

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2018
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 2018 calendar year, or tax year beginning 04/01/18, and ending 03/31/19

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: **1,561,296**

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**

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: 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 <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)	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	33
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	12
	6	Total number of volunteers (estimate if necessary)	124
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,129,878 Current Year: 1,424,156
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,087 80,883
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,620 23,040
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,235,585 1,528,079
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	863,090 1,042,252
	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)	313,439 353,894
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	17	b Total fundraising expenses (Part IX, column (D), line 25) 94,967	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	243,426 253,007
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,419,955 1,649,153
	19	Revenue less expenses. Subtract line 18 from line 12	-184,370 -121,074
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,488,999 End of Year: 1,379,858
	21	Total liabilities (Part X, line 26)	10,380 22,313
	22	Net assets or fund balances. Subtract line 21 from line 20	1,478,619 1,357,545

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: **BRIAN SHEETS** Date: _____
 Title: **TREASURER/CFO**

Paid Preparer Use Only

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