

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014
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 2014 calendar year, or tax year beginning 04/01/14, and ending 03/31/15

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): **3305 NORTH UNIVERSITY AVENUE**
 Room/suite: **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: **1,724,692**

F Name and address of principal officer:

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**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2001**

M State of legal domicile: **UT**

H(c) Group exemption number

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)	37		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	37		
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	8		
	6	Total number of volunteers (estimate if necessary)	135		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
	7b	Net unrelated business taxable income from Form 990-T, line 34	0		
	Revenue			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	1,348,158	1,530,821
9		Program service revenue (Part VIII, line 2g)		0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,118	73,794	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,850	70,217	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,436,126	1,674,832	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	648,952	1,262,008
		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)	290,293	324,600
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	22,785		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,240	181,639	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,179,485	1,768,247	
	19	Revenue less expenses. Subtract line 18 from line 12	256,641	-93,415	
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
		20	Total assets (Part X, line 16)	1,176,351	964,826
21		Total liabilities (Part X, line 26)	9,367	11,500	
22	Net assets or fund balances. Subtract line 21 from line 20	1,166,984	953,326		

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: *Tyler Vigue* Date: **8/10/15**
TYLER VIGUE EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

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