

**Return of Organization Exempt From Income Tax**

**2010**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning 4/1/2010, and ending 3/31/2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Rising Star Outreach, Inc.  
 Doing Business As same as above  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
483 East 100 South  
 City or town, state or country, and ZIP + 4  
Provo UT 84606-4748

**D** Employer identification number 02-0532420  
**E** Telephone number (801) 820-0466

**F** Name and address of principal officer:  
Becky Douglas 205 W 76th Street Apt 6F, New York, NY 10023

**G** Gross receipts \$ 1,188,046

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates 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: GA

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Humanitarian aid to the disabled, abandoned and orphaned children in India as well as to provide food, clothing and shelter.</u>		
	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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	120
	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 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	807,484	1,016,140
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	293
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,779	150,980
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	921,263	1,167,413
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	774,600	687,056
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	142,614	199,633
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>8,322</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	66,885	205,453
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	984,099	1,092,142	
19 Revenue less expenses. Subtract line 18 from line 12	-62,836	75,271	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 388,733	End of Year 382,860
	21 Total liabilities (Part X, line 26)	0	4,280
	22 Net assets or fund balances. Subtract line 21 from line 20	388,733	378,580

**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: [Signature] Date: Oct. 4, 2011  
 Type or print name and title: Steele Hendershot / COO Date: Oct. 4, 2011

**Paid Preparer's Use Only**  
 Print/Type preparer's name: Rachel Berhannan Preparer's signature: [Signature] Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01504082  
 Firm's name ▶ BBS Firm's EIN ▶ 27-4887747  
 Firm's address ▶ P.O. Box 920032 Norcross, Georgia 30010 Phone no. (678) 938-8710

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** (2010)