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Form **990** (Rev. January 2020)
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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04/01/19 , and ending 03/31/20

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
3521 NORTH UNIVERSITY AVE, 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 $ 3,346,243

F Name and address of principal officer:
AMY HUMPHREY
3521 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: UT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
RISING STAR OUTREACH EMPOWERS INDIVIDUALS AND FAMILIES TO RISE ABOVE THE STIGMA ASSOCIATED WITH LEPROSY, AND TO LIVE HEALTHY PRODUCTIVE LIVES THROUGH QUALITY EDUCATION, MEDICAL CARE, AND COMMUNITY DEVELOPMENT.

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)	3	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	17
6 Total number of volunteers (estimate if necessary)	6	62
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,424,156	2,893,248
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,883	84,343
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,040	190,845
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,528,079	3,168,436

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,042,252	816,754
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)	353,894	501,944
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,451		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	253,007	330,747
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,649,153	1,649,445
19 Revenue less expenses. Subtract line 18 from line 12	-121,074	1,518,991

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,379,858	2,932,852
21 Total liabilities (Part X, line 26)	22,313	56,316
22 Net assets or fund balances. Subtract line 21 from line 20	1,357,545	2,876,536

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 — Date

AMY HUMPHREY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD SCORESBY, CPA	RICHARD SCORESBY, CPA			P00573067

Firm's name ▶ LARSON & COMPANY, PC — Firm's EIN ▶ 87-0516083
Firm's address ▶ 11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123 — Phone no. 801-313-1900

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

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