Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

| | For the | 2021 calendar v | ear, or tax year begin | | ood for motifications | , 2021, a | nd end | ina | | , 20 | | | |
|--------------|---------------|----------------------------------|-----------------------------------|--|---------------------------|---------------------|-----------------|-----------------|---|-------------------|---------------------|--|--|
| | Check if a | | C Name of organizationOU | | ES INC | , - , | | | D Emp | loyer identifica | | | |
| | Address cl | • | Doing business as | | | | | | | 46-283 | | | |
| 二 | Name cha | • | Number and street (or P. | O hav if mail is not delive | ered to street address) | | Room/su | ito | F Tolor | ohone number | 3020 | | |
| 二 | Initial retur | | PO BOX 1928 | O. DOX II Mail is not deliv | ered to street address) | | 100m/30 | ile | L 1010) | | 88-6265 | | |
| 二 | | n/terminated | City or town, state or prov | vines country and ZID o | r foreign poetal anda | | | <u> </u> | C Cros | ss receipts | 30-0203 | | |
| H | | | | • | i loreign postal code | | | | \$ | ss receipts | 251 505 | | |
| \equiv | Amended | | LEBANON, MO 65 | | | | | 11/-> | | | 351,505 Yes X No | | |
| Ш | Application | n pending | F Name and address of prin | ncipal officer: | | | | | | for subordinates? | = = | | |
| _ | Tax-exem | pt status: X 501 | (c)(3) 501(c) (|) (insert no.) | 4047(a)(4) as | 527 | | H(b) Are all s | | | | | |
| | | Pristatus: A 501 | (0)(3) |) (insert no.) | 4947(a)(1) or | 527 | | | o," attach a list. See instructions up exemption number ▶ | | | | |
| | | | | | | 1 V | 201 | | | | | | |
| | rt I | | poration Trust Ass | ociation Other ► | | L Year of formation | on: ∠ U_ | L4 W S | tate of le | gal domicile: | MO | | |
| Г | | Summary Driefly described | the examination's missi | on or most signific | ant activities. | | | appra m | 0 DD6 | | | | |
| | | - | the organization's missi | _ | ani activities. THE | ORGANIZA | TION | SEEKS TO | O PRO | OVIDE AS: | SISTANCE | | |
| ø | | AND TO COORDINATE MISSION TRIPS. | | | | | | | | | | | |
| Governance | | | | | | | | | | | | | |
| ern | | Oh a ale this have N | | alia a a atia a al ita a a | | | 050/ -4: | | | | | | |
| Š | | | if the organization | | | | | | 1 | 1 | _ | | |
| | | | g members of the gove | 5 , \ | , | | | | | | <u>7</u> | | |
| Activities & | | | pendent voting member | | | | | | _ | | 7 | | |
| Ϊ | | | individuals employed in | • | , | | | | | | 2 | | |
| Act | | | volunteers (estimate if | • • | | | | | 6 | | 20 | | |
| | | | ousiness revenue from | , , | ,, | | | | 7a | | 0 | | |
| | b | Net unrelated bu | usiness taxable income | from Form 990-1, | Part I, line 11 | | · · · · | | 7b | | 0 | | |
| | | | | | | | | Prior Year | | Curi | rent Year | | |
| - | | | d grants (Part VIII, line | * | | | | 330 | ,413 | | 351,451 | | |
| une | | - | e revenue (Part VIII, line | | | | | | | | 0 | | |
| Revenue | 10 | | ne (Part VIII, column (A | | • | | | | 40 | | 54 | | |
| æ | 11 | • | Part VIII, column (A), lin | | • | | | | | | 0 | | |
| | | | add lines 8 through 11 (| | ` , | | | 330 | ,453 | | 351,505 | | |
| | | | ar amounts paid (Part I | | | | | | | | 0 | | |
| | | • | or for members (Part I) | | | 0 | | | | | | | |
| s | 15 | Salaries, other c | 24 | ,752 | | 23,075 | | | | | | | |
| Expenses | | | draising fees (Part IX, o | , , | • | | • | | | | 0 | | |
| be | | _ | expenses (Part IX, col | | · · | 0 | | | | | | | |
| ш | | | (Part IX, column (A), lir | • | , | | • | | ,163 | | 265,970 | | |
| | | | Add lines 13-17 (must | | | | | | <u>,915</u> | | 289,045 | | |
| | 19 | Revenue less ex | penses. Subtract line | 18 from line 12 . | | | | | ,462 | | 62,460 | | |
| t Assets or | 8 | | | | | | _ | nning of Curre | | End | of Year | | |
| sets | 20 | Total assets (Pa | , , | | | | | 193 | ,409 | | 255,869 | | |
| t As | 21 | , | Part X, line 26) | | | | _ | | | | 0 | | |
| Şi Set | | | nd balances. Subtract | line 21 from line 20 | | | • | 193 | ,409 | | 255,869 | | |
| | rt II | Signature I dealers | that I have examined this retu | rn including accompany | ng sahadulas and atatamar | ata and to the heat | of my know | uladaa and hali | of it io | | | | |
| | | | tion of preparer (other than offi | | | | Of HIS KITO | wiedge and bei | ei, il is | | | | |
| | | | | | | | | | | | | | |
| Sig | n | STACY S Signature of o | SEGEBARTH | | | | | | D, | ate | | | |
| | | | | | | | | | D | ale | | | |
| He | E | — | SEGEBARTH, DIRE name and title | CTOR | | | | | | | | | |
| | | Print/Type prepare | | Preparer's signature | | Date | | | П | PTIN | | | |
| D~ | Ч | | | | | | 22 | Check | if | | 7070 | | |
| Pai | | KEVIN ALL | | (m) ==================================== | | 05-05-20 | | self-emp | oloyed | P0043 | /8/8 | | |
| | parer | | | | LLEN LLC | | | Firm's EIN | | | | | |
| US | e Only | Firm's address | PO BOX 8 | | | | F | Phone no. | 41. | F20 F011 | | | |
| NA | 4h- IDC | \ | Lebanon | MO 65536 | a atru ationa | | | | 417- | 532-5941 • 👽 | L Yes No | | |

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 | Х | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 | | Х |
| 3 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 4 | | |
| 5 | election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | Х |
| , | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| 10 | 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 donor-restricted endowments or in 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, | 10 | | |
| •• | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> | | | |
| | complete Schedule D, Part VI | 11a | | x |
| 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 | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| e , | | 11e | | х |
| 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)? <i>If</i> "Yes," complete Schedule D, Part X | 11f | | v |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 111 | | Х |
| 124 | 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 | | 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 | | х |
| 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 | 45 | | |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | v |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | Х |
| •• | 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 | | x |
| 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 | | х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| b | , | 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 |

| | 990 (2021) OUT OF THE ASHES INC 46-28350 | 23 | P | age |
|-----|--|-----|-----|-----|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 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 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 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 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | Щ |

Yes No Did the organization comply with backup withholding rules for reportable payments to vendors and 1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?........ Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... 3b h 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 х b Х С 5c 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х d 7d х 7f X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? х Sponsoring organizations maintaining donor advised funds. 9a Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? х 10 Section 501(c)(7) organizations. Enter: Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 х If "Yes," see instructions and file Form 4720, Schedule N. 16 16 х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17

If "Yes," complete Form 6069.

Page 6

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 ar | ny line in this Part VI | | ζ |
|---|-------------------------|------|---|

| Sec | ction 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 | | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | _ | | |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 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 | | |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | • | | Х |
| 7a | | 70 | | |
| L | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 71. | | |
| • | stockholders, or persons other than the governing body? | 7b | | 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 | X | |
| 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 reached at | _ | | |
| <u> </u> | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | 40 | 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 chapters, | | | |
| | affiliates, 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 body before filing the form? | 11a | Х | |
| 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 rise to conflicts? | 12b | | X |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | | Х |
| 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 | 15a | | x |
| b | Other officers or key employees of the organization | 15b | | x |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| 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 (1024 or 1024-A 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 on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | STACY SEGEBARTH (417)588-6265, PO BOX 1928, LEBANON, MO 65536 | | | |

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

| | | (C) | | | | | | | | |
|-----------------------|-------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------|----------------------------------|---------------------------|
| (A) | (B) | Position | | | | (D) | (E) | (F) | | |
| Name and title | (b) Average | | | | | nan one | | Reportable | (E) Reportable | (F) Estimated amount |
| Name and the | hours | | | | | s both ar /trustee) | | compensation | compensation | of other |
| | per week | | | | | , | | from the | from related | compensation |
| | (list any | or | Ins | 9 | Ke | em Hig | Fo | organization (W-2/ 1099-MISC/ | organizations W-2/ 1099-MISC/ | from the organization and |
| | hours for related | direc | tituti | Officer | y em | ploy | Former | 1099-NEC) | 1099-NEC | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | ee t cor | | | | |
| | below | uste | trus | | ee | npen | | | | |
| | dotted line) | Φ | tee | | | Highest compensated employee | | | | |
| | | | | | | ۵ | | | | |
| | | | | | | | | | | |
| (1) MURAD SALIA | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (2) SHELDON ROSE JR. | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (3) BRAD_SEGEBARTH | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (4) LORI PRINTY | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (5) HIRCHIE SCHAFFNER | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (6) RICHARD HOBBS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0_ |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(10)</u> | | | | | | | | | | |
| (11) | | | | | | | | | | |
| | | | | | | | | | | |
| (12) | | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | = () |

46-2835023

| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unlesser and Institutional tru | Poseck mass per | rson is | han one s both ar har one han one s both ar highest compensated employee | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportab compensat from relat organizations 1099-MIS 1099-NEO | ion ed (W-2/ C/ | cor fi orga | (F) ated and of other of other of the other other of the | r tion and |
|-------------|--|--|----------|--------------------------------|-----------------|---------|--|------|--|---|--------------------------|-------------------|---|------------------|
| <u>(15)</u> | | | | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | ٠ . | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | · • | 0 | | 0 | | | 0 |
| 2 | Total number of individuals (including but not limit reportable compensation from the organization | ed to those I | | | | | | | ore than \$100,000 | of | | | | |
| 3 | Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul | tor, trustee, le J for such | indivic | lual | | | | | | | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the sum of re organization and related organizations greater th individual. | an \$150,000 |)? If "Y | 'es," | | | | | | | | 4 | | x |
| 5 | Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes | compensation | on from | any | | | _ | | | | | 5 | | x |
| Secti | on B. Independent Contractors | • | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensa | | | | | | | | | | | | | |
| | compensation from the organization. Report comp (A) | ensation for | the cal | enda | ar ye | ear e | nding | with | or within the organ (B) | nization's ta | year. | (C) | | |
| | Name and business addres | ss | | | | | | | Description of service | es | | Compens | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including received more than \$100,000 of compensation from | | | | e lis | ted a | above) | who | 0 | | | | | |

Page 9

| | | Check if Schedule O contains a response | e or no | ote to any line in thi | s Part VIII | | | |
|--|-------------------|---|----------------|------------------------|----------------------|--|--------------------------------------|--|
| | | · | | · | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| srants ounts | 1a b c | Federated campaigns | 1a 1b 1c | | | | | Sections 312-314 |
| ıs, Gifts, C imilar Am | e f | Related organizations | 1d 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | and similar amounts not included above Noncash contributions included in lines 1a-1f | 1f 1g | 351,451 | | | | |
| <u> </u> | h | Total. Add lines 1a-1f | | Business Code | 351,451 | | | |
| Program Service Revenue | 2a b c d | | | | | | | |
| Prog | f | All other program service revenue Total. Add lines 2a-2f | | | | | | |
| | 3 4 5 | Investment income (including dividends, interest other similar amounts) | proce | ▶ | 54 | 54 | | |
| | b | Gross rents 6a Less: rental expenses 6b Rental income or (loss) | | (ii) Personal | | | | |
| | | Net rental income or (loss) | | (ii) Other | | | | |
| venue | С | tess: cost or other basis and sales expenses 7b Gain or (loss) 7c | | | | | | |
| Other Re | 8a | Net gain or (loss) | | | | | | |
| | l . | Less: direct expenses | 8b | | | | | |
| | 9a | Net income or (loss) from fundraising event Gross income from gaming activities, See Part IV, line 19 | 9a | • | | | | |
| | | Less: direct expenses | 9b | | | | | |
| | | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances | 10a | • | | | | |
| | 1 | Less: cost of goods sold | 10b | | | | | |
| Miscellanous Revenue | 11a b c | | | Dusiliess Code | | | | |
| Misce Re | d | All other revenue | • • | | 254 525 | | | |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other | ther organizations must complete column (A) |
|--|--|
| Section 30 ((c)(3) and 30 ((c)(4) organizations must complete all columns. All of | iner organizations must complete column (A). |

| | Check if Schedule O contains a response or note to a | any line in this Part IX | <u> </u> | <u> </u> | |
|----------|---|--------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | 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 | 21,605 | 21,605 | | |
| 8 | Pension plan accruals and contributions (include | , | , | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 1,470 | 1,470 | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 560 | 560 | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 . | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 1,701 | 1,701 | | |
| 13 | Office expenses | 589 | 589 | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,481 | 1,481 | | |
| 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 | 360 | 360 | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | BANK CHARGES AND FEES | 3,642 | 3,642 | | |
| b | MISSION WORK AND TRAVEL | 253,174 | 253,174 | | |
| C | DUES AND SUBSCRIPTIONS | 4,463 | 4,463 | | |
| d | All other evenesses | | | | |
| e 25 | All other expenses | 200 215 | 200 215 | | - |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 289,045 | 289,045 | 0 | 0 |
| 20 | 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) | | | | |
| | 10110WILING SOF 30-2 (MSC 330-720) | | | | |

Part X **Balance Sheet**

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|--|-----------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 186,893 | 1 | 250,198 |
| | 2 | Savings and temporary cash investments | - | 2 | |
| | 3 | Pledges and grants receivable, net | 6,516 | 3 | 5,671 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ass | 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 33) | 193,409 | 16 | 255,869 |
| | 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 | |
| Ś | 22 | Loans and other payables to any current or former officer, director, | | | |
| <u>i</u> ë | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| iabi | | controlled entity or family member of any of these persons | | 22 | |
| -iabilities | 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 FASB ASC 958, check here ▶ 🗓 | | | |
| Ś | | and complete lines 27, 28, 32, and 33. | | | |
| nce | 27 | Net assets without donor restrictions | 193,409 | 27 | 255,869 |
| ala | 28 | Net assets with donor restrictions | | 28 | |
| B | | Organizations that do not follow FASB ASC 958, check here | | | |
| Fun | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| Net Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ět | 32 | Total net assets or fund balances | 193,409 | 32 | 255,869 |
| _ | 33 | Total liabilities and net assets/fund balances | 193,409 | 33 | 255,869 |

| Form | 990 (2021) OUT OF THE ASHES INC | 46-2835 | 023 | P | 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 | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | 351, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 289, | ,045 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | . 3 | | 62, | ,460 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | . 4 | | 193, | ,409 |
| 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 on Schedule O) | . 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | . 10 | | 255, | ,869 |
| 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: X Cash | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |

3a

3b

Form **990** (2021)

х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** OUT OF THE ASHES INC 46-2835023 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

| g Provide the following information ab | out the supported o | rganization(s). | | | | |
|--|---------------------|---|-----|--------------------------------------|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | | rganization or governing nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

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

| Secti | on A. Public Support | | | | | | |
|-------|--|-----------------|-----------------|------------------|-------------------|------------------|-----------|
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 638,110 | 639,941 | 337,464 | 330,413 | 351,451 | 2,297,379 |
| 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 | 638,110 | 639,941 | 337,464 | 330,413 | 351,451 | 2,297,379 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | 984,783 |
| _6 | Public support. Subtract line 5 from line 4. | | | | | | 1,312,596 |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 638,110 | 639,941 | 337,464 | 330,413 | 351,451 | 2,297,379 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | similar sources | 35 | 64 | 68 | 40 | 54 | 261 |
| 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 | | | | | | 2,297,640 |
| 12 | Gross receipts from related activities, etc. | • | • | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | • | | | • | • | , , , |
| | organization, check this box and stop her | | | | | | ▶ □ |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2021 (line 6 | | | | | 14 | 57.13 % |
| 15 | Public support percentage from 2020 Sch | | | | | 15 | 55.67 % |
| 16a | 33 1/3% support test - 2021. If the organ | | | | | | |
| | box and stop here. The organization qual | • | | - | | | |
| b | 33 1/3% support test - 2020. If the organ | | | | | | |
| | this box and stop here. The organization | • | | • | | | _ |
| 17a | 10%-facts-and-circumstances test - 202 | - | | | | | |
| | 10% or more, and if the organization meet | | | | | - | |
| | Part VI how the organization meets the fac- | cts-and-circum | stances test. 7 | The organization | n qualifies as | a publicly supp | orted |
| | organization | | | | | | _ |
| b | 10%-facts-and-circumstances test - 202 | U | | | | | |
| | 15 is 10% or more, and if the organization | | | | | - | - |
| | in Part VI how the organization meets the | facts-and-circu | umstances tes | t. The organiza | ition qualifies a | is a publicly su | pported |
| | organization | | | | | | _ |
| 18 | Private foundation. If the organization die | | | | | | |
| | instructions | | | | | | ▶ 🔲 |

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury

▶ Attach to Form 990 or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** OUT OF THE ASHES INC 46-2835023 Organization type (check one): Filers of: Section: 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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

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

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) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| _1_ | BRAD AND STACY SEGEBARTH 1115 NORTHVIEW LANE LEBANON MO 65536 | \$164,120 | Person X Payroll Concash Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | LOWE FAMILY FOUNDATION 20671 POTOMAC DRIVE LEBANON MO 65536 | \$5,000 | Person x Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | JESSE AND LORI BUTLER 12 JEFFERSON CROSSING CT MONTICELLO IL 61856 | \$12,028 | Person x Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | DARREN HENDERSON 3203 S BENTON AVE SPRINGFIELD MO 65807 | \$ | Person X Payroll Oncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5_ | KUNES FAMILY FOUNDATION PO BOX 546 DELAVAN WI 53115 | \$30,000 | Person X Payroll Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 6 | LAURA SHORES 24237 RT 6 TOWANDA PA 18848 | \$10,374 | Person Rayroll Noncash (Complete Part II for noncash contributions.) | | |

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

46-2835023

Department of the Treasury Internal Revenue Service Name of the organization

OUT OF THE ASHES INC

► Attach to Form 990 or Form 990-EZ.

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

Inspection

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 |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

, 2021, and ending

,20

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

2021

| Name o | of filer | | EIN or SSN | | |
|--|--|--|--|--|--|
| OUT C | OF THE ASHES INC | 46-2835023 | | | |
| | and title of officer or person subject to tax | | | | |
| STACY | Y SEGEBARTH, DIRECTOR | | | | |
| Part | I Type of Return and Return Information | | | | |
| CP and 5a, 6a, 5b, 6b , | the box for the retum for which you are using this Form 8879-TE and Form 5330 filers may enter dollars and cents. For all other forms 7a, 8a, 9a, or 10a below, and the amount on that line for the retur, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0able line below. Do not complete more than one line in Part I. | , enter whole dollars only. If you cl on being filed with this form was bla | neck the box on line 1a, 2a, 3a, 4a, ank, then leave line 1b, 2b, 3b, 4b, | | |
| 1a | Form 990 check here x b Total revenue, if any | (Form 990, Part VIII, column (A), I | line 12) 1b 351,505 | | |
| 2a | | Total revenue, if any (Form 990-EZ, line 9) | | | |
| 3a | | -POL, line 22) | • | | |
| 4a | | ment income (Form 990-PF, Part | | | |
| 5a | | 8868, line 3c) | | | |
| 6a | Form 990-T check here ▶ b Total tax (Form 990-7 | T, Part III, line 4) | | | |
| 7a | Form 4720 check here ▶ | , Part III, line 1) | • | | |
| 8a | Form 5227 check here ▶ □ b FMV of assets at end | d of tax year (Form 5227, Item D) | 8b | | |
| 9a | Form 5330 check here ▶ □ b Tax due (Form 5330, | Part II, line 19) | 9b | | |
| 10a | | yment requested (Form 8038-CP | , Part III, line 22) . 10b | | |
| Part | II Declaration and Signature Authorization of | Officer or Person Subject | to Tax | | |
| Under _I | penalties of perjury, I declare that | ve entity or | subject to tax with respect to (name | | |
| of entity | y) | , (EIN) | and that I have examined a copy of the | | |
| the date (direct of return, 1-888-3 process the pay electron | wledgement of receipt or reason for rejection of the transmission, (I e of any refund. If applicable, I authorize the U.S. Treasury and its debit) entry to the financial institution account indicated in the tax proand the financial institution to debit the entry to this account. To revo 353-4537 no later than 2 business days prior to the payment (settle sing of the electronic payment of taxes to receive confidential information of the payment. I have selected a personal identification number (PIN) as my nic funds withdrawal. | designated Financial Agent to initial eparation software for payment of to bke a payment, I must contact the Ument) date. I also authorize the final mation necessary to answer inquiries | ate an electronic funds withdrawal he federal taxes owed on this J.S. Treasury Financial Agent at ancial institutions involved in the as and resolve issues related to | | |
| | neck one box only | to cotton and DINI | | | |
| X | l authorize WALTERS STAEDTLER ALLEN LL | to enter my PIN | as my signature | | |
| | ERO firm name | | Enter five numbers, but do not enter all zeros | | |
| | on the tax year 2021 electronically filed return. If I have indicated w agency(ies) regulating charities as part of the IRS Fed/State progr return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will filed return. If I have indicated within this return that a copy of the re of the IRS Fed/State program, I will enter my PIN on the return's di | ram, I also authorize the aforemention I enter my PIN as my signature on etum is being filed with a state ager | oned ERO to enter my PIN on the tax year 2021 electronically | | |
| . | | | 5 | | |
| Part | re of officer or person subject to tax ▶ Certification and Authentication | | Date ► 04-21-2022 | | |
| | | | | | |
| | EFIN/PIN. Enter your six-digit electronic filing identification r (EFIN) followed by your five-digit self-selected PIN. | 432886 65536 | | | |
| numbe | T (LI THE) TOHOWER BY YOUR THE THE THE THE THE THE | 432886 65536 Don't enter | all zeros | | |
| am sub | y that the above numeric entry is my PIN, which is my signature on to omitting this return in accordance with the requirements of Pub. 41 ers for Business Returns. | he 2021 electronically filed return in | ndicated above. I confirm that I | | |
| ERO's s | signature ▶ | Date▶ | 05-05-2022 | | |
| | ERO Must Retain This | s Form - See Instructions | | | |

WALTERS STAEDTLER ALLEN LLC PO BOX 832

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

May 05, 2022

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

Out Of The Ashes Inc:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Out Of The Ashes Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (417)532-5941.

Sincerely,

Kevin Allen CPA WALTERS STAEDTLER ALLEN LLC

WALTERS STAEDTLER ALLEN LLC PO BOX 832

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

May 05, 2022

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

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (417)532-5941.

Sincerely,

Kevin Allen CPA WALTERS STAEDTLER ALLEN LLC