990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Interr	al Revenu	ie Service	► Go to	www.irs.gov/Form990 for instru	ctions and the latest info	rmation.	Inspection			
Α	For the	2017 calend	ar year, or tax year begi	nning	, 2017, and er	nding	, 20			
В	Check if a	pplicable:	C Name of organization OUT	OF THE ASHES INC			D Employer identification no.			
	Address c	hange	Doing business as				46-2835023			
$\overline{}$	Name cha	-		ox if mail is not delivered to street address)		Room/suite	E Telephone number			
$\overline{}$	Initial retur	-	PO BOX 1928	,			(417)588-6265			
一		n/terminated		e, country, and ZIP or foreign postal code			G Gross receipts			
一	Amended		LEBANON, MO 65				\$ 638,145			
一						H(a) In this a second control				
Ш	Application	n penaing	F Name and address of princip	ai onicer:		H(a) Is this a group return				
		[7	501(c)(3) 501(c) () 4 (; ,)	П		es included?			
	Tax-exem		501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or	527		a list. (see instructions)			
		► N/A			_	H(c) Group exemption				
				sociation	L Year of formation: 2	014 M State of leg	gal domicile: MO			
Pa	rt I	Summar	•							
		•	•	sion or most significant activities:	THE ORGANIZATION	N SEEKS TO PRO	VIDE ASSISTANCE			
Ģ		AND TO C	OORDINATE MISSIO	N TRIPS.						
auc										
Governance										
Š	2	Check this bo	ox ► ☐ if the organization	n discontinued its operations or dis	sposed of more than 25% o	of its net assets.				
ص ص	3	Number of v	oting members of the gov	erning body (Part VI, line 1a) .		3	7			
Se	4	Number of in	ndependent voting membe	rs of the governing body (Part VI,	line 1b)	4	7			
Ϋ́Ε̈́	5	Total number	r of individuals employed i	n calendar year 2017 (Part V, line	2a)	5	0			
Activities &	6	Total number	r of volunteers (estimate if	necessary)		6	20			
٩	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12 .		7a	0			
	b	Net unrelate	d business taxable incom	e from Form 990-T, line 34		7b	0			
						Prior Year	Current Year			
	8	Contributions	s and grants (Part VIII, line	e 1h)		879,84				
ē		9 Program service revenue (Part VIII, line 2g)								
Revenue	10									
Ş	11		•	nes 5, 6d, 8c, 9c, 10c, and 11e)		-	.5 35			
_				(must equal Part VIII, column (A),		879,85				
						0/9,03				
				IX, column (A), lines 1-3)			0			
	14			X, column (A), line 4)			0			
S				e benefits (Part IX, column (A), lin	· · · · · · · · · · · · · · · · · · ·		0			
Su				column (A), line 11e)			0			
Expenses			sing expenses (Part IX, co		0					
Ш		•	, , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)		748,20	<u> </u>			
	18			t equal Part IX, column (A), line 25	· —	748,20	558,593			
	19	Revenue les	s expenses. Subtract line	18 from line 12		131,65	79,552			
Net Assets or	8					Beginning of Current Year	End of Year			
sets	20		,			255,11	.4 334,666			
AS	21	Total liabilitie	es (Part X, line 26)				0			
_ ž	22	Net assets o	or fund balances. Subtrac	t line 21 from line 20		255,11	.4 334,666			
Pa	rt II	Signatu	re Block							
				urn, including accompanying schedules and fficer) is based on all information of which pro		nowledge and belief, it is				
liue	, correct, a	ina complete. Det	ciaration of preparer (other than o	nicer) is based on all information of which pro-	eparer has any knowledge.					
		STAC	Y SEGEBARTH							
Sig	ın	Signatur	e of officer			Da	te			
He	re	STAC								
		-	print name and title							
		Print/Type pre	eparer's name	Preparer's signature	Date	Check if	PTIN			
Pai	d	• • • •	LLEN CPA	, and a digitality	05-09-2018	self-employed	P00437878			
	parer			STAEDTLER ALLEN LLC	P3 03-2010	Firm's EIN	100107070			
	e Only					Phone no.				
- 3	Jiny	i iiiii s addres:					E22_E0/1			
May	the IDC	discuss this		MO 65536		41/-	532-5941			

46-2835023

Part 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	<u> </u>
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		X
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		X
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,	_		3.7
•	Part III	5		X
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	_		77
7	"Yes," complete Schedule D, Part I	6		X
7	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,"	-		
0	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	•		- 25
J	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		X
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ĺ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	46.		7.7
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	1-10		- 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			-22
. •	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			
	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			
	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?			
	If "Yes," complete Schedule G, Part III	19		X

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			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
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	22		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	23		Х
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	24a		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		
25a	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
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	26		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	27		Х
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):			
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? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		Х
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	33		Х
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	34		Х
35a	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		-
36	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
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	37		X
38	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	

Part 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3.5
	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	0 1.		
7	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	70		Х
h	and services provided to the payor?	7a 7b		Λ
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		21
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	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 12b			
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
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		

Part VI

Sec	tion A. Governing Body and Management			1
			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 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	. 2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 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	1	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7k)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	ı X	
b	Each committee with authority to act on behalf of the governing body?	. 8k	X	
9	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	. 9		X
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	·		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10	а	Х
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?	. 10	b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	. 11a	ı X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	b	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	. 12	c	X
13	Did the organization have a written whistleblower policy?	. 13	,	Х
14	Did the organization have a written document retention and destruction policy?	. 14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	. 15	а	Х
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).			
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?	. 16	a	Х
b				
	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?	. 16	b	Х
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 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:			
_5	STACY SEGEBARTH (417)588-6265, PO BOX 1928, LEBANON, MO 65536			
	DINCE DECEDIATE (TI) JOU-0203, TO DON 1920, DEDAMON, MO 03330			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

23 Oneon the box in notice the organization not any related					(C)			11001, 011 00101, 01 1		
(A) Name and Title	(B) Average hours per week (list any hours for	box,	unles	eck m ss pei	rson i	han one s both ar r/trustee)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	from the organization and related organizations
(1) LORI PRINTY	2.00									
DIRECTOR		X							0	0
(2) EMILY JENKINS	2.00	X								•
DIRECTOR (2) MUDAD, CALLA	2.00	Λ							0	0
(3) MURAD SALIA DIRECTOR		X						,	0	0
(4)	2.00	71							, 0	
DIRECTOR		X							0	0
(5) RICHARD HOBBS JR.	2.00									
DIRECTOR		X						(0	0
(6) BRAD SEGEBARTH	2.00									
DIRECTOR		X						(0	0
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	OUT OF THE ASHES IN Section A. Officers, Directors, Trustees,		vees	and	Hin	hes	t Comr)en	sated Employees	46-28350 (continued)	723		Page
<u>i ait</u>	(A) Name and title	(B) Average hours per	(do n	ot che	Positi ck mo) tion ore that	an one both an rustee)	Jen	(D) Reportable compensation from	(E) Reportable compensation from related	Estim n amou		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	compensation from the organization and related organizations	
1 <u>5</u>)													
6)													
I <u>7</u>)													
8)													
9)													
20)													
:1)													
2)													
3)													
4)													
5)	Outros												
С	Sub-total												
2 2	Total (add lines 1b and 1c)							ore	than \$100,000 of	0			0
	reportable compensation from the organization						:			0		Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>	J for such in	dividu	al .							3		X
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	1 \$150,000?	If "Yes										v
5	individual	ompensation	from a								5		X
ecti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete 3	criedui	e 	UI SL	ich j	Jerson			• • • • • • •	<u> </u>		
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of s	services		(C)	n
	rearite and publicas dudiess								Description of s		COIII	Portoatio	

Form 990 (2017) OUT OF THE ASHES INC 46-2835023 Page 9 Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G Amc	С	Fundraising events 1c					
Gift lar	d	Related organizations 1d					
ns, (Simi	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
^픑		and similar amounts not included above 1f	638,110				
and an	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	▶	638,110			
			Business Code				
Program Service Revenue	2a						
Reve							
ice							
Sen	d						
ram	е						
rog	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,					
		and other similar amounts)	1	35	35		
	4	Income from investment of tax-exempt bond proceed	+				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
		Gross rents					
	b	Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
an .	8a	Gross income from fundraising					
evenue		events (not including \$					
2		of contributions reported on line 1c).					
Other		See Part IV, line 18 a					
Ŏ		Less: direct expenses b					
		` ,					
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
		All other revenue					
		Total. Add lines 11a-11d	-				
	12	Total revenue. See instructions	▶	638,145	35	0	0

Form 990 (2	2017) OUT OF THE ASHES INC	46-2835023	Pa
Part IX	Statement of Functional Expenses		

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total 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				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				
	Fees for services (non-employees): Management				
a	-				
b	Legal				
c d	Accounting				
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				
y	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,390	3,390		
13	Office expenses	3,603	3,603		
14	Information technology	3,003	3,003		
15	Royalties				
16	Occupancy				
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				
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	7,390	7,390		
b	INSURANCE	900	900		
С	MISSION WORK AND TRAVEL	543,310	543,310		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	558,593	558,593	0	0
26	Joint costs. 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)				

Page **11**

Part X **Balance Sheet**

		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	243,879	1	314,203
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	11,235	3	20,463
	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	
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 10b		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)	255,114	16	334,666
	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	
S	22	Loans and other payables to current and former officers, directors,			
litie		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			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	255,114	27	334,666
ala	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	255,114	33	334,666
	34	Total liabilities and net assets/fund balances	255,114	34	334,666

Form	990 (2017) OUT OF THE ASHES INC	46-28	35023		Pa	age 1
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	. 				. \Box
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		ϵ	38,	145
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		É	558,	593
3	Revenue less expenses. Subtract line 2 from line 1	. 3			79,	552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		2	255,2	114
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		3	34,6	666
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		Х
	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			[2b		Х
	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:					

EEA Form **990** (2017)

Both consolidated and separate basis

2c

3a

3b

Χ

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Separate basis

Schedule O.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OUT	OF	THE ASHES INC					46-28350		
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)			
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	A)(iii).			
4									
		hospital's name, city, and state:	,	'		` '			
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	overnmen	tal unit described in		
•		section 170(b)(1)(A)(iv). (Complete	_	or or opera		,			
6		A federal, state, or local government	,	nit described in section	170/b)/1)	(Δ)(ν)			
7	X	An organization that normally receive	•				m the general public		
•	<u> </u>	described in section 170(b)(1)(A)(vi	•		CITIITICITICI	unit or no	in the general public		
	П	A community trust described in secti		•					
8 9		An agricultural research organization			rotod in oc	niunation	with a land grant call	logo	
9	Ш	•				•	-	iege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Litter th	e name, ci	iy, and Siai	e of the conege of		
10	П	university: An organization that normally receive	c: (1) more than 22	1/20/ of its support from	contributi	one momb	orchin food and grow	20	
10	Ш	receipts from activities related to its e	` '	• • •				55	
		·	•		•	•			
		support from gross investment income acquired by the organization after Ju		,		,	ioiii busiilesses		
11	П	An organization organized and opera			•				
12		An organization organized and operation	•			` , ` ,		200	
12	Ш	of one or more publicly supported org	•	•					
			-				•		
	_	Check the box in lines 12a through 12 Type I. A supporting organization						•	
	а			•		•		virig	
		the supported organization(s) the			ity of the c	illectors or	trustees of the		
	L	supporting organization. You mu	•		ith ita awan	orted orac	naization(a) by bayin	.~	
	b	Type II. A supporting organization	•			•	. ,	-	
		control or management of the supporting organization vested in the same persons that control or manage the supported							
	_	organization(s). You must comp				ن الله المساطنة		:41-	
	С	Type III functionally integrated		·				with,	
		its supported organization(s) (see	,	•				t:(-)	
	d								
		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.							
	е								
		functionally integrated, or Type III non-functionally integrated supporting organization.							
	f	Enter the number of supported organ Provide the following information about							
	g			,	(iv) lo the e	iti	(a) Amount of monotony	(vi) A ====	unt of
	(1,	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amou	
				above (see instructions))	docum	ent?	instructions)	instruct	ions)
					Yes	No			
					163	140			
(A)									
(B)									
(C)									
(D)									
(E)									
-									
Tota							1	1	

Section A. Public Support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		306,585	840,581	879,844	638,110	2,665,120
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	638,110	2,665,120
5	The portion of total contributions by			3 2 3 7 3 3 2	0.10,011		
	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)						1,118,269
6	Public support. Subtract line 5 from line 4						1,546,851
Sec	tion B. Total Support						•
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		306,585	840,581	879,844	638,110	2,665,120
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		19	12	15	35	81
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 .						2,665,201
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	•					▶ 🗌
	tion C. Computation of Public Su	• •					
14	Public support percentage for 2017 (line 6, o						58.04 %
15	Public support percentage from 2016 Sched					15	58.07 %
16a	33 1/3% support test - 2017. If the organiz						. 57
	box and stop here. The organization qualit						▶ 🗵
b	33 1/3% support test - 2016. If the organiz						. \square
	this box and stop here. The organization of						▶ ⊔
17a	10%-facts-and-circumstances test - 201 10% or more, and if the organization meets Part VI how the organization meets the "fac	s the "facts-and-cire	cumstances" test, o	check this box and	I stop here. Explai	n in	
b	organization		on did not check a b	oox on line 13, 16			▶ □
	15 is 10% or more, and if the organization Explain in Part VI how the organization mee				•	slv	
	supported organization			=		-	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

46-2835023

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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		1			_	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
b	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	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	_					
15	Public support percentage for 2017 (line 8, co	()	, ,	f))		15	%
16	Public support percentage from 2016 Schedul					16	%
	ction D. Computation of Investmer					T T	
17	Investment income percentage for 2017 (line						%
18	Investment income percentage from 2016 Sc	·					%
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	, and line nization	▶ □
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

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

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

46-2835023 OUT OF THE ASHES INC Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 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. 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,

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).

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

Name of organization
OUT OF THE ASHES INC
Employer identification number
46-2835023

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

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
1	BRAD AND STACY SEGEBARTH 1115 NORTHVIEW LANE LEBANON, MO 65536	\$286,000	Person	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
2	RICHARD AND YOLANDA HOBBS 20392 KINGSBROOK LANE LEBANON, MO 65536	\$7,130	Person	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
3	SCOTT AND LAURA SHORES 24237 ROUTE 6 TOWANDA, PA 18848	\$15,368	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
4	TODD AND LISA BOLOTIN 435 SECRIST LANE GIRARD, OH 44420	\$7,960	Person	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
5	JAMES AND KIMBERLY BASS 11946 PETERSBURG MINNEAPOLIS, MN 55449	\$5,125	Person	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
6	MATTHEW AND KERI MATHIS 3354 NORCROSS LANE DALLAS, TX 75229	\$5,238	Person	

Name of organization Employer identification number

OUT OF THE ASHES INC 46-2835023 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 7 MELISSA FLORY Payroll Noncash 6,202 450 EAST 83RD APARTMENT 3K (Complete Part II for noncash contributions.) NEW YORK, NY 10028 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 8 MILES FRENCH **Payroll** Noncash 5,292 11314 LIMB BRANCH LN (Complete Part II for MARION, IL 62959 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 9 WHITNEY RAY Person X Pavroll Noncash 8,950 235 BURRUS ST (Complete Part II for UNION CITY, TN 38261 noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

OUT OF THE ASHES INC

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Inspection

46-2835023

Name of the organization Employer identification number

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