

Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No 1545-1878

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

2015

Name of exempt organization

OUT OF THE ASHES INC

Employer identification number

46-2835023

Name and title of officer

STACY SEGEBARTH, DIRECTOR

**Part I** Type of Return and Return Information (Whole Dollars Only)

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

|                             |                                     |  |    |         |
|-----------------------------|-------------------------------------|--|----|---------|
| 1a Form 990 check here      | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 840,593 |
| 2a Form 990-EZ check here   | <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                      | 2b |         |
| 3a Form 1120-POL check here | <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                               | 3b |         |
| 4a Form 990-PF check here   | <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |         |
| 5a Form 8868 check here     | <input type="checkbox"/>            | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |         |

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize WALTERS STAEDTLER ALLEN LL to enter my PIN 35023 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature ▶

Date ▶ 04-20-2016

**Part III** Certification and Authentication

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

431552 65536  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 04-21-2016

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)

EEA

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department 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 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2015 calendar year, or tax year beginning 2015, and ending 2015

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

C Name of organization OUT OF THE ASHES INC  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 1928  
City or town, state or province, country, and ZIP or foreign postal code  
LEBANON, MO 65536

D Employer identification no. 46-2835023  
E Telephone number (417) 588-6265  
G Gross receipts \$ 840,593

F Name and address of principal officer:

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527  
H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☒ No  
H(c) Group exemption number

J Website: N/A  
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other  
L Year of formation: 2014 M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO COORDINATE MISSION TRIPS.

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

|    |   |    |
|----|---|----|
| 3  | Number of voting members of the governing body (Part VI, line 1a)             | 3  |
| 4  | Number of independent voting members of the governing body (Part VI, line 1b) | 4  |
| 5  | Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | 5  |
| 6  | Total number of volunteers (estimate if necessary)                            | 6  |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12          | 7a |
| 7b | Net unrelated business taxable income from Form 990-T, line 34                | 7b |

|     | Prior Year   | Current Year |
|-----|--|--------------|
| 8   | Contributions and grants (Part VIII, line 1h)                                      | 306,585      |
| 9   | Program service revenue (Part VIII, line 2g)                                       | 840,585      |
| 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 19           |
| 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |              |
| 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 306,604      |
| 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |              |
| 14  | Benefits paid to or for members (Part IX, column (A), line 4)                      |              |
| 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 95           |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e)                      |              |
| 16b | Total fundraising expenses (Part IX, column (D), line 25)                          | 0            |
| 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 261,395      |
| 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 261,395      |
| 19  | Revenue less expenses. Subtract line 18 from line 12                               | 45,209       |

|    | Beginning of Current Year                                  | End of Year |
|----|--|-------------|
| 20 | Total assets (Part X, line 16)                             | 45,209      |
| 21 | Total liabilities (Part X, line 26)                        | 123,460     |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 45,209      |

Part II Signature Block

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

Sign Here: STACY SEGEBARTH  
Signature of officer  
STACY SEGEBARTH, DIRECTOR  
Type or print name and title

Paid Preparer Use Only: Pnn/Type preparer's name KEVIN ALLEN CPA  
Preparer's signature  
Date 04-21-2016  
Check ☐ if self-employed PTIN P00437878  
Firm's name WALTERS STAEDTLER ALLEN LLC  
Firm's EIN  
Firm's address PO BOX 832  
Lebanon MO 65536  
Phone no. 417-532-5941

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

**Part III** **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**THE 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 ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 762,338 including grants of \$ ) (Revenue \$ 840,593 )  
**THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO CORDINATE MISSION TRIPS.****4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses **762,338**

**Part IV Checklist of Required Schedules**

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



**Part IV** **OUT OF THE ASHES INC**  
**Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |     | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     | X  |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

## Part V

**Statements Regarding Other IRS Filings and**

Form 990 (2015)

**Part VI****Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 9, check the appropriate box in the "Yes" column. For each "No" response to lines 2 through 9, check the appropriate box in the "No" column. For each "Yes" response to lines 2 through 9, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ☐

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ☐

**STACY SEGEARTH (417) 588-6265, PO BOX 1928, LEBANON, MO 65536**

**Part VII**

**OUT OF THE ASHES INC**  
**Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) LORI PRINTY<br>DIRECTOR       | 2.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) EMILY JENKINS<br>DIRECTOR     | 2.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) JENIFER KIRAN<br>DIRECTOR     | 2.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) HIRCHIE SCHAFFNER<br>DIRECTOR | 2.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) ERICA YORK<br>DIRECTOR        | 2.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) BRAD SEGEBARTH<br>DIRECTOR    | 2.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7)                               |  |  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8)                               |  |  |                       |         |              |                              |        |  |   |   |
| (9)                               |  |  |                       |         |              |                              |        |  |   |   |
| (10)                              |  |  |                       |         |              |                              |        |  |   |   |
| (11)                              |  |  |                       |         |              |                              |        |  |   |   |
| (12)                              |  |  |                       |         |              |                              |        |  |   |   |
| (13)                              |  |  |                       |         |              |                              |        |  |   |   |
| (14)                              |  |  |                       |         |              |                              |        |  |   |   |



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| 15) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 16) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 17) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 18) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 19) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 20) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 21) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 22) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 23) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 24) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 25) -----  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              |        | 0  | 0   | 0   |

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

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII**

**Statement of Revenue**

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

|   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a Federated campaigns   |                      |  |   |  |
|   | b Membership dues  |                      |  |   |  |
|   | c Fundraising events   |                      |  |   |  |
|   | d Related organizations  |                      |  |   |  |
|   | e Government grants (contributions)  |                      |  |   |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above  | 840,581              |  |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |                      |  |   |  |
|   | h <b>Total.</b> Add lines 1a-1f  | 840,581              |  |   |  |
| <b>Program Service Revenue</b>                                    | Business Code  |                      |  |   |  |
|   | 2a   |                      |  |   |  |
|   | b  |                      |  |   |  |
|   | c  |                      |  |   |  |
|   | d  |                      |  |   |  |
|   | e  |                      |  |   |  |
|   | f All other program service revenue  |                      |  |   |  |
|   | g <b>Total.</b> Add lines 2a-2f  |                      |  |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest,<br>and other similar amounts)  |                      | 12   | 12                                      |  |
|   | 4 Income from investment of tax-exempt bond proceeds   |                      |  |   |  |
|   | 5 Royalties  |                      |  |   |  |
|   | (i) Real (ii) Personal   |                      |  |   |  |
|   | 6a Gross rents   |                      |  |   |  |
|   | b Less: rental expenses  |                      |  |   |  |
|   | c Rental income or (loss)  |                      |  |   |  |
|   | d Net rental income or (loss)  |                      |  |   |  |
|   | (i) Securities (ii) Other  |                      |  |   |  |
|   | 7a Gross amount from sales of<br>assets other than inventory   |                      |  |   |  |
|   | b Less: cost or other basis<br>and sales expenses  |                      |  |   |  |
|   | c Gain or (loss)   |                      |  |   |  |
|   | d Net gain or (loss)   |                      |  |   |  |
|   | 8a Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | a                    |  |   |  |
|   | b Less: direct expenses  | b                    |  |   |  |
|   | c Net income or (loss) from fundraising events   |                      |  |   |  |
|   | 9a Gross income from gaming activities.<br>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<br>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 <b>Total.</b> Add lines 11a-11d                                 |  |                      |  |   |  |
| 12 <b>Total revenue.</b> See instructions                         |  | 840,593              | 12   | 0                                       | 0  |

**Part IX** **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages   | 951                   | 951                             |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 350                   | 350                             |  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion   | 5,554                 | 5,554                           |  |                             |
| 13 Office expenses   | 1,910                 | 1,910                           |  |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 5,207                 | 5,207                           |  |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| 23 Insurance   | 900                   | 900                             |  |                             |
| 24 Other expenses. Itemize expenses not covered 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.)   |                       |                                 |  |                             |
| a <b>BANK CHARGES AND FEES</b>   | 9,515                 | 9,515                           |  |                             |
| b <b>SHIPPING</b>  | 933                   | 933                             |  |                             |
| c <b>MISSION WORK AND TRAVEL</b>   | 736,965               | 736,965                         |  |                             |
| d <b>TAX AND LICENSE</b>   | 53                    | 53                              |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 762,338               | 762,338                         | 0                                      | 0                           |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

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

|   |   | (A)<br>Beginning of year |         | (B)<br>End of year |
|---|---|--------------------------|---------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing   | 33,919                   | 1       | 109,639            |
|   | 2 Savings and temporary cash investments  |                          | 2       |                    |
|   | 3 Pledges and grants receivable, net  | 11,290                   | 3       | 13,825             |
|   | 4 Accounts receivable, net  |                          | 4       |                    |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5       |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | 6       |                    |
|   | 7 Notes and loans receivable, net   |                          | 7       |                    |
|   | 8 Inventories for sale or use   |                          | 8       |                    |
|   | 9 Prepaid expenses and deferred charges   |                          | 9       |                    |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a                      |         | 10c                |
|   | b Less: accumulated depreciation  | 10b                      |         |                    |
|   | 11 Investments - publicly traded securities   |                          | 11      |                    |
|   | 12 Investments - other securities. See Part IV, line 11   |                          | 12      |                    |
|   | 13 Investments - program-related. See Part IV, line 11  |                          | 13      |                    |
|   | 14 Intangible assets  |                          | 14      |                    |
|   | 15 Other assets. See Part IV, line 11   |                          | 15      |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 45,209  | 16                       | 123,464 |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  |                          | 17      |                    |
|   | 18 Grants payable   |                          | 18      |                    |
|   | 19 Deferred revenue   |                          | 19      |                    |
|   | 20 Tax-exempt bond liabilities  |                          | 20      |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | 21      |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |                          | 22      |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties   |                          | 23      |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties   |                          | 24      |                    |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                          | 25      |                    |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 0                        | 26      | 0                  |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |         |                    |
|   | 27 Unrestricted net assets  | 45,209                   | 27      | 123,464            |
|   | 28 Temporarily restricted net assets  |                          | 28      |                    |
|   | 29 Permanently restricted net assets  |                          | 29      |                    |
|   | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.  |                          |         |                    |
|   | 30 Capital stock or trust principal, or current funds   |                          | 30      |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31      |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds   | 45,209                   | 32      | 123,464            |
|   | 33 <b>Total net assets or fund balances</b>   | 45,209                   | 33      | 123,464            |
|   | 34 <b>Total liabilities and net assets/fund balances</b>  |                          | 34      |                    |



**Part XI Reconciliation of Net Assets**

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

|    |  |    |         |
|----|--|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 840,593 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 762,338 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 78,255  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 45,209  |
| 5  | Net unrealized gains (losses) on investments   | 5  |         |
| 6  | Donated services and use of facilities   | 6  |         |
| 7  | Investment expenses  | 7  |         |
| 8  | Prior period adjustments   | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 123,464 |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | 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  |     |    |

OF THE ASHES INC

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| Total                              |          |  |   |    |   |   |

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

| Year (or fiscal year beginning in)  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          | 306,585  | 840,581  | 1,147,166 |
| Tax revenues levied for the organization's benefit and either paid or expended on its behalf  |          |          |          |          |          |           |
| The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>Total.</b> Add lines 1 through 3   |          |          |          | 306,585  | 840,581  | 1,147,166 |
| Portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 433,273   |
| <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          | 713,893   |

| Year (or fiscal year beginning in)   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| Amounts from line 4  |          |          |          | 306,585  | 840,581  | 1,147,166 |
| Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          | 19       | 12       | 31        |
| Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 1,147,197 |
| Gross receipts from related activities, etc. (see instructions)  |          |          |          | 12       |          |           |

**First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

### Part C. Computation of Public Support Percentage

|  |    |         |
|--|----|---------|
| Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 62.23 % |
| Public support percentage from 2014 Schedule A, Part II, line 14                       | 15 | 69.00 % |

**33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

**33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**10%-facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**OUT OF THE ASHES INC**  
**Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3   |          |          |          |          |          |           |
| 5a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| 6 Add lines 5a and 5b  |          |          |          |          |          |           |
| 7 Public support. (Subtract line 6 from line 4)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 8 Amounts from line 6   |          |          |          |          |          |           |
| 9a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                         |          |          |          |          |          |           |
| c Add lines 9a and 9b   |          |          |          |          |          |           |
| 10 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on    |          |          |          |          |          |           |
| 11 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| 12 Total support. (Add lines 8, 10c, 11, and 12.)   |          |          |          |          |          |           |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

|   |    |   |
|---|----|---|
| 14 Public support percentage for 2015 (line 8, column (f) divided by line 12, column (f)) | 15 | % |
| 15 Public support percentage from 2014 Schedule A, Part III, line 15                      | 16 | % |

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

|  |    |   |
|--|----|---|
| 16 Investment income percentage for 2015 (line 10c, column (f) divided by line 12, column (f)) | 17 | % |
| 17 Investment income percentage from 2014 Schedule A, Part III, line 17                        | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



Schedule of Contributors

OMB No 1545-0047

2015

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

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

Name of the organization

OUT OF THE ASHES INC

Employer identification number  
46-2835023

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☒ 501(c)( 3 ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | BRAD AND STACY SEGEBARTH<br>1115 NORTHVIEW LANE<br>LEBANON, MO 65536 | \$ 370,070                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | FRANCES GOODMAN<br>17195 PENNY LANE<br>CHAGRIN FALLS, OH 44023       | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | JEANNIE TSAI<br>1818 LOMBARD ST<br>SAN FRANCISCO, CA 94123           | \$ 5,841                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | KATHRYN CLARK<br>2922 SILVER LAKE BLVD<br>STOW, OH 44224             | \$ 5,050                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | KENNETH AND AMY HOLMES<br>212 WOODCREST DR<br>FRANKLIN, TN 37067     | \$ 6,901                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | LIFEPOINT CHURCH<br>195 WASHINGTON<br>LEBANON, MO 65536              | \$ 5,058                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | LORI AND DART PRINTY<br>3015 ROUNDHILL DR<br>AKRON, OH 44333               | \$ 20,600                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | MARK AND MELISSA MATHIS<br>6829 SANTA MARIA LANE<br>DALLAS, TX 75214       | \$ 5,952                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | PAMELA AND JAMES BUNCH<br>41719 COLUMBIA DR<br>THOMPSONS STATION, TN 37179 | \$ 5,150                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | RICHARD AND YOLANDA HOBBS<br>20392 KINGSBROOK LANE<br>LEBANON, MO 65536    | \$ 8,100                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | SCOTT AND LAURA SHORES<br>24237 ROUTE 6<br>TOWANDA, PA 18848               | \$ 17,100                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | SERENA HUMERICK<br>8401 COVINGTON ROAD<br>COLLEGE GROVE, TN 37046          | \$ 6,100                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 13         | SHAN PARKER<br>1020 BECKET COURT<br>THOMPSONS STATION, TN 37179 | \$ 9,033                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | TODD AND LISA BOLOTIN<br>435 SECRIST LANE<br>GIRARD, OH 44420   | \$ 11,300                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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 REVIEWED BY THE BOARD  
BEFORE BEING SENT TO THE IRS.

**02. 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

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