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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 OUT OF THE ASHES INC Check if applicable: C Name of organization D Employer identification number Address change Doing business as 46-2835023 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 1928 (417)588-6265 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return LEBANON, MO 65536 282,694 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? **X** 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: Website: N/A H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2014 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SEEKS TO PROVIDE ASSISTANCE AND TO COORDINATE MISSION TRIPS. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 2 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 282,659 351,451 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54 35 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 351,505 282,694 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 23,075 25,367 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 265,970 347,928 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 289,045 373,295 62,460 (90,601)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 165,268 255,869 21 Total liabilities (Part X, line 26) . . Net assets or fund balances. Subtract line 21 from line 20 255,869 165,268 Part II Signature Block

Signature of officer

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

Sign Here

STACY SEGEBARTH, DIRECTOR

STACY SEGEBARTH

	Type of print name and title								
	Print/Type preparer's name		Preparer's signature		Date	Date		PTIN	
Paid	Kevin Allen, C	PA			05-09-2023		self-employed	P00437878	
Preparer	ALLEN LLC	Firm's EIN							
Use Only	Firm's address	Firm's address PO BOX 832				Phone no.			
		Lebanon	MO 65536				417-	532-5941	
May the IRS	discuss this return with t	the preparer sh	own above? See	e instructions				X Yes N	

Date

) (Revenue \$

including grants of \$

(Expenses \$

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 Schedule B, Schedule of Contributors? See instructions	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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	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		Α
-	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a		х
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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
C	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
e		11e		Х
f	ů ,	446		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		Х
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	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	10		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
13	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
_U t		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	L_	х

Form 990 (2022) OUT OF THE ASHES INC 46-2835023 Page 4 Checklist of Required Schedules (continued) Part IV Yes No

			162	INO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Х
2 +a	\$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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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		Х
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 the 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	20-		
L	"Yes," complete Schedule L, Part IV.	28a		X
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	"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			Λ
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
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			
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 on Schedule O for Part VI, lines 11b and	20		
Dor	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			
	Chook in Johnston O Contains a response of flote to any line in this fact v	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 63	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	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 on 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		Х
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	CL		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		
h		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140		14a		37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O </i>	140		
13	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes" complete Form 6069			

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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 instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
	onon 711 oo tonning 2007 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	T-		
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>.</i> u	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,			
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	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	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 0.0		
•	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.)			
	The state of the second members are a second members are a second members are a second		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 on 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		х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	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			1
<u>000</u> 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 Department of Patrice Indicate New York Made these dividuals. Short all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			

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and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

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

Form 990 (2022)

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 the 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, box 6 of 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.

Example 2 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		(D) Reportable	(E) Reportable	(F) Estimated amount
raine and the	hours					s both ar /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	or	Ins	Q	Ke	em Hi	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc	titut	Officer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	onal		Key employee	ee t cor				
	below	Individual trustee or director	Institutional trustee		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)										
(9)										
(10)										
(4.4)										
(11)										
(12)										
<u>(13)</u>										
(14)										
										()

Part	VII Section A. Officers, Directors, I	rustees,	ney i	⊨mj	рιο	yee	es, ar	ıa ı	Hignest Comp	ensated En	пріоує	es (continued _,
	(A) Name and title		box	, unles cer an	Po ieck n ss pe	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/1099-MISC/		Estimate of compe	F) ed amount other ensation n the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Cfficer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		organiza	ation and rganizations
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)_													
(25)													
1b	Subtotal												
c	Total from continuation sheets to Part VII, Sect							•	_		_		
d	Total (add lines 1b and 1c)								ore than \$100,000	of	0		0
	reportable compensation from the organization				٠,				σ. σ. τ. τ. σ. , σ. σ. , σ.	.			C
												Y	es No
3	Did the organization list any former officer, direct		-				-						
4	employee on line 1a? If "Yes," complete Schedu. For any individual listed on line 1a, is the sum of re										٠ .	3	X
_	organization and related organizations greater th												
	individual											4	х
5	Did any person listed on line 1a receive or accrue											5	
Sect	for services rendered to the organization? If "Yes ion B. Independent Contractors	s, complete	Scried	iuie .	J 101	Suc	in pers	SOII			• •	3	Х
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	s tha	t recei	ived	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	lenda	ar y	ear e	ending	with	or within the organ	nization's tax ye	ar.		
	(A)								(B)		•	(C)	
	Name and business addres	SS							Description of service	es	Con	npensatio	n
2	Total number of independent contractors (including	-			se lis	sted	above) wh	10				
	received more than \$100,000 of compensation fro	om the organi	zation										

46-2835023

Part VIII Statem

State	ment	∩f R	even	IIIE

		Check if Schedule O contains a	response or no	ote to any line in this	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
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f 9 h	Federated campaigns	1b 1c 1c 1d 1e 1s 1b 1g 1s 1g		282,659			
Progra Re		All other program service revenue Total. Add lines 2a-2f						
	3 4 5	Investment income (including divide other similar amounts) Income from investment of tax-exen Royalties	nds, interest, a	and eeds	35	35		
	6a b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(i) Real	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory 7a	(i) Securities	(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss)						
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	c 9a b	Less: direct expenses Net income or (loss) from fundraisir Gross income from gaming activities, See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming a	ng events 9a					
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of i	10b					
Miscellanous Revenue	11a b c	All other revenue		Business Code				
		Total. Add lines 11a-11d Total revenue. See instructions			282,694	35	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 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 23,705 23,705 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 1,662 1,662 11 Fees for services (nonemployees): b Legal...... 575 575 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 2,282 2,282 13 1,300 1,300 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 550 550 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.) BANK CHARGES AND FEES 3,893 3,893 MISSION WORK AND TRAVEL 335,065 335,065 С DUES AND SUBSCRIPTIONS 4,263 4,263 d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 373,295 373,295 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Page **11**

Part X

Part	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	250,198	1	152,988
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,671	3	12,280
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	255,869	16	165,268
	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	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lia	22	controlled entity or family member of any of these persons		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	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	J		
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	255,869	27	165,268
lan	28	Net assets with donor restrictions		28	
Ba		Organizations that do not follow FASB ASC 958, check here			
n n		and complete lines 29 through 33.			
Ϋ́	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	255,869	32	165,268
Ž	33	Total liabilities and net assets/fund balances	255,869	33	165,268
			-		Form 000 (2022)

Form	990 (2022) OUT OF THE ASHES INC 46	-283502	3	Pa	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		282,	,694
2	Total expenses (must equal Part IX, column (A), line 25)	2		373,	, 295
3	Revenue less expenses. Subtract line 2 from line 1	3		(90,	,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		255,	,869
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		165,	,268
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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				

EEA Form **990** (2022)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

2c

3a

3b

х

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

UT	OF	THE ASHES INC					46-283502	3		
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instruction	ons.		
The o	rgar	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	only one bo	x.)				
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)) .			
2		A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)					
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).				
4		A medical research organization of	perated in conjunc	tion with a hospital descr	ribed in se	ction 170	(b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a governm	ental unit described in			
	_	section 170(b)(1)(A)(iv). (Complete	te Part II.)							
6	Ш	A federal, state, or local governme	nt or governmenta	I unit described in section	on 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)(•						
8	Ц	A community trust described in sec								
9	Ш	An agricultural research organization				•	•	ege		
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or			
		university:								
10	Ш	An organization that normally receive receipts from activities related to its	exempt functions,	subject to certain excep-	tions; and	(2) no mor	e than 33 1/3% of its	iS		
		support from gross investment inco acquired by the organization after a) from businesses			
11		An organization organized and ope	erated exclusively t	to test for public safety. S	See sectio	n 509(a)(4	1).			
12		An organization organized and open	rated exclusively fo	or the benefit of, to perform	m the func	tions of, or	to carry out the purpos	es of		
		one or more publicly supported org	janizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	3). Chec	:k	
		the box on lines 12a through 12d th	at describes the typ	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.			
а		Type I. A supporting organizat	ion operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving		
		the supported organization(s) the	he power to regula	rly appoint or elect a mag	jority of the	directors	or trustees of the			
		supporting organization. You n	nust complete Pa	rt IV, Sections A and B	3.					
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g		
		control or management of the s		·	persons tha	at control o	r manage the supporte	d		
		organization(s). You must cor	•							
С		☐ Type III functionally integrate		•				with,		
_		its supported organization(s) (s	•	•						
d		Type III non-functionally inte	•				0	` '		
		that is not functionally integrate	•	• •		•	ent and an attentivenes	S		
_		requirement (see instructions).	•	•	•		I Type II Type III			
е		Check this box if the organization				• • •	т, туре п, туре п			
٠	_	functionally integrated, or Type		integrated supporting of	rganization	l.				
f g		nter the number of supported organ rovide the following information about		raanization(s)				• • •		
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi)	Amount of	
	(1) 14	ame of supported organization	(ii) LiiV	(described on lines 1-10 above (see instructions))	1 ' '	r governing	support (see instructions)	othei	r support (see	
				, , , , , , , , , , , , , , , , , , , ,	Vac	Na	· -		ŕ	
					Yes	No				
A)										
B)										
C)										
D)										
E)										
Cotal										

Schedule A (Form 990) 2022 OUT OF THE ASHES INC 46-2835023 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 282,659 639,941 337,464 330,413 351,451 1,941,928 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 639,941 337,464 330,413 351,451 282,659 1,941,928 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) 853,972 Public support. Subtract line 5 from line 4. 1,087,956 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 7 639,941 337,464 330,413 351,451 282,659 1,941,928 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 64 68 40 54 35 261 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 1,942,189 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 56.02 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions EEA Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

	zation type (check one):		40-2835023	
Filers of	f:	Section:		
Form 99	90 or 990-EZ	▼ 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	90-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	f your organization is cov	ered by the General Rule or a Special Rule .		
Note: O	•	8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See	
General	l Rule			
X	•	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for determinations.		
Special	Rules			
	regulations under section 16b, and that received	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line from any one contributor, during the year, total contributions of the greater of (1) \$ in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	e 13, 16a, or 5,000; or	
	contributor, during the y	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from year, total contributions of more than \$1,000 exclusively for religious, charitable, sourposes, or for the prevention of cruelty to children or animals. Complete Parts I (executed of the contributor name and address), II, and III.	cientific,	
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			
must a	answer "No" on Part IV, li	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form be filing requirements of Schedule B (Form 990).		

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		Person <u>x</u> Payroll □			
	1115 NORTHVIEW LANE	\$148,080	Noncash			
	LEBANON MO 65536		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2_	HENDERSON FAMILY FOUNDATION		Person <u>x</u> Payroll □			
	3203 S BENTON AVE	\$5,000	Noncash			
	SPRINGFIELD MO 65807		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	ANNA KING		Person 🗓			
	431 RUMBLING LANE	\$6,271	Payroll			
	MORGANTOWN WV 26508		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	SHELDON ROSE		Person 🗵 Payroll 🗌			
	2220 SUPERIOR VIADUCT SUITE P10	\$12,093	Noncash (Complete Part II for			
	CLEVELAND OH 44113		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	BELLEVUE HEIGHTS CHURCH FOUNDATION		Person 🗓 Payroll			
	9440 W HUTTON DR	\$12,000	Noncash			
	SUN CITY AZ 85351		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	RICHARD HOBBS		Person X			
	13419 W GABLE HILL DRIVE	\$5,799	Payroll			
	SUN CITY WEST AZ 85375		(Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

OUT OF THE ASHES INC 46-2835023 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person x 7 JON CHRISTOPHERSON **Payroll** 5,000 Noncash 17475 FRANCES ST APE 2026 (Complete Part II for **OMAHA NE 68130** noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** 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

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.

Open to Public Inspection

Employer identification number

46-2835023

01. Form 990 governing body review (Part VI, line 11)				
THE ORGANIZATION 990 IS PREPARED BY AN INDEPENDENT CPA AND THEN REVIEWED BY THE BOARD				
BEFORE BEING SENT TO THE IRS.				
02. Governing documents, etc, available to public (Part VI, line 19)				
THE ORGANIZATIONS RECORDS ARE AVAILABLE BY WRITTEN REQUEST TO:				
TWO HEARTS FOR HOPE				
C/O STACY SEGEBARTH				
1115 NORTHVIEW LANE				
LEBANON, MO 65536				

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

^{,20} 2022

OMB No. 1545-0047

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

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN OUT OF THE ASHES INC 46-2835023 Name and title of officer or person subject to tax STACY SEGEBARTH, DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here **b** Balance due (Form 8868, line 3c).......... 6a Form 990-T check here 7a Form 4720 check here Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize WALTERS STAEDTLER ALLEN LL 35023 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05-09-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 432886 65536 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05-09-2023 ERO's signature Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors		
	(This page is not filed with the return. It is for your records only.)	2022	
Name(s) as shown on return		Tax ID Number	
OUT OF THE ASHES INC		46-2835023	

Name	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	(g) Excess contributions
							(col. (f) minus
							the 2% limitation)
BRAD AND STACY SEGEBARTH	300,500	159,945	120,171	164,120	148,080	892,816	853,972
HENDERSON FAMILY FOUNDATION				7,500	5,000	12,500	
ANNA KING					6,271	6,271	
SHELDON ROSE					12,093	12,093	
BELLEVUE HEIGHTS CHURCH FOUNDATION					12,000	12,000	
RICHARD HOBBS					5,799	5,799	
JON CHRISTOPHERSON					5,000	5,000	

____853,972

WALTERS STAEDTLER ALLEN LLC PO BOX 832

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

May 09, 2023

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

Out Of The Ashes Inc:

Enclosed is the 2022 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 09, 2023

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