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.

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

Name of organization: RISING STAR OUTREACH, INC.

Address change: None

Name change: None

Initial return: Terminated

Final return: Terminated

Amended return: None

Application pending: No

Employer Identification number: 02-0532420

Gross receipts: $1,213,614

Tax-exempt status: 501(c)(3)

Website: WWW.RISINGSTAROUTREACH.ORG

Form of organization: Corporation

Year of formation: 2001

State of legal domicile: UT

Summary

1. Briefly describe the organization's mission or most significant activities:

   SEE SCHEDULE O

2. Check this box ☐ 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)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2015 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

Revenue

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue – add lines 8 through 3 (must equal Part VIII, column (A), line 12)

13. Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

16b. Total fundraising expenses (Part IX, column (D), line 25)

17. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

Expenses

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 28)

22. Net assets or fund balances. Subtract line 21 from line 20

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.

Date: 08/15/2016

SIGNATURE OF OFFICER

AMY HUMPHREY
SECRETARY & TREAS

Print/Type preparer's name

RUSSELL D. OLSEN, CPA

Preparer's signature

8/15/2016

Check if self-employed

PTIN: 00236478

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☐ No ☐