Form 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 2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning $04/01/13$, and ending $03/31/14$						
В	Check if applicable:	C Name of organization		D Employ	ver identification number	
X	Address change	RISING STAR OUTREACH, INC.				
\Box	Name change	Doing Business As		02-	0532420	
\equiv		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	one number	
\mathbb{H}	Initial retum	3305 NORTH UNIVERSITY AVENUE	250	801	820-0466	
Ш	Terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended return	PROVO UT 84604		G Gross rece	eipts \$ 1,491,700	
$\overline{\Box}$	Application pending	F Name and address of principal officer.				
Ш	policial policing		H(a) Is this a gro	oup return for s	ubordinates? Yes No	
	,		H(b) Are all subordinates included? Yes No			
			If "No,"	attach a list.	(see instructions)	
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527				
J	Website: ▶ www.risingstaroutreach.org H(c) Group		H(c) Group exer	mption numbe	r >	
K	Form of organization:	X Corporation Trust Association Other ► L Yea	ar of formation: 2	001	м State of legal domicile: UT	
P	art I Su	ımmary				
1 Briefly describe the organization's mission or most significant activities:						
ė	See	Schedule 0				
anc						
ern						
Governance	2 Check th	s box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net asse	ets.		
ૐ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	40	
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	40	
Activities	5 Total nun	nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	7	
٩cti		nber of volunteers (estimate if necessary)			230	
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0	
	b Net unrel	ated business taxable income from Form 990-T, line 34		. 7b	0	
			Prior Yea		Current Year	
ē	8 Contribut	ons and grants (Part VIII, line 1h)	1,093	3,836	1,348,158	
Revenue	9 Program	service revenue (Part VIII, line 2g)			0	
Zev	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	0.66	2	47,118	
_		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,955	40,850	
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,793	1,436,126	
	1	nd similar amounts paid (Part IX, column (A), lines 1–3)	498	3,936	648,952	
		paid to or for members (Part IX, column (A), line 4)	0.00		0	
es	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	262	2,633	290,293	
benses		nal fundraising fees (Part IX, column (A), line 11e)			U	
Exp		draising expenses (Part IX, column (D), line 25) ▶ 21,321	17/	001	040 040	
		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,931	240,240	
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,500	1,179,485	
= 88		less expenses. Subtract line 18 from line 12	4∠4 Beginning of Cur	1,293	256,641 End of Year	
Net Assets or Fund Balances	20 Total ass	ote (Part V. line 16)		1,076	1,176,351	
Asse	21 Total liab	lilities (Part X, line 26)		9,068	9,367	
Net	22 Net asset	s or fund balances. Subtract line 21 from line 20		5,008	1,166,984	
1075757575	1.11.0000000000000000000000000000000000	gnature Block	, , ,	370001	2/100/301	
-		perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the hest	t of my know	wledge and helief it is	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
7-19-14						
Sign Signature of officer Date						
Here TYLER VIGUE EXECUTIVE DIRECTOR						
Type or print name and title						
	Print/Type	preparer's name Preparer's synature	Date	, Check	if PTIN	
Paid	Russel	1 D. Olsen, CPA Kussell A Olsen, CPA	8/14/	14 self-emp	Dloyed P00236478	
Pre	parer Firm's na	Tarabara C. Carrana D.C.	Fi	rm's EIN ▶	87-0516083	
Use Only 765 N. Main St						
Firm's address > Spanish Fork, UT 84660 Phone no. 801-798-3545						
May the IRS discuss this return with the preparer shown above? (see instructions)						