

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **04/01/15**, and ending **03/31/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">RISING STAR OUTREACH, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">3305 N UNIVERSITY AVENUE STE 250</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">PROVO UT 84604</p>		D Employer identification number <p align="center">02-0532420</p>
	E Telephone number <p align="center">801-820-0466</p>		G Gross receipts \$ 1,213,614
	F Name and address of principal officer: <p>AMY HUMPHREY 3305 NORTH UNIVERSITY AVE PROVO UT 84604</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.RISINGSTAROUTREACH.ORG		L Year of formation: 2001 M State of legal domicile: UT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	6	
	6 Total number of volunteers (estimate if necessary)	6	126	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,530,821	Current Year 1,026,277
		9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		73,794	58,439	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,217	83,175	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,674,832	1,167,891	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,262,008	950,554
		14 Benefits paid to or for members (Part IX, column (A), line 4)		0
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	324,600	295,019
		16a Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,444		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181,639	209,721
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,768,247	1,455,294	
19 Revenue less expenses. Subtract line 18 from line 12	-93,415	-287,403		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 964,826	End of Year 786,816	
	21 Total liabilities (Part X, line 26)	11,500	13,260	
	22 Net assets or fund balances. Subtract line 21 from line 20	953,326	773,556	

Part II Signature Block

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	Signature of officer: Date: 8/15/2016
	Type or print name and title: AMY HUMPHREY SECRETARY & TREAS
Paid Preparer Use Only	Print/Type preparer's name: RUSSELL D. OLSEN, CPA Preparer's signature: Date: 8/15/2016 Check <input type="checkbox"/> if self-employed PTIN: P00236478
	Firm's name: LARSON & COMPANY, PC Firm's EIN: 87-0516083
	Firm's address: 765 N. MAIN ST SPANISH FORK, UT 84660 Phone no.: 801-798-3545