_	00	0	Detur	of Ormonization Fue				OMB No. 1545-0047			
Form	9:	<del>9</del> 0	Return	of Organization Exe	empt From Incor	ne lax		2016			
			Under section 501(c	), 527, or 4947(a)(1) of the Interr	nal Revenue Code (excep	t private founda	tions)	2010			
Departs	► Do not enter social security numbers on this form as it may be made public.										
Interna		Inspection									
A F	or the	2016 calend	ar year, or tax year begin	ning	, 2016, and er	nding		, 20			
Вс	neck if a	applicable:	C Name of organization OUT	OF THE ASHES INC			D	Employer identification no.			
A	ddress o	change	Doing business as				4	6-2835023			
N	ame cha	ange	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/suite	Е	Telephone number			
In	itial retu	Irn	PO BOX 1928				(	417)588-6265			
🗌 Fi	nal retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code				879,859			
A	nended	return	LEBANON, MO 65	536			G	Gross receipts \$			
A	oplicatio	n pending	F Name and address of principal	officer:		H(a) Is this a group	return for su	ubordinates? Yes X No			
						H(b) Are all subo	rdinates in	ncluded? Yes No			
I Ta	ax-exem	npt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527	If "No," a	attach a lis	st. (see instructions)			
JW	ebsite:	► N/A				H(c) Group exe	mption nu	mber 🕨			
K F	orm of o	rganization: 🔀	Corporation Trust Ass	ociation 🗌 Other 🕨	L Year of formation: 2	014 M State	of legal de	omicile: MO			
Par	tl	Summar	y								
	1	Briefly descri	be the organization's miss	on or most significant activities:	THE ORGANIZATION	N SEEKS TO	PROVI	DE ASSISTANCE			
		•	OORDINATE MISSION	•							
Governance											
rnai											
Ne	2	Check this bo	ox ►  if the organization	discontinued its operations or dis	posed of more than 25% of	of its net assets.					
ğ	3		-				3	7			
ა ა	4			s of the governing body (Part VI, I	ine 1b)		4	7			
Activities &	5			calendar year 2016 (Part V, line			5	0			
ctiv	6		r of volunteers (estimate if				6	3			
Ā	7a		,	Part VIII, column (C), line 12			7a	0			
			d business taxable income				7b	0			
						Prior Year		Current Year			
	8	Contributions	and grants (Part VIII, line	1h)			,581	879,844			
ē	9			e 2g)		040	, 301	0/0/044			
ent	10	-	•	(), lines 3, 4, and 7d)	-		12	15			
Revenue	11			ues 5, 6d, 8c, 9c, 10c, and 11e)	-			1			
-	12			must equal Part VIII, column (A), I		840	,593	879,859			
	13			X, column (A), lines 1-3) $\ldots$	,	040	,555	0			
	14		I to or for members (Part I)					0			
	15			e benefits (Part IX, column (A), line	-		951	0			
ses				column (A), line 11e)	,			0			
Expenses			•	$(D)$ , line 25) $\blacktriangleright$				0			
ц Д	17			nes 11a-11d, 11f-24e)		761	,387	748,209			
-	18			equal Part IX, column (A), line 25	-		,338	748,209			
	19	•	•	18 from line 12	· –		,255	131,650			
_ s	15	Revenue les				Beginning of Current		End of Year			
ets o ance	20	Total assets	(Part X line 16)				,464				
Net Assets or Fund Balances	20		· · · · ·			123	,	<u>255,114</u> 0			
Net /	22			line 21 from line 20		100	,464	255,114			
Par			re Block		• • • • • • • • • • • • •	123	,101	233,114			
				rn, including accompanying schedules and s	statements, and to the best of my k	nowledge and belief, it	tis				
				cer) is based on all information of which pre		<b>0</b>					
		STAC.	Y SEGEBARTH								
Sigr		<b>D</b>	e of officer				Date				
Here				CTA							
nere	•	<b>D</b>	Y SEGEBARTH, DIRE print name and title	CIUR							
		<b>,</b>			Date						
Paid	I	Print/Type pre		Preparer's signature		Check	if PT				
Prep			LLEN CPA		05-08-2017	self-employe	JU	P00437878			
				STAEDTLER ALLEN LLC		Firm's EIN					
Use		Firm's address				Phone no.		0 5041			
Marri		C discuss this	Lebanon					2-5941 ☐ Yes 🖾 No			
							••••				
FOL P	apern		on Act Notice, see the se	yarate manutuuns.				Form <b>990</b> (2016)			

Form	n 990 (2016) OUT OF THE ASHES INC	46-2835023	Page <b>2</b>
Pa	rt 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 COORDINATE 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	x 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	<u>x</u> 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	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 748,209 including grants of \$ ) (Revenue	¢ 970	950)
4d	THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO COORDINATE MISSION TRIPS.		,859)
	THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO COORDINATE MISSION TRIPS.		
46	(Code:) (Expenses \$ including grants of \$) (Revenue	¢	
4b		\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
40		Ψ	)
4d	Other program services (Describe in Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  748,209	/	
EEA		Form	990 (2016)

Form	1990 (2016) OUT OF THE ASHES INC 46-2835	)23	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
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	11b		Х
С	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		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			- 23
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			- 22
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		- 22
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			- 22
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		- 22
13		19		Х
	If "Yes," complete Schedule G, Part III		000 /	

Form 990 (2016)

EEA

	990 (2016)       OUT OF THE ASHES INC       46-2833         't IV       Checklist of Required Schedules (continued)       46-2833	023	F	Page 4
га			Yes	No
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a	Tes	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	-		- 23
U	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 200		
		. 21		v
,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			Χ
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Χ
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		Х
la	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			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		Х
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	. 25b		Х
5	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			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26		Х
	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	. 27		Х
;	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
~	Schedule L. Part IV	. 28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			- 23
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
)		. 29		
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	. 30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	. 31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		X
	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	. 33		X
-	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			Х
а	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	. 35a		Х
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	. 35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х
,	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,			ĺ
	Part VI	. 37		Х
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
4			1 <b>990</b> (	

Form 990 (2016)

Form	990 (2016)         OUT OF THE ASHES INC         46-2835	023	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		•••	$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
-	reportable gaming (gambling) winnings to prize winners?	. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		Х
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	. <u></u> 30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		. 4a		Х
b	If "Yes," enter the name of the foreign country:	. <del>4</del> a		Λ
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	5		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		Х
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12	_		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	<b>Note.</b> 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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2016) OUT OF THE ASHES INC 4	6-283502	23	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instructions			
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	-			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-		
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		10		- 21
U	the year by the following:				
2	The governing body?		8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	••••	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	• • • • •	00	Λ	
9			9		Х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0	••••	9		_ <u>_</u>
000	tion D. 1 Oncies (This Section D requests information about policies not required by the internal revenue Code.)			Vee	Na
102	Did the organization have local chapters, branches, or affiliates?	Γ	10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	• • • • •	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		404		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	• • • • •	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	1?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	37	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	37
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	xts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	- F	12c		<u>X</u>
13	Did the organization have a written whistleblower policy?	F	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	F	15a		<u>X</u>
b	Other officers or key employees of the organization	• • • • •	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		X
Sec	tion 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 I 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 SEGEBARTH (417)588-6265, PO BOX 1928, LEBANON, MO 65536				

Form 990 (20'	6) OUT OF THE ASHES INC	46-2835023	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	mpensated Employe	es, 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								
a 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.

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

	90 (2016) OUT OF THE ASHES I									46-283	85023	F	Page <b>8</b>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					(C Pos				-					
	(A)	(B)	(do n	ot che			nan one		(D)	(E)		(F)		
	Name and title	Average hours per			•		both an		Reportable compensation	Reportable compensation from		Estimateo Imount o		
		week (list any		_		_	(trustee)		from	related		other		
		hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Hignest compensa employee	Forme	the organization	organizations (W-2/1099-MISC)		mpensat from the		
		organizations	ector	ution		mplo	byee	er	(W-2/1099-MISC)	(11 2/1000 11100)		ganizati		
		below dotted line)	trust	al tru		byee	ompe					nd relate		
		inte)	ee	stee			ensat					ganizatio	115	
							led							
(15)														
<u>.</u> _/														
(16)														
<u>(17)</u>														
(18)														
(40)														
(19)														
(20)														
<u></u>														
(21)														
(22)														
(23)														
(0.4)														
<u>(24)</u>														
(25)														
<u>(-</u> _)														
1b	Sub-total													
с	Total from continuation sheets to Part VII, Sectio	nA.												
d	Total (add lines 1b and 1c)							•	(	b	0		0	
2	Total number of individuals (including but not limited								e than \$100,000 of					
	reportable compensation from the organization										0			
												Yes	No	
3	Did the organization list any <b>former</b> officer, directo		-		-		-				-			
	employee on line 1a? If "Yes," complete Schedule									• • • • • • • •	. 3		X	
4	For any individual listed on line 1a, is the sum of rep													
	organization and related organizations greater than												v	
5	individual									••••	. 4		X	
3	for services rendered to the organization? If "Yes,"			-			-				. 5		x	
Secti	on B. Independent Contractors		nouu	001	0/ 0/	uon	<i>p</i> 0/00/			<u></u>	. 0			
1	Complete this table for your five highest compensate	d independer	nt cont	racto	ors t	hat r	eceive	ed m	ore than \$100,000	of				
	compensation from the organization. Report comper													
	year.						-							
	(A)								(B)			(C)		
	Name and business address								Description of	services	Com	pensatio	on	

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	

Form 99	90 (20	16) OUT OF T	HE ASHES	INC				46-28350	23 Page 9
Part V	VIII	Statement of Revenu	le						
		Check if Schedule O contair		or not	e to any line in thi	s Part VIII			
			·		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
5 C	c			1c					
iifts ar /	d			1d					
s, G	e	• • • • • • • •		1e					
er S	f		· ·						
othot	.	and similar amounts not includ		1f	879,844				
nd	g				0/0/011				
u C	-	Total. Add lines 1a-1f			<b></b>	879,844			
	<u> </u>		•••••	<u>···</u>	Business Code	0757044			
ne	2a			F	Busiliess Code				
iven	b								
e Re	c								
ervic	d								
Program Service Revenue	e								
ograi		All other program service rever							
Pro		Total. Add lines 2a-2f							
					••••				
	3	Investment income (including d and other similar amounts) .			•	15	15		
	4	Income from investment of tax-				15	15		
	5	Royalties		· · ·					
	0-	Crease results	(i) Real		(ii) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
	a	Net rental income or (loss) .							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	;	(ii) Other				
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)		• • <u>•</u>					
iue	8a	Gross income from fundraising							
Other Revenue		events (not including \$		_					
Re		of contributions reported on line	e 1c).						
her		See Part IV, line 18		a					
ð	b	Less: direct expenses		b					
	c	Net income or (loss) from funde	raising events	· <u>-</u>					
	9a	Gross income from gaming act	ivities.						
		See Part IV, line 19		a					
	b	Less: direct expenses		b					
	c	Net income or (loss) from gami	ng 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	s of inventory						
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	c								
		All other revenue							
		Total. Add lines 11a-11d .			· · · · · •				
		Total revenue. See instructions				879,859	15	C	(

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 r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising						
8b, 9	9b, and 10b of Part VIII.	i otal expenses	expenses	general expenses	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										
7	persons described in section 4958(c)(3)(B) Other salaries and wages										
7 8	Other salaries and wages										
0											
9	Section 401(k) and 403(b) employer contributions) Other employee benefits										
3 10											
11	Fees for services (non-employees):										
a	Management										
b											
С	Accounting										
d											
е	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.)	490	490								
12	Advertising and promotion	3,187	3,187								
13	Office expenses	3,642	3,642								
14	Information technology										
15	Royalties										
16	Occupancy				<u> </u>						
17	Travel				<u> </u>						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings										
20											
21 22	Payments to affiliates										
22											
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.)										
а	BANK CHARGES AND FEES	10,015	10,015								
b	INSURANCE	2,939	2,939								
С	MISSION WORK AND TRAVEL	727,936	727,936								
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e .	748,209	748,209	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										
	following SOP 98-2 (ASC 958-720)										

Form 990	(2016)	OUT	OF	THE	ASHES	INC
Part X	Balance Sh	eet				

	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	109,639	1	243,879
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	13,825	3	11,235
	4			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	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	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	Total assets. Add lines 1 through 15 (must equal line 34)	123,464	16	255,114
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
ilitie		trustees, key employees, highest compensated employees, and			
Liabilities		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	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here 🕞 🔀 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	123,464	27	255,114
3ala	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$ and			
۲.		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	123,464	33	255,114
	34	Total liabilities and net assets/fund balances	123,464	34	255,114

Form 990 (2016)

EEA

Form	1 990 (2016) OUT OF THE ASHES INC 4	6-2835	5023	P	age <b>12</b>
Pa	rt 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		879 <b>,</b>	859
2	Total expenses (must equal Part IX, column (A), line 25)	2		748,	209
3	Revenue less expenses. Subtract line 2 from line 1	3		131,	650
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123,	464
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		255,	114
Pa	rt 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: 🔀 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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.				
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?		3a		Х
b	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			Form	<b>990</b> (	2016)

SCHEDUL	ΕA
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# Public Charity Status and Public Support ization is a section 501(c)(3) organization or a section 4947(a)(1) nonexe

2016 ot charitable trust.

: A	, , , , , , , , , , , , , , , , , , ,	
	Complete if the organization is a section 501(c)(3) organization or	a contion 4047(a)(1) nonavarant ab
990-EZ)	complete in the organization is a section 501(c)(5) organization of	a section 4947(a)(1) nonexempt on
190-EZ)		

OMB No. 1545-0047

(Form 990 or 990-EZ)										
Department of the Treasury						o Public ection				
-	Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.  Name of the organization Employer identificat				ection					
		-						Employer identific		
	-	Posson		Status (All or	agnizations must co	omploto	this part	46-283502		
	Part I         Reason for Public Charity Status (All organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	⊓		•		•	•				
2	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> </ul>									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4				•	n with a hospital describ			(1)(A)(iii) Enter the		
-			e, city, and state:		n with a hospital describ					
5		•	· · ·	fit of a college or u	iniversity owned or opera	ated by a c	novernmen	tal unit described in		
Ŭ		-	)(1)(A)(iv). (Complete	•	aniversity owned or opere	lica by a g	governmen			
6		•			nit described in section	170(b)(1)	(Δ)(v)			
7	X		•	•	of its support from a gov			m the general public		
•	23	-	ection 170(b)(1)(A)(vi)	•		onninontai		in the general public		
8	$\square$		rust described in secti							
9	Π	-			ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant colle	eae	
•					ee instructions). Enter the					
		university:	<b>J</b>	<b>3</b> • • • <b>3</b> • • • • (•	····, ···	, -	,,	<u>.</u>		
10			n that normally receives	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	8	
		-	•	. ,	subject to certain exception					
		•			siness taxable income (le					
		acquired by th	e organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)			
11		An organizatio	on organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).			
12		An organizatio	n organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	es	
		of one or more	e publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	n 509(a)(2)	). See <b>section 509(a</b> )	(3).	
		Check the box	in lines 12a through 12	d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.	
	а	Type I. A	supporting organizatior	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by giv	ring	
		the suppor	rted organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	trustees of the		
		supporting	g organization. <b>You mu</b>	st complete Part	IV, Sections A and B.					
	b	<b>Type II.</b> A	supporting organizatio	n supervised or co	ntrolled in connection wi	ith its supp	orted orga	anization(s), by having	9	
		control or	management of the sup	porting organization	on vested in the same per	rsons that o	control or r	nanage the supported	1	
		organizati	on(s). You must comp	lete Part IV, Sect	ions A and C.					
	С				anization operated in cor				vith,	
					u must complete Part IV					
	d				organization operated i					
					enerally must satisfy a d			nt and an attentiveness	6	
			. ,	•	e Part IV, Sections A ar					
	е		-		determination from the IF		s a Type I,	Type II, Type III		
				-	tegrated supporting orga					
	f		ber of supported organi		· · · · · · · · · · · · · · · · · · ·	••••		•••••		
	g		lowing information abou			<i>a</i> > 1 <i>a</i>			( )) A	
	(	<ol> <li>Name of supported</li> </ol>	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amor other supp	
					above (see instructions))	docum		instructions)	instruct	
						Yes	No			
						163	NO			
(A)										
<b>(B)</b>										
(C)										
(D)										
(E)										

		OF THE ASHES				46-2835023	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec	ked the box on	line 5, 7, or 8	of Part I or if the	e organization	failed to qualify	under
	Part III. If the organization	fails to qualify ເ	under the tests	ilisted below, pl	lease complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")			306,585	840,581	879,844	2,027,010
2	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			306,585	840,581	879,844	2,027,010
5	The portion of total contributions by						
-	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						849,920
6	Public support. Subtract line 5 from line 4						1,177,090
	tion B. Total Support						1,17,000
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(.,	(,	306,585			2,027,010
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar				0107501	0757011	
	sources			19	12	15	46
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						2,027,056
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	. second. third. for	urth. or fifth tax vear	as a section 501	c)(3)	
	organization, check this box and stop here						<u></u> ▶□
Sec	tion C. Computation of Public Su					1	
14	Public support percentage for 2016 (line 6, o	.,	•				58.07 %
15	Public support percentage from 2015 Scheo						62.23 %
16a	33 1/3% support test - 2016. If the organized	zation did not chec	k the box on line	13, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization quality	fies as a publicly s	upported organiza	ation			▶ 🛛
b	33 1/3% support test - 2015. If the organized	zation did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization of	ualifies as a public	cly supported orga	anization			▶ 🗌
17a	10%-facts-and-circumstances test - 201	<ol> <li>If the organization</li> </ol>	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	in in	
	Part VI how the organization meets the "fac	ts-and-circumstand	ces" test. The orga	nization qualifies as	a publicly support	ted	
	organization						►
b	10%-facts-and-circumstances test - 201	5. If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	" test, check this bo	x and stop here.		
	Explain in Part VI how the organization meet	ets the "facts-and-c	ircumstances" tes	t. The organization o	qualifies as a public	cly	
	supported organization			-			►
18	Private foundation. If the organization did						
_	instructions	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> ►
EEA							990 or 990-EZ) 2016

	· · · · · · · · · · · · · · · · · · ·	OF THE ASHES				46-2835023	Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you check						Part II.
	If the organization fails to qu	ualify under the	e tests listed b	elow, please c	omplete Part I	l.)	
	ction A. Public Support		1				
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from           line 6.)						
	ction B. Total Support		I	1	1		
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First five years.</b> If the Form 990 is for the or organization, check this box and <b>stop here</b>						
Se	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co			f))		15	%
16	Public support percentage from 2015 Schedul	e A, Part III, line 1	<u>5</u>	· · · · · · · · · ·	<u></u>	16	%
Se	ction D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2016 (line	10c, column (f) d	ivided by line 13,	column (f))		17	%
18	Investment income percentage from 2015 Sc	chedule A, Part III,	, line 17			18	%
19a	<b>33 1/3% support tests - 2016.</b> If the organiz 17 is not more than 33 1/3%, check this box	ation did not chec and <b>stop here.</b> Tl	k the box on line he organization qu	14, and line 15 is r ualifies as a public	more than 33 1/3% ly supported orgar	b, and line	► 🗌
b	<b>33 1/3% support tests - 2015.</b> If the organiz line 18 is not more than 33 1/3%, check this	ation did not chec	k a box on line 14	4 or line 19a, and li	ine 16 is more tha	n 33 1/3%, and	
20	Private foundation. If the organization did n	-	-			-	_

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

2016

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.

Name of	i the	organization
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Employer identification number
46-2835023

OUT	OF	THE	ASHES	INC		
Organization type (check one):						

Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA Name of organization

OUT OF THE ASHES INC

Page 2 Employer identification number 46-2835023

Part I	<b>Contributors</b> (See instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	BRAD AND STACY SEGEBARTH 1115 NORTHVIEW LANE LEBANON, MO 65536	\$430,103	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	KATHRYN LANTZ 823 ROUTE 409 WYALUSING, PA 18853	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GOSHEN BAPTIST CHURCH 1070 GOSHEN ROAD MORGANTOWN, WV 26508	\$5,975	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LIFEPOINT CHURCH 195 WASHINGTON LEBANON, MO 65536	\$11,370	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LORI AND DART PRINTY 3015 ROUNDHILL DR AKRON, OH 44333	\$24,829	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MARK AND MELISSA MATHIS 6829 SANTA MARIA LANE DALLAS, TX 75214	\$6,302	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

OUT OF THE ASHES INC

Page 2 Employer identification number 46-2835023

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	RICHARD AND YOLANDA HOBBS 20392 KINGSBROOK LANE LEBANON, MO 65536	\$6,110	PersonImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	SCOTT AND LAURA SHORES 24237 ROUTE 6 TOWANDA, PA 18848	\$14,941	PersonImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_9_	SERENA HUMERICK 8401 COVINGTON ROAD COLLEGE GROVE, TN 37046	\$6,260	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	TODD AND LISA BOLOTIN 435 SECRIST LANE GIRARD, OH 44420	\$9,600	Person     Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_11_	LAURIE FROELICH 11986 BEHNFELT RD SHERWOOD, OH 43556	\$9,114	Person       Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_12_	LOWE FAMILY FOUNDATION 20671 POTOMAC DR LEBANON, MO 65536	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 9	990-PF) (2016
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Name of organization

Page 2
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OUT OF THE ASHES INC

46-2835023

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
_13_	STEPHENS FLOOR COVERING PO BOX 829 LEBANON, MO 65536	\$9,242	PersonImage: Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
_14	CORINNA DAUENHAUER <u>3272 MONTREAL ST</u> <u>BISMARCK, ND 58503</u>	\$9,940	PersonImage: Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
_15_	JOE AND SUE WHEELER PO BOX 97 WYSOX, PA 18854	\$8,730	Person X Payroll I Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

# 2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OUT OF THE ASHES INC

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

Form 990 Schedule A, Line 5 - Excess 2% Limitation Contributors Worksheet			
	(Keep for your records)	2016	
Name(s) as shown on return		Tax ID Number	
OUT OF THE ASHES INC		46-2835023	

Name	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	(g) Excess contributions (col. (f) minus
							the 2% limitation)
BRAD AND STACY SEGEBARTH			85,400	370,070	430,103	885 <b>,</b> 573	845,032
KATHRYN LANTZ			9,450	5,050	5,000	19,500	
GOSHEN BAPTIST CHURCH			6,650	6,901	5,975	19,526	
LIFEPOINT CHURCH			5,700	5,058	11,370	22,128	
LORI AND DART PRINTY				20,600	24,829	45,429	4,888
MARK AND MELISSA MATHIS				5,952	6,302	12,254	
RICHARD AND YOLANDA HOBBS				8,100	6,110	14,210	
SCOTT AND LAURA SHORES				17,100	14,941	32,041	
SERENA HUMERICK				6,100	6,260	12,360	
TODD AND LISA BOLOTIN				11,300	9,600	20,900	
LAURIE FROELICH				9,114	9,114		
LOWE FAMILY FOUNDATION				10,000	10,000		
STEPHENS FLOOR COVERING				9,242	9,242		
CORINNA DAUENHAUER				9,940	9,940		
JOE AND SUE WHEELER					8,730	8,730	

TOTAL\_\_\_\_\_

\_\_\_\_\_849,920

40,541