.			
٦				
	Jown website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) escribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	nancial statements available to the public during the tax year.		6.0	
	tate the name, address, and telephone number of the person who possesses the organization's books and records:			
_	and techniques and telephone number of the person who pessesses the digalizations books and recolds.			

Part VII	
	Independent Contractors, Directors, Trustees, Key Employees
C	- Succession of the succession
1a Complete	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees x year
organization's	s table for all persons required to be listed. Report compensation for the calendar year ending with or within the
• List all of	be a superior compensation for the calendar year ending with or within the

- Report compensation for the calendar year ending with or within the
- 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
- 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.

FFA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (A) Position (B) (do not check more than one (D) Name and Title (E) (F) Average box, unless person is both an Reportable hours per Reportable Estimated officer and a director/trustee) compensation week (list any compensation from amount of from related hours for other related organizations Individual Institutional compensation highest compensated organization (W-2/1099-MISC) organizations from the (W-2/1099-MISC) employee below dotted organization line) and related trustee trustee organizations (1) LORI PRINTY 2.00 DIRECTOR X (2) EMILY JENKINS 0 2.00 DIRECTOR X (3) JENIFER KIRAN 0 0 DIRECTOR X (4) HIRCHIE SCHAFFNER 0 0 2.00 DIRECTOR X (5) ERICA YORK 0 0 2.00 DIRECTOR X 0 0 (6) BRAD SEGEBARTH DIRECTOR X 0 (7) (8) (9) (10)(11) (12)(13) (14)

Form 990 (2015)

Part VII Section A. Officers, Directors, Trusteen	s, Key Empio	yoo, .	el ene								
(A)	(B)	a antagge	L vet	Pos		di Libergale i	nei Signa			The Contract	Special Court of Special Physics
Name and title	Average hours per week (list any	box, office	unless er and	eck m s pers a dire	ore th	an one both an trustee)		(D) Reportable compensation from	Reportable compensation from related	1	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	ompensation from the organization and related rganizations
5)			-	-						+	
6)				7						+	
7)											
3)											
9)										-	
0)			\downarrow	_	1	_	1			-	
2)		\rightarrow	+	_	4	-	+			-	
3)			-	-	+	_	+				
4)		+	+	_	+	-	+				
5)			1	+			+				
1b Sub-total	on A		 				E				
d Total (add lines 1b and 1c)							e th	q an \$100,000 of	0		0
reportable compensation from the organization									0		Yes No
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	or trustee, key	y emplo	oyee	, or I	highe	est con	nper	nsated		3	Х
For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than \$\frac{1}{2} \text{ individual}\$	ortable compe \$150,000? If "\	nsatior /es," c	ompl	ete :	Sche 	edule J	tor .	sucn		4	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," or	mpensation fr	om any	unr/	elate	ed or	ganıza	tion	or individual		5	Х
-tion D. Independent Contractors							mor	e than \$100,000 o	f		
Complete this table for your five highest compensate compensation from the organization. Report compensation.	sation for the	calenda	ar ye	ar ei	nding	g with o	or w	ithin the organizati	on's tax		
year. (A) Name and business address								(B) Description of serv	ices	(C) Compens	
							+			Lores	
							\pm				
2 Total number of independent contractors (including be received more than \$100,000 of compensation from total contractors).	ut not limited to he organization	those	liste	d at	ove) who			En	m 990	(2015)

The program service revenue of the program service of the program			Check if Schedule O contains a r	esponse or	note to any line in	this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Description of the program service revenue growth service revenue gr	99	1:	a Federated campaigns		- Pag - 10 14 5 - 14 5 -				
Business Code Business Code	ant					+			
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Business Code Business Code	₹\$	1	N htributions included in lin						
Business Code Business Code	D D					840.581			
Page 200 Page 200	<u>o</u> s	h h	Total. Add lines ra-11		Annual State of the Control of the C				
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 6 Securibes 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 Business Code 11a b C C All other revenue e Total. Add lines 11a-11d	•				Business code		A THE RESERVE AND A SERVED STATE OF THE RESERVE OF	April 10 to the contract of the	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 6 Securibes 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 Business Code 11a b C C All other revenue e Total. Add lines 11a-11d	euri	2a				+	+		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 6 Securibes 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 Business Code 11a b C C All other revenue e Total. Add lines 11a-11d	Re	b				+			
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8 Gross rents (i) Real (ii) Personal (ii) Personal (iii) Personal		4	Income from investment of tax-exemp	t bond prod	ceeds				<u> </u>
10 10 10 10 10 10 10 10									
Second Second		3				Las Pere Se			
B Less: rental expenses			0		(17: -1-)				
Rental income or (loss)									
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) see Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: corect expenses b c Net income or (loss) from gaming activities See Part IV, line 19 b Less: corect expenses b Less: corect or (loss) from gaming activities See Part IV, line 19 b Less: corect or (loss) from gaming activities Business Code 11a b C C All other revenue e Total. Add lines 11a-11d		1000			 				
7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses						The State of the State of		And the state of t	N THE STREET STREET, WHITE TO STREET
Page 2000 Page 2000		d							
b Less: cost or other basis and sales expenses		7a	Gross arribunt nom sales of	Securities	(ii) Other	-			
and sales expenses c Gain or (loss) d Net gain or (loss) Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a b c d All other revenue e Total. Add lines 11a-11d			assets other than inventory			4			
C Gain or (loss) C C C C C C C C C		ь	Less: cost or other basis		1				
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 Usiness Code 11a b C c d All other revenue e Total. Add lines 11a-11d			and sales expenses		<u></u>	4			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		С	Gain or (loss)						
events (not including \$		d	Net gain or (loss)		.				
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a b c d All other revenue b 1 Total. Add lines 11a-11d b	9	8a	Gross income from fundraising						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a b c d All other revenue b 1 Total. Add lines 11a-11d b	len /en		events (not including \$		1				
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a b c d All other revenue b 1 Total. Add lines 11a-11d b	é				1				
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a b c d All other revenue b 1 Total. Add lines 11a-11d b	<u>-</u>			a					
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d	돌		Amended is caused and			Ī.			
9a Gross income from gaming activities. See Part IV, line 19					—				
See Part IV, line 19	1			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b Less: direct expenses b	}			•					
c Net income or (loss) from gaming activities	1								
10a Gross sales of inventory, less returns and allowances									
returns and allowances		C	Net income or (loss) from gaming activi	ities	· · · · · · · · · · · · · · · · · · ·	## 1.00 m			8.5 PO - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Less: cost of goods sold b	- 1	10a	Gross sales of inventory, less						
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue Total. Add lines 11a-11d	1								
Miscellaneous Revenue 11a b c d All other revenue e Total. Add lines 11a-11d	1					Bajilani Sara Au			den arvarant
11a b c d All other revenue	L	С	Net income or (loss) from sales of inver	ntory	<u> </u>				
b			Miscellaneous Revenue		Business Code	washing Paga	eriyleriya ani i		
b c d All other revenue		11a							
d All other revenue		b						of the court of th	
e Total. Add lines 11a-11d		С					7		
e Total. Add lines 11a-11d		d /	All other revenue				An .	4 Y	
				,					
			COMPANIENT OF AMERICA AND CONTRACTOR OF CONT			840,593	12	a	0

Statement of Functional Expenses Part IX Section 501(c)(3)

The sould (4) Ordania at	
The state of the s	
CL - 1 15 -	
Check if School Organizations must complete all columns. All others	

U HOU I	Check if Schedule O contains a response or note to an notice amounts reported on lines 6b, 7b,	y line in this Part IX		; · · · · · ; · · · · · i	
SD, a	nd 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Gr	ants and other assistance to domestic organizations		expenses	general expenses	expenses
an	d domestic governments. See Part IV, line 21				er i Sevan Jedi
	ants and other assistance to domestic				7
ind	ividuals. See Part IV, line 22				
Gra	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
ind	ividuals. See Part IV, lines 15 and 16				
Ве	nefits paid to or for members				Taranian empanya an
	mpensation of current officers, directors,				
	stees, and key employees				
	empensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	ther salaries and wages	051	0.54	-	
	ension plan accruals and contributions (include	951	951		
	ection 401(k) and 403(b) employer contributions				
	ther employee benefits				
	ayroll taxes				
	ees for services (non-employees):				
	lanagement		-		
	egal				
	counting	350	350		
	obbying				
	Professional fundraising services. See Part IV, line 17 .				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column		İ		
	A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	5,554	5,554		
	Office expenses	1,910	1,910		
	nformation technology				
	Royalties				
	Occupancy	5,207	5,207		
	Travel				
	Payments of travel or entertainment expenses		j	ĵ	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				The second second
	Interest				
	Payments to affiliates				
	Insurance	900	900		
	Other expenses. Itemize expenses not covered		300	COUNTY OF THE RES	2 - A - TV - A - A - A - A - A - A - A - A - A -
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	BANK CHARGES AND FEES	9,515	9,515		
	SHIPPING	933	933		
	MISSION WORK AND TRAVEL	736,965	736,965		(+, m
-	TAX AND LICENSE	53	53		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	762,338	762,338	. 0	0
26	Joint costs. Complete this line only if the				Dai 1990an - Si
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form 990 (2015)

Form 990	(2015
Part X	F

OUT OF THE ASHES INC

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash - non-interest-bearing 109,639 1 33,919 * * * E E I * * * * * * * * E I I 2 2 13,825 Pledges and grants receivable, net 3 3 11,290 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10c b 11 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 123,464 45,209 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕟 🗓 and complete lines 27 through 29, and lines 33 and 34. 123,464 45,209 27 Net Assets or Fund Balances 28 27 29 28 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 📗 and 29 complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 30 Paid-in or capital surplus, or land, building, or equipment fund 32 31 Retained earnings, endowment, accumulated income, or other funds 123,464 45,209 33 32 123,464 45,209 33 Total liabilities and net assets/fund balances Form 990 (2015) 34

	Check if Schedule 2	and the same of th	I STATE OF THE PARTY OF THE PAR	William Co.	
1	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX or set any line in this Part XI	1	نننا	840,	593
2	Total expenses (must equal be the (A), line 12)	2		762,	
3	The state of the s	3		0.00	, 255
4	Net assets of furid balances at beginning of year (-)	4			,209
5	Net unrealized gains (losses) on investments	5		- 43,	, 209
5	Donated services and use of facilities	6			
7	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			0
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33. column (B))	40			
ar	t XII Financial Statements and Reporting	10		123,	,464
Ž.,	Check if Schedule O contains a response or note to any line in this Both VII				
	Chook in ochicadic o contains a response of note to any line in this Part XII	o 50€7 50€6 50€1 (405 ±	• • • •		ᆠᆜ
1	Accounting method used to prepare the Form 990:		pro-o-c	Yes	No
		_	9100		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
22					17.5
La	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
2	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1 1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		TANA		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		100123		
	the Single Audit Act and OMB Circular A-133?		3a		X
١	o 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		3b		
EEA				990 (20	15)
				,	,

Part XI

Reconciliation of Net Assets

					alaban.		2015
rm 990 or 990-EZ)	Complete	e if the organizati 4947(a)	on is a section 501(c)(3 (1) nonexempt charitab	organiza le trust.	tion or a s	section	Open to Public
tment of the Treasury		► Attacl	to Form 990 or Form	990-EZ. structions	is at www.	irs.gov/form990.	Inspection
al Revenue Service	► Information abou	it Schedule A (Forn	n to Form 990 or Form 9 n 990 or 990-EZ) and its in	130,000		Employer identifica	
of the organization						10 2000	
OF THE ASHES IN	Public Charity	Status (All org	anizations must co	mplete	this part	.) See instruction	15.
rganization is not a priva	at oburches or ass	ociation of church	nes described in section	170(b)(1)(A)(i).		
A church, convention	in or churches, or ass	A)(ii) (Attach Scl	nedule E (Form 990 or 9	990-EZ).)			
	. I ital acqui	00 0r0301731100 0f	accined in Section 114	(~) (·) (·) (·	iii).		
A hospital or a coopA medical research	organization operate	d in conjunction w	rith a hospital described	in section	170(b)(1)(A)(iii). Enter the	
	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
An organization ope	erated for the benefit of	of a college or uni	versity owned or operat	ed by a go	, v e i i i i i c i i c		
section 170(b)(1)(/	A)(iv). (Complete Part	(II.)	described in section 17	0(b)(1)(A)(v).		
A federal, state, or	ocal government or g	jovernmental unit	described in section 17	arnmental	unit or from	m the general public	
X An organization tha	t normally receives a	substantial part o	f its support from a gove	SHITTOTAGE	u, ii.		
described in section	on 170(b)(1)(A)(vi). (C	complete Part II.)	Complete Part II.)				
A community trust	described in section	1/0(b)(1)(A)(VI). ((20) of its support from	contributio	ns. memb	ership fees, and gros	SS
An organization that	it normally receives: (1) more than 33 1	/3% of its support from	ns and (2) no more	than 33 1/3% of its	
		mat tunotione - CI	nieri in Celtain exceptio	110, 01.0 (-	,		
- mand from aross	investment income a	ind unrelated busi	ness taxable income (ie	33 30000	0111000		
ined by the or	ranization after June	30. 1975. See sec	tion 509(a)(2). (Compre	oto i dit illi	• /		
		Lovalucively to tes	t for numiic salety. See	section of	, 5 (4)(1).	carry out the nurnos	ses of
		l avaluativaly for th	a hanefit of to bellulli t	TIE IUI ICUC	113 01, 01 10	carry out the purpos	Check
K W	I armonize	ations described in	section bugilality of by	ection so	(a)(2). 00		Oncor
	0	caribae the type o	t supporting organization	I allu com	picto in ioc		
	tiinction of	norated supervise	ad or controlled by its st	apported o	garnzano	(0), .)	ng
a Type I. A sup	organization(s) the p	ower to regularly a	appoint or elect a majorit	y of the di	rectors or	trustees of the suppo	rting
	Van must complete	Part IV Sections	A and B.				
· · ·		cupervised or conf	rolled in connection with	its suppo	rted organ	ization(s), by having	6
b Type II. A su	nagement of the supp	orting organization	vested in the same per	sons that	control or i	manage the supporte	d
arconization/	c) You must comple	te Part IV. Sectio	ns A and C.				
Type III fund	tionally integrated.	supporting organ	ization operated in conn	ection with	n, and fund	tionally integrated wit	ih,
ite supporter	l organization(s) (see i	nstructions). You	must complete Part IV,	Sections	A, D, and	I E.	
d Type III non	-functionally integra	ted. A supporting of	organization operated in	connection	n with its s	upported organizatior	n(s)
d Type III non	nctionally integrated 7	he organization of	enerally must satisfy a di	stribution	requireme	nt and an attentivenes	ss
roquirement	(see instructions) Yo	u must complete	Part IV, Sections A and	D, and P	art V.		
• Check this h	nox if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
			tegrated supporting orga				
	er of supported organiz						
	owing information abou		ganization(s).				
(i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above (see instructions))	listed in you docum	ur governing	support (see instructions)	other support (see instructions)
			above (see mandenons))	docum		mandenons/	msnactions)
				Yes	No		
(A)							
(B)							Manager and the second
(C)							The state of the s
(D)		-					
(E)	***	-					
(~)		1	V		1	1	

Part III. If the organization on A. Public Support	eyanizations L cked the box or fails to qualify	Described in S n line 5, 7, or 8 under the tests	ections 170(b) of Part I or if the listed below, p)(1)(A)(iv) and 1 ne organization f please complete	70(b)(1)(A)(vi) ailed to qualify	under
ar year (or fiscal year beginning in)	(a) 2011					
Sifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
nembership fees received. (Do not not not not not not not not not no				306,585	940 500	
ax revenues levied for the ganization's benefit and either paid or expended on its behalf		in the second for		000,303	840,581	1,147,16
ne value of services or facilities rnished by a governmental unit to the ganization without charge						
otal. Add lines 1 through 3						
ne portion of total contributions by				306,585	840,581	1,147,16
ach person (other than a						
overnmental unit or publicly						
apported organization) included on						
ne 1 that exceeds 2% of the amount						
nown on line 11, column (f)			y 12 %			433,27
ublic support. Subtract line 5 from line 4 On B. Total Support						713,89
			_		1	, 20, 00
ar year (or fiscal year beginning in) mounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gross income from interest, dividends,				306,585	840,581	1,147,166
payments received on securities loans, ents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business s regularly carried on				19	12	31
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. Add lines 7 through 10 .			7 8 8 7 8 8 8			
Gross receipts from related activities, etc. (see instructions)		<u> </u>		12	1,147,197
First five years. If the Form 990 is for the corganization, check this box and stop here ion C. Computation of Public S	organization's first, s		n, or fifth tax year as	" 504/ \/a\		▶□
Public support percentage for 2015 (line 6,	column (f) divided t	v line 11 selume /	n)		 	
Public support percentage from 2014 Schei	dule A Part II line	14	''''			2.23 %
33 1/3% support test - 2015. If the organiz	ation did not check	the box on line 13	and line 14 is 22 1/	/20/	15 69	9.00 %
box and stop here. The organization qualifi	es as a publicly sur	norted organization				67
33 1/3% support test - 2014. If the organiz	ation did not check	a box on line 13 or	16a and line 15 is	22 1/20/ 05		▶ 🏻
check this box and stop here. The organization	ation qualifies as a	publicly supported				
10%-facts-and-circumstances test - 2015	i. If the organization	did not check a bo	y on line 13 16a o	r 16b and line 14 is		▶ 📙
10% or more, and if the organization meets	the "facts-and-circu	umstances" test. ch	eck this box and st	on here. Evoluin in		
Part VI how the organization meets the "fac	ts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly supported		
organization				a publicly supported		
10%-facts-and-circumstances test - 2014	. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line		▶ ∐
15 is 10% or more, and if the organization n	neets the "facts-and	d-circumstances" te	st, check this box a	and stop here.		
Explain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test.	The organization qu	ualifies as a publicly		
supported organization						▶ □
Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		1
						1

Schedule A (Form 990 or 990-EZ) 2015

If the organization fails Section A. Public Support	to qualify under	the tests listed	below, please	complete Part I	o qualify under	
Calendar year (or fiscal year beginning in)	► (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	V /0 =
1 Gifts, grants, contributions, and membership fe	es		(0) 2010	(4) 2014	(e) 2015	(f) Total
received. (Do not include any "unusual grants."	,					1
2 Gross receipts from admissions, merchandise sold or services performed, or facilities						
furnished in any activity that is related to the			1	1		Ĭ
organization's tax-exempt purpose				_	+	
Gross receipts from activities that are not an		1				1
unrelated trade or business under section 513	·					
Tax revenues levied for the	1				1	
organization's benefit and either paid			ł		1	
to or expended on its behalf					 	
The value of services or facilities	1			1		
furnished by a governmental unit to the		1		-		
organization without charge			 			
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and 3	1		1	1	1	1
received from disqualified persons						
			1		ł	
Amounts included on lines 2 and 3					1	
received from other than disqualified						
persons that exceed the greater of \$5,000						
Of 178 Of the amount of						
Add lines 7a and 7b						
Public support. (Subtract line 7c from						
line 6.)		and the second	Control of the Contro	<u> </u>		
ction B. Total Support	7) 0044 T	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
endar year (or fiscal year beginning in)	(a) 2011	(D) 2012	(0) 2010	, , , , , , , , , , , , , , , , , , , ,		
Amounts from line 6						
Gross income from interest, dividends,		1				
payments received on securities loans, rents,	1	1				
royalties and income from similar sources						1
Unrelated business taxable income (less section 511 taxes) from businesses			,			
acquired after June 30, 1975						
Add lines 10a and 10b						
i			1			1
Net income from unrelated business		1		1		į.
netwittes not included in line 10b, whether		A Company of the Comp		1		1
ACCIVICION FIOL INCIDIOGO III, III.O 1001 III.						
or not the business is regularly carried on						
activities not included in line 10b, whether or not the business is regularly carried on						
or not the business is regularly carried on Other income. Do not include gain or						
or not the business is regularly carried on						
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
Or not the business is regularly carried on Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.)				section 501(c)(3)		
Or not the business is regularly carried on Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.)	ization's first, seco	nd, third, fourth, or	fifth tax year as a	e section 501(c)(3)		• □
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here			fifth tax year as a	a section 501(c)(3)		
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here	ort Percentag	ge			15	· · · · · > □
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2015 (line 8, columns)	ort Percentag	ge e 13, column (f))	**************************************	,	15	9
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2015 (line 8, column but in the propert percentage from 2014 Schedule All Public support percenta	nn (f) divided by line A. Part III, line 15	ge e 13, column (f))		,		9
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Total support. (Add lines 9, 10c, 11, ind 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2015 (line 8, columnization support percentage from 2014 Schedule A	nort Percentagen (f) divided by line A. Part III, line 15	e 13, column (f))			15 16	9,
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here in C. Computation of Public Supply Ublic support percentage for 2015 (line 8, column to be computation of Investment income percentage for 2015 (line 10c)	oort Percentagenn (f) divided by line A. Part III. line 15 Income Perce	e 13, column (f)) ntage If by line 13, column	n (f))		15 16	9
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Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2015 (line 8, columbustic support percentage from 2014 Schedule A ion D. Computation of Investment income percentage from 2015 (line 10c ovestment income percentage from 2014 Schedule 3 1/3% support tests - 2015. If the organization 7 is not more than 33 1/3%, check this box and stop here.	oort Percentagen (f) divided by line 15. Income Perce column (f) divided ule A, Part III, line did not check the stop here. The org	ntage by line 13, column box on line 14, and anization qualifies	n (f)) d line 15 is more that as a publicly supp	han 33 1/3%, and I	15 16 17 18 ine 1 3%, and	% %
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(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule 8 (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization OUT OF THE ASHES INC

Organization type (check one):

Organization type (check one):	4	6-2835023
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 foundation	
Check if your organization is co	vered by the General Rule or a Special Rule.	
	(8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determitable tributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and t \$5,000 or (2) 2% of th For an organization of contributor, during th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support tessetions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pathat received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an are year, total contributions of more than \$1,000 exclusively for religious, charitable, scientic	art II, line of (1) and II. ny one fic,
literary, or education	al purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	ıd III.
contributor, during th contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an ne year, contributions exclusively for religious, charitable, etc., purposes, but no such it more than \$1,000. If this box is checked, enter here the total contributions that were receiven exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions during the year	ived the outions
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Finust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

Name of	Organization THE ASHBS INC Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
OUT OF	Contributors (see instructions). Use duplicate copies	(c)	(d) Type of contribution
	(b) Name, address, and ZIP + 4	Total contributions	
(a) No.			Person 🔯
	BRAD AND STACY SEGEBARTH		Payroll ☐ Noncash ☐
		\$ 370,070	(Complete Part II for
	1115 NORTHVIEW LANE	600000	noncash contributions.)
	LEBANON, MO 65536	(0)	(d)
	(b)	(c) Total contributions	Type of contribution
(a)	Name, address, and ZIP + 4	Total comme	₹7
No.	Hamo, Carrier		Person 🖾
_	FRANCES GOODMAN		l ujion
	FRANCES GOOD	\$ 5,000	Noncash L
	17195 PENNY LANE		(Complete Part II for
	1/133 -		noncash contributions.)
	CHAGRIN FALLS, OH 44023		(d)
		(c)	(d) Type of contribution
(a)	(b)	Total contributions	Туре от соли
No.	Name, address, and ZIP + 4		Person 🛚
			Payroll
3	JEANNIE TSAI	- 041	Noncash
		\$5,841	(Complete Part II for
	1818 LOMBARD ST		noncash contributions.)
	CA 94123		110.1.0
	SAN FRANCISCO, CA 94123	(-)	(d)
	(b)	(c) Total contributions	Type of contribution
(a)	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person
No.	(b) Name, address, and ZIP + 4 KATHRYN CLARK	Total contributions	Type of contribution Person ☒ Payroll ☐
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK	Total contributions 5,050	Person 🖺 Payroll 🗌 Noncash
No.	Name, address, and ZIP + 4	Total contributions	Person
No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD	Total contributions	Person 🖺 Payroll 🗌 Noncash
No.	Name, address, and ZIP + 4 KATHRYN CLARK	Total contributions \$ 5,050	Person
No4	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224	Total contributions 5,050	Person
No4	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b)	Total contributions \$ 5,050	Person
No4	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224	Total contributions 5,050	Person Payroll Occupied Payroll Noncash Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4	Total contributions 5,050	Type of contribution Person
No4	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b)	\$ 5,050 (c) Total contributions	Type of contribution Person
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES	Total contributions 5,050	Person
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4	\$ 5,050 (c) Total contributions	Person
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES	\$ 5,050 (c) Total contributions	Person Payroll Occupied Part II for noncash Contribution (d) Type of contribution Person Payroll Occupied Part II for noncash Contribution Person Payroll Occupied Part II for Noncash Complete Part II for
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067	\$ 5,050 (c) Total contributions (s) Total contributions	Person Payroll Occupied Part II for noncash Payroll Payroll Noncash Payroll Payroll Noncash Contribution Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067 (b)	\$ 5,050 (c) Total contributions (c) Total contributions (c)	Person Payroll Occupied Part II for noncash Payroll Payroll Noncash Contributions.) (d) Type of contribution Person Payroll Occupied Part II for noncash Contributions.)
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067	\$ 5,050 (c) Total contributions (s) Total contributions	Person Payroll Occupied Part II for noncash Payroll Payroll Noncash Contributions.) (d) Type of contribution Person Payroll Occupied Part II for noncash Contributions.) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067 (b) Name, address, and ZIP + 4	\$ 5,050 (c) Total contributions (c) Total contributions (c)	Person Payroll Ocomplete Part II for noncash Payroll Noncash Ocontributions.) (d) Type of contribution Person Payroll Ocomplete Part II for noncash contributions.) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067 (b)	\$ 5,050 (c) Total contributions (c) Total contributions (c)	Person
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067 (b) Name, address, and ZIP + 4 LIFEPOINT CHURCH	\$ 5,050 (c) Total contributions (c) Total contributions (c)	Person
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067 (b) Name, address, and ZIP + 4	\$ 5,050 (c) Total contributions \$ 6,901 (c) Total contributions	Person Payroll Ocomplete Part II for noncash Contribution Person Complete Part II for noncash contributions. (d) Type of contribution Person Payroll Ocomplete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 KATHRYN CLARK 2922 SILVER LAKE BLVD STOW, OH 44224 (b) Name, address, and ZIP + 4 KENNETH AND AMY HOLMES 212 WOODCREST DR FRANKLIN, TN 37067 (b) Name, address, and ZIP + 4 LIFEPOINT CHURCH	\$ 5,050 (c) Total contributions \$ 6,901 (c) Total contributions	Person

OF	THE ASHES INC		Page 2
Part I	Contributors (see instructions). Use duplicate copi	es of Part Lif additional space in	over identification number
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LORI AND DART PRINTY		Person 🖾 Payroll 🗌
	3015 ROUNDHILL DR AKRON, OH 44333	\$\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	MARK AND MELISSA MATHIS		Person ⊠ Payroll □
	DALLAS, TX 75214	\$ 5,952	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PAMELA AND JAMES BUNCH 41719 COLUMBIA DR	\$ 5,150	Person 🖾 Payroll 🗍 Noncash 🗍
	THOMPSONS STATION, TN 37179		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	RICHARD AND YOLANDA HOBBS 20392 KINGSBROOK LANE LEBANON, MO 65536	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SCOTT AND LAURA SHORES 24237 ROUTE 6 TOWANDA, PA 18848	\$\$	Person A Payroll Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	SERENA HUMERICK		Person 🛭 Payroll 🗎 Noncash 🗍

6,100

(Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

noncash contributions.)

8401 COVINGTON ROAD

COLLEGE GROVE, TN 37046

Part I	Contributors (see instructions). Use duplicate cop	(c)	
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
13	SHAN PARKER 1020 BECKET COURT THOMPSONS STATION, TN 37179	\$9,033	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TODD AND LISA BOLOTIN 435 SECRIST LANE GIRARD, OH 44420	\$11,300	Person 🖾 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

PAttech to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www ire goving Name of the organization OUT OF THE ASHES INC	Employer Identification number 46-2835023
01. Form 990 governing body review (Part VI, line 11)	
THE ORGANIZATION 990 IS PREPARED BY AN INDEPENDENT CPA AND THEN REVIE	WED BY THE BOARD
BEFORE BEING SENT TO THE IRS.	
2. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATIONS RECORDS ARE AVAILABLE BY WRITTEN REQUEST TO:	
TWO HEARTS FOR HOPE	
C/O STACY SEGEBARTH	
1115 NORTHVIEW LANE	
TEDANON MO CEE26	
LEBANON, MO 65536	

WALTERS STAEDTLER ALLEN LLC PO BOX 832

Lebanon, MO 65536 contact@wsa-accounting.com Phone: (417)532-5941 | Fax: (417)532-6698

April 21, 2016

Out Of The Ashes Inc PO Box 1928 Lebanon, MO 65536

Out Of The Ashes Inc:

Enclosed is the 2015 federal return for a tax-exempt organization, prepared for Out Of The Ashes Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (417)532-5941.

Sincerely,

Kevin Allen CPA

WALTERS STAEDTLER ALLEN LLC