

Form **990**

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning **04/01/16**, and ending **03/31/17**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
RISING STAR OUTREACH, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3305 N UNIVERSITY AVENUE STE 250

City or town, state or province, country, and ZIP or foreign postal code
PROVO UT 84604

D Employer identification number
02-0532420

E Telephone number
801-820-0466

G Gross receipts \$ **1,432,123**

F Name and address of principal officer:
AMY HUMPHREY
3305 NORTH UNIVERSITY AVE
PROVO UT 84604

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.RISINGSTAROUTREACH.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2001** **M** State of legal domicile: **GA**

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	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	78
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,026,277	1,269,348
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,439	52,579
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,175	67,455
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,167,891	1,389,382
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	950,554	651,584
	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)	295,019	315,051
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,840		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	209,721	141,656
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,455,294	1,108,291	
19 Revenue less expenses. Subtract line 18 from line 12	-287,403	281,091	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	786,816	1,445,975
	22 Net assets or fund balances. Subtract line 21 from line 20	13,260	6,029
		773,556	1,439,946

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: **AMY HUMPHREY** Date: _____
Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **RUSSELL D. OLSEN, CPA** Preparer's signature: _____ Date: **06/25/18** Check 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**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No