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Extended to December 15, 2015

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	or the 2	014 calendar year, or tax year beginning MAY 1, 2014 and er C Name of organization	nding A	D Employer i		on number
ap	plicable			E Employer i	acminosi	on namber
<u> </u>	Address change Name	Ambush Ministries Inc.		}		
<u> </u>	change	Doing business as			<u> </u>	.5725
<u> </u>	return Final		Room/suite	E Telephone		E 2224
L	return/ termin-	1685 Moriah Lane				106 723
	ated Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts		196,723
	Jreturn Applica-	Cheyenne, WY 82009 F Name and address of principal officer Steve Rieschl		H(a) Is this a g		n Yes X No
	Jtion pending	1685 Moriah Lane, Cheyenne, WY 82009		for subor		
		pt status	527	H(b) Are all subor		
		► N/A	<u> </u>	H(c) Group ex		. (see instructions)
		ganization: X Corporation Trust Association Other	I Vear			ate of legal domici <u>le:</u> W
		ummary	L TOU	or tornation, 22	/	ate of legal dofficie. 74
8	1 Br	efly describe the organization's mission or most significant activities Minis	try			
Activities & Governance	2 Ch	eck this box if the organization discontinued its operations or dispose	ed of more	than 25% of its	s net asset	
Š	a Ni	umber of voting members of the governing body (Port VI line 1e)			3	
ၓ္	4 No	imber of voting members of the governing body (Part VI, line 1a)	にじどり	179() (4	
න් ග	5 To	tal number of individuals employed in calendar year 2014 (Part V, line 2a)			5	
ig.	6 To	tal number of volunteers (estimate if necessary)	EP 17	2015	6	
흫		tal unrelated business revenue from Part VIII, column (C), line 12	_ F I 1	2013 1%	7a	0
₹∣				lœ!	7b	0
		1 06	DEN	Prior Year		Current Year
	8 C	ontributions and grants (Part VIII, line 1h)		838,7	791.	3,500
힐		ogram service revenue (Part VIII, line 2g)			0.	0
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		35,1		193,223
č		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		873,9	61.	196,723
		ants and similar amounts paid (Part IX, column (A), lines 1-3)			200.	55,560
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)			0.	0
S	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,0	000.	13,000
nse.	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)			0.	0
Expenses	b To	tal fundraising expenses (Part IX, column (D), line 25)	0.			
Û	17 O1	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,1	20.	17,123
	18 To	tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		18,3		<u>85,683</u>
	19 Re	venue less expenses. Subtract line 18 from line 12		<u>855,6</u>	541.	111,040
5 S			Be	ginning of Curren		End of Year
Sset	20 To	tal assets (Part X, line 16)		<u>1,023,1</u>	16.	<u>1,134,1</u> 56.
Net Assets or Fund Balances	21 To	tal liabilities (Part X, line 26)			0.	0.
		et assets or fund balances Subtract line 21 from line 20 Signature Block		1,023,1	16.	1,134,156
		is of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents and to the h	est of my kn	inwladna and haliaf it is
		and complete. Declaration of preparer (other than officer) is based on all information of whice				owicage and belief, it is
					1/0/	15
Sign	,	Signature of officer		Date	/ // '	<i>-</i>
Here	I .	Steve Rieschl, President			/	
		Type or print name and title		/		
	P	rint/Type preparer's name Preparer's signature		Date	Check	PTIN
Paid	J	onath A Jackson		8/26/15	self-employed	P00642526
Prep		rm's name DAPCPA Pope & Jackson, Inc.		Firm's		4-1416576
Use		rm's address PO Box 1023				
Cheyenne, WY 82003 Phone no.307-638-3170						638-3170
May	the IRS	discuss this return with the preparer shown above? (see instructions)				Yes No
43200	01 11-07-	4 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.	1771	7	Form 990 (2014

	990 (2014) Ambush Minist	ries Inc.	8	<u>4-1415725 </u>	Page 2
Pa	t III Statement of Program Service Acc	complishments			
	Check if Schedule O contains a response or r	note to any line in this Part III			
1	Briefly describe the organization's mission				
	Ministry		 -	***	
	B.11				
2	Did the organization undertake any significant progr	am services during the year whi	ich were not listed on	ا	
	the prior Form 990 or 990-EZ?	_		LlYes	X No
_	If "Yes," describe these new services on Schedule (.
3	Did the organization cease conducting, or make sign	nificant changes in how it condu	icts, any program services?	LiYes	X No
	If "Yes," describe these changes on Schedule O	alaba ar e a e a e a			
4	Describe the organization's program service accom				
	Section 501(c)(3) and 501(c)(4) organizations are red	quired to report the amount of g	rants and allocations to others,	the total expenses,	and
4-	revenue, if any, for each program service reported	2	EE ECO V	<u> </u>	
4a	Code)(Expenses \$ 85,68 Donated to fellow Charital	33. including grants of \$)
	Donated to Tellow Charitan	organizations	5		
		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
		<u> </u>			
4b	(Code) (Expenses \$) (0,		
70	(Code) (Expenses \$	including grants of \$) (Revenue \$,
		-			
	-		-		
		- W. W. J.			

				<u> </u>	
			·		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$		
					· ·
			-		
			•		,
				·	
			-		
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including gran) (Revenue \$)	
<u>4e</u>	Total program service expenses	<u>85,683.</u>			
				Form 9	90 (2014)

Form 990 (2014) Ambush Ministries Inc.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		<u> </u>
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		<u> X</u>
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 98-197 If "Yes," complete Schedule C, Part III	5		<u> X</u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "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	10		
• •	as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	116		
~	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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			
	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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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,"			v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	ļ	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
U	ii 163 to line 20a, did the organization attach a copy of its addited infancial statements to this return?	20b	Щ.	Ц

1	4	1	5	7	2	5	Page
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	and the second of the second o			
04	Pid the organization report more than \$5,000 of grants or other assistance to any demostic organization or		Yes	No
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	04		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	20		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		Λ
LTG	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		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	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	254		- 4 2
-	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		
	contributions? If "Yes," complete Schedule M	30		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	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_		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		ᢏ	
	Note. All Form 990 filers are required to complete Schedule O	38	990 (001.1
		Form	990/	シロコイ

Form 990 (2014) Ambush Ministries Inc. 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						
ь	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?						
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						
ь	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 e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
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 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		l			
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		X			
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		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year			l			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
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					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12						
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1				
40-	amounts due or received from them)		!				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		İ				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	45					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-				
L	Note. See the instructions for additional information the organization must report on Schedule O						
D	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 Enter the amount of reserves on hand 13b						
		44 -		~			
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		Х			
0	n res, has killed a rottli rzo to report these payments r ir iyo, provide an explanation in Schedule U	14b					

Form 990 (2014) Ambush Ministries Inc. 84-1415725 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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	1a		5					
	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	į	5					
2	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?								
3	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		\mathbf{x}			
4	Did the organization make any significant changes to its governing documents since the prior Form	1990 wa	is filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
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	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:						
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached a	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	e Code)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s, affiliates,	1					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a		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			12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to con	flicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," de	escribe						
	ın Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		X			
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 appro	•	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
	The organization's CEO, Executive Director, or top management official			15a	ļ	X			
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 arrang	ement v	vith a						
	taxable entity during the year?			16a		X			
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its p	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıo	n's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None					_			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	ion 501(c)(3)s only)	avaılab	le				
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (expla		•						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict c	f interest policy, and	d finan	cıal				
	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 b	ooks ar	nd records 🕨						
	<u>Vince Rogalski - 970-349-2454</u>								
	804 Sunny Slope Drive, Gunnison, CO 81230								

Form 990 (2014)	C	000	1004 4
	Form	990	(2014)

Ambush Ministries Inc.

84-1415725

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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

X Check this box if neither the organization n	orga	anıza	ation	COI	mpe	nsat	ated any current officer, director, or trustee			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position		POSITION do not check more than one			one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both officer and a director/trus		h an	compensation	compensation	amount of		
	week	_	Cerar	io a o	recto	or/trus	196)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	o d	as			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		يو	pens		(W-2/1099-MISC)		organization
	organizations below	uat tri	onal		Pg	E 69				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	in the			organizations
(1) Steve Rieschl	40.00	=	=	0	×	T 55	3			
President	0.00	x		х				0.	0.	0.
(2) Gerry Schnackenberg	1.00									
Vice President	0.00	x		x				0.	0.	0.
(3) Chris Teipel	1.00									
Secretary	0.00	x		Х				0.	0.	0.
(4) Vince Rogalski	2.00									
Treasurer	0.00	X		X			L	0.	0.	0.
(5) Chip Johnson	1.00									
	0.00	X	<u> </u>					0.	0.	0.
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		L				1		L		

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	`		a. 10 u 100po. 100		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ir a	b	Membership dues	1b					
S, E		Fundraising events	1c					
a it		Related organizations	1d					
S,E		Government grants (contribut						
ē.s		All other contributions, gifts, gran	· -					
E E		similar amounts not included abo	1 1	3,500.				
E O	а	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	3,500.			
				Business Code				
8	2 a							
Program Service Revenue	b					-		
S	С							
ev	d	<u> </u>						
<u>е</u>	е							
ة	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ [1,005.	1,005.		
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties		•				
			(ı) Real	(ıı) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	: Gain or (loss)						
	d	l Net gain or (loss)			192,218.	192,218.		
ē	8 a	Gross income from fundraisin	g events (not					
		including \$	of					
<u>۾</u>		contributions reported on line	1c) See					
<u>_</u>		Part IV, line 18	а					
Other Reven		Less direct expenses	b					
-		Net income or (loss) from fund	•					
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gam	_	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а]
		Less cost of goods sold	b					
}	С	Net income or (loss) from sale		<u> </u>				-
		Miscellaneous Revenu		Business Code				}
	11 a		· · · · · · · · · · · · · · · · · · ·					ļ
	b							
ļ	С							
		All other revenue		<u> </u>				
		Total. Add lines 11a-11d		•	106 705	100 000		
43200	<u>12</u> 9	Total revenue. See instructions.			196,723.	193,223.	0.	
11-07-	-14							Form 990 (2014)

Form 990 (2014) Ambush Ministries Inc.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in t		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	55,560.	55,560.		
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	13,000.	13,000.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		_		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	140.	140.	- <u>-</u> -	
С	Accounting	500.	500.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u></u>
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,773.	2,773.		
12	Advertising and promotion				
13	Office expenses	330.	330.		
14	Information technology			- -	<u> </u>
15	Royalties			·	
16	Occupancy				
17	Travel	13,380.	13,380.		
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 0.)				
а					
ь		Ĭ			
С					
d				·	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	85,683.	85,683.	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 if following SOP 98-2 (ASC 958-720)				L

		Check if Schedule O contains a response or not	e to any line in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		11,394.	1	13,456.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	<u> </u>
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
A	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	<u> </u>		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 16,058.			
	b	Less accumulated depreciation	10b 0.	16,058.	10c	16,058. 1,104,642.
	11	Investments - publicly traded securities		995,664.	11	<u>1,104,642.</u>
	12	Investments - other securities See Part IV, line	1		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 equ	1,023,116.	16	1,134,156.	
	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	F	· · ·	21	
Liabilities	22	Loans and other payables to current and former				
pili		key employees, highest compensated employee Complete Part II of Schedule L	es, and disqualified persons		00	
Lia	23	Secured mortgages and notes payable to unrela	stad third parties	- -	22	
	24	Unsecured notes and loans payable to unrelate	· · · · · ·		23	
	25	Other liabilities (including federal income tax, pa	` F		24	
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	ì	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 an	**			
ince	27	Unrestricted net assets	į	1,023,116.	27	1,134,156.
ala	28	Temporarily restricted net assets			28	
d E	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔲			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	upment fund		31	
let,	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances	<u> </u>	1,023,116.	33	1,134,156.
	34	Total liabilities and net assets/fund balances		1,023,116.	34	1,134,156.

orm	990 (2014) Ambush Ministries Inc.	84-141	<u>5725 </u>	Page 12
Pa	t 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	<u> 196</u>	<u>,723</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	85	,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	111	,040.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,023	,116.
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	1,134	<u>,156.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>—,Ш</u>
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other]	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
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	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	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	e 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	e audıt,	-	
	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 Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	00 :==
			Form 9	90 (2014)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

lame	of th	e organization							identification number
		Ambu	<u>sh Ministr</u>	ies Inc.				8	<u>4-1415725</u>
Parl		Reason for Public (e instruction	S	
		ation is not a private found		-	-				
1 📙	$\overline{}$	A church, convention of ch			d in sectio	ın 170(b)(1)(A)(i).		
ے 2	_	A school described in sect i		•					
3 <u>L</u>	_	A hospital or a cooperative					-		
4 L	_	A medical research organiz	ation operated in co	njunction with a hospita	I described	d in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	_	city, and state							
5 L		An organization operated for		llege or university owne	d or opera	ted by a go	overnmental (ınıt describ	ed in
_	_	section 170(b)(1)(A)(iv). (C							
6 L	_	A federal, state, or local gov							
7 L		An organization that norma	•	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in
_	~	section 170(b)(1)(A)(vi). (C	•						
8		A community trust describe			•				
9 ∟		An organization that norma							=
		activities related to its exen	•	•					•
		ncome and unrelated busin		(less section 511 tax) fi	om busine	sses acqu	ired by the or	ganization	after June 30, 1975
40 F	_	See section 509(a)(2). (Co	•	maketa taat fan ar blee e	-4-4. O		MA - W 4)		
10 L	_	An organization organized a An organization organized a						arn, out the	nurnaces of one or
11 L	_	more publicly supported or	•	•	•		•	•	
		ines 11a through 11d that	-						SHECK THE DOX III
а	\Box	Type I. A supporting orga				•		•	, aivina
-		the supported organization			•				
		organization You must o			···, -···-,				
b		Type II. A supporting org	•		ction with it	ts supporte	ed organization	on(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ntrol or mana	ige the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organizatio	n(s) (see instructions) You must complete	Part IV, Se	ections A,	D, and E.		
d	Ш	Type III non-functionally	y i <mark>ntegrated.</mark> A supp	orting organization ope	rated in co	nnection v	vith its suppo	rted organı	zation(s)
		that is not functionally int	egrated The organiz	zation generally must sa	itisfy a dist	ribution re	quirement an	d an attent	iveness
	$\overline{}$	requirement (see instruct		•					
е	Ш	Check this box if the orga					Type I, Type	II, Type III	
	. .	functionally integrated, or	• •	nally integrated support	ting organi	zation			
		the number of supported of	-						L
g		de the following information Name of supported	n about the supporte	(III) Type of organization	(ıv) is the o	rganization	(v) Amount o	f monetary	(vi) Amount of
	**	organization	(, _	(described on lines 1-9	listed	ın your	support	-	other support (see
				above or IRC section	Yes	No No	Instruct	ions)	Instructions)
				(see instructions))	100	'''		- -	
				<u>, </u>					
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]				
					 	<u> </u>		- -	
			I		1				l

Schedule A (Form 990 or 990-EZ) 2014 Ambush Ministries Inc. 84-1415'
| 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		·				
	ization'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					<u> </u>	
4	Total. Add lines 1 through 3	_		_			
5	The portion of total contributions						
	by each person (other than a	ļ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
12	Gross receipts from related activities,	etc (see instruct	ions)			12 .	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					_
	ction C. Computation of Publ			· •		1 1	
	Public support percentage for 2014 (•	column (f))		14	%
	Public support percentage from 2013	•	•			15	%
16a	33 1/3% support test - 2014. If the c	-			14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies		•				. •
b	33 1/3% support test - 2013. If the c	•		•	i line 15 is 33 1/39	% or more, check the	IIS DOX
47-	and stop here. The organization qual		• • •		- 40 40 405-		
1/a	10% -facts-and-circumstances tes	-					•
	and if the organization meets the "fact		•	•	•	aπ vi now the organ	ization
	meets the "facts-and-circumstances"	•			•	47a and 5 45	100/ -::
D	10% -facts-and-circumstances tes	-	-			•	
	more, and if the organization meets the				•		,
10	organization meets the "facts-and-circ <u>Private foundation.</u> If the organization		_		•		₹∺
10	Filvate roundation, it the organization	n did not check a	DOX OF THE 13, 10	οα, 10υ, 17α, UT 171			
					ocn ocn	edule A (Form 990	UI 99U-EZJ2U14

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2. Gross receipts from adminisoris, merchandles sold or services paramy activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unveiled trade or business under section 513 4. Tax revenues leved for the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization's tax-exempt purpose in the organization without charge in the organization without the organization organization without the organization organization organization without the organization organization organization o	Section A. Public Support						
membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandles and on searches and any activity that is related to the organization's tax exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or bus insess under search 513 4 Tax revenues leved for the organization's tax exempt purpose 3 Gross receipts from activates that are not an unrelated trade or bus insess under search 513 The value of searces or Statistics for the organization's benefit and either peat to or expended on its behalf 5 The value of searces or Statistics furnished by a governmental unit to the organization without charge 6 The value of searces or Statistics furnished by a governmental unit to the organization without charge 6 The value of mode, and the searces or the searce	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Include any *unusual grants* Gross receipts from admissions, merchandise soid or services per formed, or facilities of services or services promoted in a service purpose and activity that is related to the organization's take exempt purpose as Gross receipts from activities that are not an unrelated trade or business under section 513 1 **Tax revenues level for the organization's take exempt purpose in the program of the program is a section of the program is a section of the program is a section of the program is a section of the program is a section of the organization without charge of the organization organization without charge of the organization org	1 Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf or expended on the behalf of the section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1 (2, and 3 received from disciplating leprons) 5 8 Foreign consistence of the section of the	membership fees received (Do not						
merchandse sold or services per- formed, or facilities furnished in any activity that is related to the organization's trave-empty purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513.4 1 Tax revenues level for the organization's benefit and either paid to or expended on 4s behalf or expende	include any "unusual grants ")		1				
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Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4-		
4c		
5a		
5b 5c		
6		
Ů		
7		_
8		
9a		
9b		
9c		
40-		
10a_		
10b		

	dule A (Form 990 or 990 EZ) 2014 AMDUST MITTSCITES INC.			94-1415/25 Page 6
Pa	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970. See instr i	actions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	 _
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	llv-integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Sche	dule A (Form 990 or 990 EZ) 2014 Ambush Minis	tries Inc.	8	4-1415725 Page 7
Pai				
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		-	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		.=	
8	Distributions to attentive supported organizations to which	the organization is responsive)	
	(provide details in Part VI) See instructions		_	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		110 2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			· · ·
a				
b			·	-
С				
d				
e	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$	İ		
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			· · · · · · · · · · · · · · · · · · ·
-	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			<u></u>
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			· · · · · · · · · · · · · · · · · · ·
•	and 4c			
R	Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990 EZ) 2014 Ambush Mini	stries Inc.	84-1415725 Page 8
Part VI	(Form 990 or 990-EZ) 2014 Ambush Mini Supplemental Information. Provide the	e 10, Part II, line 17a or 17b, and Part III, line 12.	
	Also complete this part for any additional information		
	7 des complete trile part for any additional months	(See mondeners)	
			
			·
_			
			· · · · · · · · · · · · · · · · · · ·
			
			

432028 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization **Employer identification number** Ambush Ministries Inc. 84-1415725 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990. Part X

		<u>Ministries</u>								Page 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a sig	gnıficant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	ا ليا ا	oan or exc	hange progra	ıms				
þ	Scholarly research	e	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizatio	on's exen	npt purp	ose in Pari	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	er sımılar	assets	_	_	
_	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" to I	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for c	contribution	ns or other as:	sets not	ıncluded		٦	<u> </u>
	on Form 990, Part X?							L	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able						
_	Basinasa kalanas								Amount	
	Beginning balance						10			
	Additions during the year						1d			
•	Distributions during the year Ending balance						1e 1f			
22	Did the organization include an amount on Fe	orm 990 Part Y line	21 for a	ecrow or ci	ustodial acco	unt habili			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						Ly '		J 162	
Par										
		(a) Current year	ĺ	nor year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	(=)			19/	,		,	(-)	<u> </u>
	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	ind administe	red for th	ne organi:	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ıı), are the related organizations	•							3b	
A Do:	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment f	unds			<u>_</u>			
Par			. n4 N/	h 44- 0	E 000	D-4 V 1	10			
	Complete if the organization answere						•	. —		
	Description of property	(a) Cost or of basis (investigation)			or other (other)		cumulate reciation		(d) Book	value
	Land	Dasis (IIIVesti			(50.161)	uep	, colation		-	
	Land						-		_	
	Buildings									
	Leasehold improvements Equipment		+	1	3,935.				13	3,935.
	Other		+	±	2,123.					2,123.
	Add lines 1a through 1e (Column (d) must e	agual Form 990 Parl	X colum	n (R) line i	-					058.

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Sche	dule D	(Form 990) 2014	Ambush	Ministr	ries Inc.			84-1	415725	Page 4
Par	t XI	Reconciliation of	f Revenue	per Audited	d Financial S	tatements With	Revenue per R			
		Complete if the organ	zation answe	red "Yes" to Fo	rm 990, Part IV,	line 12a.				
1	Total	revenue, gains, and oth	er support pe	r audited financ	cial statements			1		
2	Amou	ints included on line 1 b	ut not on For	m 990, Part VIII	l, line 12					
а	Net u	nrealized gains (losses)	on investmen	ts		2a				
b	Dona	ted services and use of	facilities			2b				
С	Reco	venes of pnor year gran	ts			2c]]		
d	Other	(Describe in Part XIII)				2d]		
e	Add I	nes 2a through 2d						2e		
3	Subtr	act line 2e from line 1						3		-
4	Amou	ints included on Form 9	90, Part VIII, I	ine 12, but not	on line 1	1 1				
а	Inves	tment expenses not inc	luded on Forr	n 990, Part VIII,	, line 7b	4a		1 1		
		(Describe in Part XIII)				4b		1 1		
С		nes 4a and 4b						4c		
5		revenue Add lines 3 an					h É	5		
Par	t XII	J	-	-			n Expenses per	Retur	n.	
		Complete if the organ			·	line 12a				
1		expenses and losses p						1		
2		ints included on line 1 b		m 990, Part IX,	line 25	1 - 1				
		ted services and use of	facilities			2a	· · · · ·	-		
		year adjustments				2b		1		
C		· losses · (Describe in Part XIII)				2c		1		
		ines 2a through 2d				2d		1		
3		act line 2e from line 1						2e 3		
4		ints included on Form 9	IGN Part IX lu	ne 25. hut not o	n line 1					
_		tment expenses not inc				4a				
		(Describe in Part XIII)	idaca on i on	17 000, 1 411 4111,	,	4b		1		
		ines 4a and 4b				(10)		4c		
_		expenses Add lines 3 a	and 4c . (This i	nust equal Forr	n 990. Part I. line	18)		5		
		Supplemental In			, , , , , , , , , , , , , , , , , , , ,	,		, , ,		
		descriptions required f d 4b, and Part XII, lines						4, Part X	, line 2, Part X	l,
										
			·							
	-	·_ ····								

Schedule D (Form 990) 2014

432054 10-01-14

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of th	e organization	Amhush N	Ministries	z Tr	nc .					-	ident		on nu	mber
Part I	Excess Ben	efit Transac	ctions (section 5	01(c)(3), sect	ion 501(c)(4), and 50)1(c)(29) organizatioi	ns only	/)	137	<u> </u>		
						art IV, line 25a or 25b					b.			
1 , , , ,		0) Relationship bet			lified						(d)	Corre	cted?
(a) Na	me of disqualified	person	person and o	rganız	ation	(0	c) D	escription of tran	sactio	n		Y	es	No
			<u> </u>									\bot		
0 F-4	Al	<u> </u>										<u>'</u>		
	the amount of tax on 4958	incurred by the	e organization mar	nagers	or also	qualified persons du	rıng	the year under						
		if any on line	2, above, reimburs	eed by	the or	ganization				▶ \$ ▶ \$				
3 Linter	the amount of tax	, ii arry, orr iii e	z, above, reimbur	seu by	ine or	ganization				Ψ				
Part II	Loans to an	d/or From I	nterested Per	rsons	.						•			
	Complete if the	organization ai	nswered "Yes" on	Form	990-EZ	, Part V, line 38a or f	Forn	n 990. Part IV. lır	e 26.	or if th	e oraz	nızatı	on	
			90, Part X, line 5,			, ,		,,	,		· · 3 -			
	a) Name of	(b) Relationsh			oan to or	(e) Original	(1) Balance due	(g)	ln	(h) Ap by bo	proved	, .,	ritten
ınter	interested person with organ		on of loan		m the ization?	principal amount			defa	ault?	comm	ittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
				<u> </u>	ļ					ļ				
					ļ									
				-	-		<u> </u>			ļ <u></u>				
				 			_							
		 		+	-					<u> </u>				-
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		 	-	+	+			 						
			,							-				 -
Total		!		٠.		▶ \$				l				<u> </u>
Part III	Grants or A	ssistance B	enefiting Inte	reste	d Pe						L			
	Complete if the	organization ai	nswered "Yes" on	Form	990, Pa	art IV, line 27								
(a) N	lame of interested	person	(b) Relationship	betwo	een	(c) Amount of		(d) Type	of		(е) Purp	ose o	f
			interested per		nd	assistance		assistan	ce		;	assist	ance	
			the organiz	alion						_				
								_						
	_	+								_				
		+		-										
				_						\dashv		 -		
										+				<u> </u>
										-+				
												•		

Schedule L (Form 990 or 990 EZ) 2014 Ambush Part IV Business Transactions Involv	Ministries Inc.		84-1415	725	Page 2
	i "Yes" on Form 990, Part IV, line 28a, 28			I (a) Sho	oring of
` (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
Otaca Diazahl	Dan al dan b	10 000	V	Yes	No
Steve Rieschl	President	10,000.	Management	-	X
		· · · · · · · · · · · · · · · · · · ·			
				 	
				 	
					-
·					
		. = -			
Part V Supplemental Information					
Provide additional information for resp	onses to questions on Schedule L (see	instructions)			
Sch L, Part IV, Business T	<u> Transactions Involvi</u>	ng Interest	ed Persons:	<u> </u>	
(a) Name of Person: Steve	Rieschl				
(d) Description of Mooney	rhian. Managament Da				
(d) Description of Transac	ction: Management rec	es			
		_ .			
	-				
	· · · · · · · · · · · · · · · · · · ·				
-		<u>-</u>			

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ambush Ministries Inc.	Employer identification number 84-1415725		
Form 990, Part VI, Section B, line 11:			
Form 990 is reviewed with President and tax preparer.			
	·		
Form 990, Part VI, Section C, Line 19:			
Persons may request governing documents in writing.			
	-		

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $\triangleright X$

A	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
υο not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.		
	ic filing (e-file) . You can electronically file Form 8868 if					poration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	o file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page						
	virs gov/efile and click on e-file for Charities & Nonprofits		(coc mondonons) i oi more detans (cuonic illing or una	ioiiii,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded)			
	ation required to file Form 990-T and requesting an autor						
Part I onl		natic onic	onth extension - check this box and	complete			
	y corporations (including 1120-C filers), partnerships, REM	IICo and t	rusts must use Form 7004 to requise		navam af tima		
	ome tax returns	iics, aiiu t	rusts must use Form 7004 to reques				
Time or				_	Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instru	or other filer, see instructions			Employer identification number (EIN) or		
print	Ambush Wimishnias Tos	04 14157				٥.	
File by the	Ambush Ministries Inc.			84-1415725			
due date for filing your		ee instruc	tions	Social security number (SSN)		N)	
return See	1685 Moriah Lane						
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions				
	Cheyenne, WY 82009						
_							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
	<u> </u>						
Applicati	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	0-T (trust other than above)	06	Form 8870			12	
	Vince Rogalski						
The bo	ooks are in the care of $ ightharpoonup$ 804 Sunny Slope	<u>e Dri</u>	ve - Gunnison, CO	81230			
Teleph	none No ▶ <u>970-349-2454</u>		Fax No ▶				
● If the	organization does not have an office or place of busines:	s in the Ur	ited States, check this box				
- 11 (110)			med clares, sincer time son		,		
	is for a Group Return, enter the organization's four digit	Group Exe	•	f this is fo	r the whole group,	check this	
If this	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box		emption Number (GEN)				
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