

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)

2017
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **04/01/17**, and ending **03/31/18**

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 RISING STAR OUTREACH, INC.		D Employer identification number 02-0532420
	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		E Telephone number 801-820-0466
	City or town, state or province, country, and ZIP or foreign postal code PROVO UT 84604		G Gross receipts \$ 1,284,558
	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? <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	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: UT	

Part I Summary		Prior Year	Current Year
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	36
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	108
	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)	1,269,348	1,129,878
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,579	83,087
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,455	22,620
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,389,382	1,235,585
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		315,051	313,439
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 64,109			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,656	243,426
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,108,291	1,419,955	
19 Revenue less expenses. Subtract line 18 from line 12	281,091	-184,370	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,445,975	1,488,999
	21 Total liabilities (Part X, line 26)	6,029	10,380
	22 Net assets or fund balances. Subtract line 21 from line 20	1,439,946	1,478,619

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: <i>Amy Humphrey</i> AMY HUMPHREY Type or print name and title	Date: 7/25/2018 EXECUTIVE DIRECTOR
Paid Preparer Use Only Print/Type preparer's name: RUSSELL D. OLSEN, CPA Preparer's signature: <i>Russell Olsen CPA</i> Date: 07/25/18 Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN: P00236478 Firm's name: LARSON & COMPANY, PC Firm's address: 765 N. MAIN ST SPANISH FORK, UT 84660 Firm's EIN: 87-0516083 Phone no.: 801-798-3545	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)