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# Form **990**

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

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

<u>~</u>	FOI THE		C Name of organization Dayspring Outreach Ministries	nuing	T	, 20		
В	Check if	D Employe	D Employer identification number					
Ш	Address	change	20-0016867					
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address)	m/suite	E Telephor	ne number		
	Initial ref	turn	3702 E 10th ST  City, town or post office, state, and ZIP code		<u> </u>	417-781-3211		
	Termina	ted						
	Amende	ed return		G Gross receipts \$ 304,210.				
	Applicat	ion pending	F Name and address of principal officer	H(a) is the	nis a group return for affiliates? Yes No			
			Roger Tomlinson	H(b) Are	all affiliates in	cluded? · 🗌 Yes 🔲 No		
<u>L</u>	Tax-exe	mpt status	√ 501(c)(3)      □ 501(c) ( )      (insert no ) □ 4947(a)(1) or □ 52	27If '	'No," attach a	list (see instructions)		
J	Website	: ► http	o://dayspring.us/	H(c) Gro	up exemption	number ▶		
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ormation 200	4 M State	of legal domicile TX		
Р	art I	Summ	ary					
	1	Briefly de	escribe the organization's mission or most significant activities. To	reach the cour	try of Mexic	co with the Gospel of		
•			rist through evangelism and humanitarian aid and increase the mission					
ž								
ra a								
Š	2	Check th	is box ▶☐ if the organization discontinued its operations or dispos	ed of more tha	an 25% of	ts net assets.		
Ğ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	5		
80	4	Number	of independent voting members of the governing body (Part VI, line	1b)	4	4		
ığ:	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	0		
Activities & Governance	6		nber of volunteers (estimate if necessary)		6	30		
	7a		elated business revenue from Part VIII, column (C), line 12		7a	0		
	b		lated business taxable income from Form 990-T, line 34		. 7b	0		
_				Prior	Year	Current Year		
	8	Contribu	tions and grants (Part VIII, line 1h)		213,102.	246,309		
Revenue	9		(D. 1.) (III. 1 - 1. O. 5		22,046.	57,886.		
	10	_	ent income (Part VIII, line 2g) RECFIVED ent income (Part VIII, column (A), lines 3, 4, and 7d)		6.	16		
æ	11	Other rev	venue (Part VIII, column (A), lines 5,-6d, 8c, 9c, 10c, and 11e)	•	0.	10		
	12		enue – add lines 8 through 11 (mus Eegual PartiVIII, ຊວໄງທຸກຊ(A), line 12	,		204 210		
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	-,	235,154. 0	304,210		
	14		paid to or for members (Part IX, column (A), line 4)		0	0.		
	1		other compensation, employee benefits (Part-IX, column (A), lines 5-10	; <del> </del>				
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	, <del>                                    </del>	37,475.	39,950		
e	h			;	0	0.		
ᄶ	b		draising expenses (Part IX, column (D), line 25) ► 13,203 penses (Part IX, column (A), lines 11a–11d, 11f–24e) .	<u>s.                                    </u>	244 222	250.004		
	17		, , , , , , , , , , , , , , , , , , , ,		211,329	259,234		
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	•	248,804	299,184.		
	+	nevenue	less expenses. Subtract line 18 from line 12	Beginning of	-13,650	5,026 End of Year		
ets or		Tatal ass	ote (Part V. line 10)	Degining or				
Asse Rafa	20		sets (Part X, line 16)	•	207,126.	207,382.		
Net Asse	21		bilities (Part X, line 26)	•	84,779.			
_			ts or fund balances Subtract line 21 from line 20	<u>. L</u>	131,980.	127,670		
_	art II		ture Block					
			iry, I declare that I have examined this return, including accompanying schedules and lete Declaration of preparer (other than officer) is based on all information of which pre			ny knowledge and belief, it is		
		1		7				
e:	~~	Sugar	abuse of affices		Data			
Sig	-	J Sign	ature of officer	ı	Date			
пе	ere	_						
_		<del></del>	e or print name and title	Data	<del></del>	DTIN		
Pa	aid	Print/Ty	pe preparer's name Preparer's signature	Date	Check [	<b>—</b> 1		
Pr	epare	er	self-emp	ployed				
Us	se On			F	irm's EIN ▶			
			address >	<u> </u>	hone no			
Ma	ay tne II	HS discus	s this return with the preparer shown above? (see instructions) .			. 🔲 Yes 🗌 No		

Form 990 (2012)

Part	<del></del>
1	Check if Schedule O contains a response to any question in this Part III
,	To advance the gospel of Christ to Mexico through missionary support, humanitarian works, native church building and support,
	evangelism, and other ministries. To increase a vision in Americans and the American churches through short term mission
	experiences, on site training, mission services, presentations, and conferences.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ 29,808 including grants of \$ 0 ) (Revenue \$ 0 )
	Humanitarian Services - Dayspring provides food, clothing, medical assistance and other services to those affected by natural
	disasters, extreme poverty, and other problems. We operate an orphanage in the city of El Higo, Veracruz, that provides a safe home
	for children that are orphans & those that have been removed from the home because of abuse and neglect. We provide food, shelter,
	education, medical care, psychological counselling, dental care and all other needs for the children in our children's home in El
	Higo Dayspring provides meals for hundreds of children in Reynosa, Tamaulipas and La Haciendita, Nuevo Leon on a weekly basis
	Families living in those communities are extremely poor and have been torn apart by the current violence leaving the children
	without sufficient food. Our workers provide physical and spiritual care for those families and their children.
4b	(Code:) (Expenses \$
	Mexican Churches and Pastors - Dayspring operates a network of over 50 native churches in Mexico. Dayspring is a church
	planting organization with ongoing evangelistic ministry throughout the country of Mexico and church building projects. We
	minister in five Mexican states spanning the entire length of the country. We currently have ministries to four different language
	groups and several unreached people groups. Our churches are in remote jungles, desert mountains, remote villages, and inner city
	neighborhoods. Dayspring is also responsible for pastoral training, which is accomplished through our video bible school and
	pastoral conferences and retreats. We currently are responsible for the spiritual growth and care of over 100 native pastors, evangelists, and native missionaries and their churches and congregations.
	evangensis, and native inissionales and their charcies and congregations.
4c	(Code. ) (Expenses \$ 83,486. including grants of \$ 0 ) (Revenue \$ 0)
	Missionary Support and Training - Dayspring currently provides support for 22 full time American and native missionaries and
	their families located in Mexico and the United States. They are involved in various types of ministry and works throughout Mexico
	and the USA, including children's ministries, pastoral and evangelistic ministries, humanitarian works, training and many others.
	Dayspring operates a seven month missionary training school to prepare individuals from the USA and Latin America for ministry service as music ministers, pastors, and full time missionaries. In the school, students learn basic discipleship, theology,
	languages, first aid and emergency medical training, health and missionary survival. The students are prepared through classroom
	training and hands on practice. Our students have gone on to become missionaries, pastors, youth and worship leaders, and other
	ministers in both the USA, Mexico, and Latin America.
	Otherwise and (December 2011 of LOC)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 100 231 including grants of \$ 0.) (Revenue \$ 57.886.)
- 40	(Expenses \$ 100,231, including grants of \$ 0 ) (Revenue \$ 57,886. )

ert	Checklist of Required Schedules		<del></del> 1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>√</b>	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
6	Part III	5		<b>✓</b>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	1 1		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
c d	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		<b>√</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b 10	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	<b>√</b>
14 a		14a	<del> </del>	<b>-</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>/</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	_	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<b>V</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	004	) (00°°°
		For	™ みみ(	(2012)

Form 99	0 (2012)		F	age 4
Part	V Checklist of Required Schedules (continued)			
04	Did the constant and the effective of the effective of the end of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>▼</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<b>-</b>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		/
		Ear.	QQ(	2012

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i l		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	i l		
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ľ		
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<b>-</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e L		
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<del>                                     </del>
-	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			-
	organization, have excess business holdings at any time during the year?	8		<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.	٠.		
a	Did the organization make any taxable distributions under section 4966?	9a	-	<b> </b> ✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	<b> </b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	-		
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		1
С	Enter the amount of reserves on hand	<del></del>	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	<b>  ✓</b>
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes								
	Check if Schedule O contains a response to any question in this Part VI				VIIS.				
Secti	on A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 4			,				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business in	elationship with							
	any other officer, director, trustee, or key employee?		2		✓_				
3	Did the organization delegate control over management duties customarily performed by or		3						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		<u>/</u>				
5 6	Did the organization become aware during the year of a significant diversion of the organization but the organization have members or stockholders?	on s assets?.	5 6		<b>√</b>				
7a	Did the organization have members stockholders, or other persons who had the power to	elect or appoint	•		<del>                                     </del>				
	one or more members of the governing body?		7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,							
	stockholders, or persons other than the governing body?		7b		<b>/</b>				
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			;				
	the year by the following.			,	ļ				
a	The governing body?		8a 8b	<b>√</b>					
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supported in the governing body:	ot be reached at	00	<u> </u>	<del> </del>				
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1				
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C	ode.)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>/</b>				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	=		_	<del> </del>				
12a			12a	<b>✓</b>					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	<b>✓</b>					
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"		,					
40	describe in Schedule O how this was done		12c	<b>√</b>	-				
13 14	Did the organization have a written whistleblower policy?		14	<i>y</i>					
15	Did the process for determining compensation of the following persons include a review a	and approval by	'	_					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				1				
а	The organization's CEO, Executive Director, or top management official		15a	1					
b	Other officers or key employees of the organization		15b	✓	ļ				
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	lar arranasass							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		1				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization		104		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
_	participation in joint venture arrangements under applicable federal tax law, and take steps		ŀ						
	organization's exempt status with respect to such arrangements?		16b						
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed >			-1/01					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available Check all that apply.	ina 990-1 (Sectio	n 501(	(C)(3)S	s only)				
	✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Sc	hedule (1)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing doci		of inte	rest r	oolicy.				
	and financial statements available to the public during the tax year.				•				
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	9					
	organization: ► Roger Tomlinson - 3702 E 10th ST, Joplin, MO 64801-5624								

orm	990	(2012)	

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
	(C)										
(A)	(B)	(40.0	مام ام	Pos		than c		(D)	(E)	(F)	
Name and Title	Average					ıs both		Reportable	Reportable	Estimated	
	hours per week (list any		_			or/trust	<del></del> -	compensation from	compensation from related	amount of other	
	hours for	or d	Inst	Officer	ě	High	Form	the	organizations	compensation	
	related organizations	rec	tutio	er	Key employee	nest bloye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	or tr	na		ջ	eom		(1, 2, 1000 111100)		and related	
	line)	Individual trustee or director	Institutional trustee		8	pen				organizations	
		Ф.	tee			Highest compensated employee		•			
					-		-				
(1) Roger Tomlinson	60 hr/wk						:				
1002 Rex AVE, Joplin, MO 64801-5650		✓		✓				32,300			
(2) Richard Robison	5 hr/wk										
2509 E Cherokee ST, Blacksburg, SC 29702-7375		<b>✓</b>		✓				0			
(3) Michael Schneider	5 hr/wk	,		,							
PO Box 9, Wiley CO 81092-0009		<b>✓</b>		✓			-	0			
(4) Whitney Thetge	20 hr/wk	<u> </u>			<b>,</b>						
3608 E 10th St, Joplin, MO 64801-5627	5 harbards				<b>  *</b>		-	7,650			
(5) Mike Pinkelman P.O. Box 280, Brewster, KS 67732-0280	5 hr/wk	1		1				0			
(6)	<u> </u>	<b>-</b>		<b> </b>			<del>  -</del>				
		1									
(7)											
(8)	ļ		ŀ								
					<u> </u>	ļ	<u> </u>				
<u>(9)</u>											
(10)					-		┝				
(10)		{									
(11)				-	<u> </u>		$\vdash$				
3		ĺ									
(12)					-						
					<u> </u>		_				
(13)	ļ			'							
<del></del>			_			ļ <u>.</u>					
(14)	<b> </b>	{									
	I	l .	i	1	ı	I	I	I	ľ	I	

Part		ees, Key E (B)	mploy	yees	(0	nd F C) ition	lighes	st C			ntinued			
	(A) Name and title		box, office	unles er and	eck s pe d a d	more rson irect	than on the state of the state	an ee)	(D) Reportable compensation from the	(E)  Reportable compensation fr related organizations		Estimate amount other compensa		<b>.</b> n
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fror orgar and	n the nization related ization	1
(15)													-	
(16)														
(17)														
(18)														
(19)				_		<u> </u>								
(20)														
(21)														
(22)														
(23)					<u> </u>			_						
(24)														
(25)														
1b c d	Sub-total		n A					<b>&gt;</b>	39,950		0 0			0
2	Total number of individuals (including bur reportable compensation from the organi	t not limited						e) w	ho received m			of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compens	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$	ble	con 000	npe: )? <i>I</i>	nsatio f "Ye					4		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any			zation or indiv	/idual	5		1
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear													ax
	(A) Name and business add	lress							(B) Description of s	services	C	(C) ompens	ation	
N/A														
		<del></del>												
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

Form **990** (2012)

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a resp	onse to any quest				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts 1ts	1a	Federated campaigns 1a	0				
3ra Ioui	b	Membership dues 1b	o				1
Is, (	С	Fundraising events 1c					ļ
를 さ	d	Related organizations 1d	<del></del>				i.
Sim	e	Government grants (contributions) 1e	0				
er t	f	All other contributions, gifts, grants, and similar amounts not included above					1
ē t		and similar amounts not included above 11 Moncash contributions included in lines 1a-1f.	246,309.				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a–1f		246 200			,
		Total. Add lines ra-II	Business Code	246,309.		1,	
nua	2a	Mission Trip Fees	721000	57,886	 57,886.	0	0
Rev	b		721000	37,000	37,000.		<u>_</u>
<u>ë</u>	c				,		
ěrv	d						
Program Service Revenue	е			-			
gra	f	All other program service revenue.					
ځ	g	Total. Add lines 2a-2f .	▶	57,886.			,
	3	Investment income (including dividence)	dends, interest,				
		and other similar amounts)	▶	16.	0	0	0
	4	Income from investment of tax-exempt I	oond proceeds	0	0	0	0
	5	Royalties	(II) Personal	0	0	0	0
	60	<u>''</u>	0 0				
	6a b		0 0				E
	C		0 0				
	d	Net rental income or (loss) .	<u>, , , , </u> ▶	0	0	0	0
	7a	Gross amount from sales of (i) Securities	(II) Other	Ť	<u></u>		
		assets other than inventory					·
	b	Less cost or other basis		İ			
		h	0 0				
	С		0 0	-			; -
	d	Net gain or (loss)	•	0	0	0	0
anue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c).					
r.		See Part IV, line 18	al ol				
the	b		b 0				
0		Net income or (loss) from fundraising	<u> </u>	o		0	l
		Gross income from gaming activities.					
		See Part IV, line 19	a 0				
	b		b 0				
	С	Net income or (loss) from gaming ac		0	0	0	0
	10a	Gross sales of inventory, less	1				
	_	returns and allowances	<u> </u>				
			b0	ļ			
	С	Net income or (loss) from sales of in  Miscellaneous Revenue	ventory > Business Code	0	0	0	0
	11a		+		•	_	1
	11a b		0	0	0	0	
	C		0	0		0	<del></del>
	ď	All other revenue	0	0	0		
	е	Total. Add lines 11a-11d	•	0			
	12	Total revenue. See instructions	<b>•</b>	204 211	57 996		16

### Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	ll other organization	s must complete coll	umn (A).
	Check if Schedule O contains a respon-			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 .				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 .				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	39,950.	27,965.	7,990.	3,995.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,000	2,,000		37323
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
b c d	Legal	1,691. 8	1,691., 8	0	0
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 13	Advertising and promotion	0.404	5.547	640	225
14	Information technology	6,491 392	5,517. 274.	649. 59.	325. 59
15 16	Royalties	41,073.	34,296	3,389.	3,389
17 18	Travel	38,544.	36,617	0	1,927
19	Conferences, conventions, and meetings .	1,811	1,630 .	0	181
20 21	Interest	10,145.	8,116.	1,015.	1,015.
22	Depreciation, depletion, and amortization .	10,063.	9,057.	0	1,006.
23	Insurance	12,989.	9,092.	2,598.	1,299.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Missionary Support	73,264.	73,264.	0	0
b	Short Term Trip Expenses	13,443.	12,009.	1,344.	0
C	Vehicle Maintenance  Native Pastor and Church Support	22,848	22,848.	0	0
d e	All other expenses See Schedule 0	22,853. 3,635.	22,853. 3,616.	10	<u>0</u> 10
25	Total functional expenses. Add lines 1 through 24e	299,200.	268,930	17,051.	13,203.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	200/2001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	following SOP 98-2 (ASC 958-720)	0	o	o	0
					Form <b>990</b> (2012)

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 18,073 1 24,859 1 Cash—non-interest-bearing . . . . . . . . . . 2 2 Savings and temporary cash investments 1,451. 4,616. 3 3 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net . . . . . 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a |10b| Less accumulated depreciation . . . . 187.970 10c 177,907. b 67,851 11 11 Investments—publicly traded securities . . . 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments-program-related. See Part IV, line 11 . . . 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . 207.494 16 207,382 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 17 Accounts payable and accrued expenses 22,214. 20,300 18 18 Grants payable . . . . . 19 19 Deferred revenue . 20 20 Tax-exempt bond liabilities . . . Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . 62,620. 25 59,412. 26 Total liabilities. Add lines 17 through 25 84,834. 26 79,712. Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 . . . 27 Unrestricted net assets 122,660 127,670. 28 0 28 Temporarily restricted net assets . . . 0 29 0 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds . . . . . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 33 Total net assets or fund balances . . . . . . . 127,670 122,660 Total liabilities and net assets/fund balances . 207,494 34 207,382.

Page	1	2

rom 9				r	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	04,211.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	99,200.
3	Revenue less expenses. Subtract line 2 from line 1	3			5,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		1	22,660.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	<u> 27,671.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$\frac{\perp}{\perp}$
				Yes	No
1	Accounting method used to prepare the Form 990. 🗹 Cash 🔲 Accrual 🔲 Other		_		1 .
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	n	1	
	Schedule O.				-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b></b>	<b>↓</b> ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (	or		
	reviewed on a separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				` ز ا
b	Were the organization's financial statements audited by an independent accountant?	٠, ٠	. 2b		<b>↓</b> ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a ===		<b>!</b> ,
	separate basis, consolidated basis, or both.			-	
	Separate basis Consolidated basis Both consolidated and separate basis			-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		_	1	١,
			<u> </u>	<del> </del>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O	piain	ın I	_	r
_		fa wha	_		-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		I		1,
			3a	+	+
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ie     3b		
	required addition additis, explain why in schedule O and describe any steps taken to undergo such a	uuits	1 7		0,004.51
			Fo	rm <b>9</b> 9	<b>0</b> (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

		Outreach Mini			·						16867
Pa				rity Status (All orga			· · · · · · · · · · · · · · · · · · ·			nstructio	ons.
The	-		-	tion because it is: (Fo		_	-	•	•		
1				nes, or association of			ed in sec	tion 170(	b)(1)(A)(ī)	<b>)</b> _	
2				170(b)(1)(A)(ii). (Attac							
3				spital service organiza							
4			~	n operated in conjund	ction with	a hospit	al describ	ed in <b>se</b>	ction 170	X(b)(1)(A)	(iii). Enter the
_		-	e, city, and state								
5		_	n operated for t )(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or (	operated	by a gov	vernment	al unit described in
6	ПΑ	federal, state	e, or local govern	nment or government	al unit de	scribed in	section	170(b)(1	)(A)(v).		
7	☐ Aı	n organizatio	n that normally	receives a substantia (A)(vi). (Complete Par	l part of					it or fron	n the general public
8	□A	community t	rust described in	n section 170(b)(1)(A)	<b>(vi).</b> (Con	npiete Pa	ert II.)				
9				receives: (1) more tha							
				to its exempt funct							
				nt income and unrel						n 511 ta	x) from businesses
			=	fter June 30, 1975. Se					-		
10		_	-	operated exclusively		-	-			-	
11				d operated exclusive							
				licly supported organ describes the type of a							
		☐ Type I	b 🗌 Type	• •							ionally integrated
•	_	• •	• •	that the organization		•	_				
				rs and other than one							
	or	r section 509	(a)(2).			•	, -	_			
f			ation received a	written determination	on from t	the IRS t	hat it is	а Туре	I, Type I	l, or Typ	· · · · · · -
ç		•		ne organization accep	· · ·	aift or ca	 ontributio	 n from a	nv of the		
•		ollowing person		no organization doos,	J. J	g v. v.			., 0		
	(i)			ndirectly controls, eiti					described	din (ii) a	
	۵.			ody of the supported of	-						11g(i) ✓
		-	-	on described in (i) abo							11g(ii) ✓
			-	a person described in							11g(iii) √
				on about the support			<del>,</del>		1		1
(t		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify azation in	organizat	s the ion in col.	(vii) Amount of monetary support
	- 0			above or IRC section		document?	∞r_(t)	of your port?	(i) organiz	zed in the S.?	
				(see instructions))	Yes	No	Yes	No	Yes	No No	1
(A) <sub>N</sub>	/Δ										
	<u></u>						1			<b></b>	
(B)							i i		İ		1
(C)		-									
<del></del>											
(D)						]					1
 (E)						<del> </del>		<del></del>	<del>                                     </del>	<del> </del>	
<del></del>					ļ					ļ	
Tota	러							1	1		

Part	II Support Schedule for Organiza	tions Desci	ribed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		]				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						N/A
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	N/A
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			n, or fifth tax y		ion 501(c)(3) ► □
14	Public support percentage for 2012 (line 6		·	11 column (fl)		14	%
15	Public support percentage from 2011 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/23% support test—2012. If the organization qua						
b	331/a% support test—2011. If the organ check this box and stop here. The organ	nization did n	ot check a bo	x on line 13 o	r 16a, and line		6 or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts acts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd <b>stop here</b> . as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the "fact	e "facts-and-c ts-and-circums	ircumstances" stances" test.	' test, check t The organization	his box and	a, and line stop here.
18	Private foundation. If the organization di					ck this box an	

**▶** □

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

C4:	in the organization rails to quality	under the tes	is isted belo	w, please co	mpiete Part i	1.)	
	on A. Public Support			<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		1		ļ		
_	received. (Do not include any "unusual grants.")	346,907.	329,608.	238,308.	213,102.	246,268.	1,374,193.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			:		1	
	furnished in any activity that is related to the organization's tax-exempt purpose	114,303.	58,347.	76,109.	22,046	57,886.	220 601
3	Gross receipts from activities that are not an	1 14,303.	38,347.	76, 109.	22,046	37,880.	328,691.
U	unrelated trade or business under section 513	Ì	i		i	1	
_	_	0	0	0	0	0	0
4	Tax revenues levied for the			1			
	organization's benefit and either paid					-	
	to or expended on its behalf	0	o	0	0	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the			i		l	
	organization without charge	o	اه	ol	ol	اه	0
6	Total. Add lines 1 through 5	461,210.	387,955.	314,417.	235,148.	304,154.	1,702,884.
_	Amounts included on lines 1, 2, and 3	401,210.	307,933.	314,417.	233,146.	304,134.	1,702,004.
	received from disqualified persons .						_
	· · ·	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	·	1			1	
	persons that exceed the greater of \$5,000	Ì	1		1		
	or 1% of the amount on line 13 for the year	0	o	0	0	o	0
C	Add lines 7a and 7b	0	0	0	0	o	0
8	Public support (Subtract line 7c from				1		
	line 6.)	1	1	j	ļ		1,702,884.
Secti	on B. Total Support	·		<del></del>	<del></del>	<del></del>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	461,210.	387,955.	314,417.	235,148.	304,154.	1,702,884.
10a	Gross income from interest, dividends,	401,210.	367,333.	314,417.	233,146.	304,134.	1,702,864.
IVa	payments received on securities loans, rents,	į.		1		•	
	royalties and income from similar sources .			}		j	
	· ·	132.	29.	3.	6.	16.	186.
b				ļ			
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0		
C	Add lines 10a and 10b	132.	29.	3.	6.	16.	186.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	o	o	o	o	0
12	Other income. Do not include gain or						<del>-</del>
	loss from the sale of capital assets					]	
	(Explain in Part IV.)		ا		ا		•
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0		0
13	and 12.)						
44	•	461,342.	387,984.	314,420.	235,154.	304,170	1,703,070.
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he		· · · ·	<u> </u>	· · · ·		▶ 🛘
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2011 Sch	nedule A, Part I	II, line 15 .			16	100 %
Secti	on D. Computation of Investment In-	come Percer	ntage				_
17	Investment income percentage for 2012 (			line 13. colun	nn (fl)	17	0 %
18	Investment income percentage from 2011					18	0 %
19a	331/s% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						
		-	-			-	
b	331/a% support tests—2011. If the organiz line 18 is not more than 331/a%, check this is						
~~	Private foundation. If the organization de		_	-			_
20	- Frivate Councimon, it the Offichization di	n not caeck a l	DOLUMO 1/1	IUS OF TUN A	DOCK THIS DOV	コロロ ちゅう げんけいい	וו 👄 פחחווי

Schedule A (1	Form 990 or 990-EZ) 2012	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
N/A		
	······································	
	······································	
-4		

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization Employer identification number **Dayspring Outreach Ministries** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) 4 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?. ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . Part II. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . . . . . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . . . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part								
3	Using the organization's acquisition, collection items (check all that apply)	•	other reco	rds, chec	k any of th	e follo	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
С	☐ Preservation for future generations							
4	Provide a description of the organization	tion's collections	and expl	aın how t	hey further	the org	ganızatıon's exe	empt purpose in Part
	XIII							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra				janization :	answe	red "Yes" to F	Form 990, Part IV,
	line 9, or reported an amour	nt on Form 990,	Part X, I	ine 21.				
1a		, custodian or ot	ther interr	nediary fo	or contribut	ions o	r other assets	not
	included on Form 990, Part X?							·
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	ollowing to	able:			Amount
_	Daguerra balanca					-		Amount
C	Beginning balance			•		10		<del></del>
d	Additions during the year					10		
e f	Distributions during the year Ending balance					16		
и 2а	Did the organization include an amoun			212			<u>-                                    </u>	. 🗌 Yes 🗹 No
	If "Yes," explain the arrangement in P	· · · · · · · · · · · · · · · · · · ·			n has heen	provid		
	V; Endowment Funds. Compl	ete if the organ	zation a	nswered	"Yes" to F	orm 9	90. Part IV. lir	ne 10.
		(a) Current year		or year	(c) Two year			
1a	Beginning of year balance							
b	Contributions	<del></del>						
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships .							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t			ce (line 1g	g, column (a	)) held	as .	
а	Board designated or quasi-endowmen	nt ▶ <sub></sub>	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ►		000/					
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			zation the	at are hold	and ac	Important for	tha
3a	organization by	e possession or	ine organ	zalion in	at are neiu	and at	irmistered for	Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ		required i	on Sched	ule B?	•		3b
4	Describe in Part XIII the intended uses							. [
Part								
	Description of property	(a) Cost or (invest			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		30,000.		0		-	30,000.
b	Buildings		150,000.		0		13,336.	136,664.
С	Leasehold improvements		27.5.5		0		0	0
d	Equipment				0		0	0
е	Other		67,758.		0		54,515.	11,243.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part	X, columr	n (B), line 10	D(c).)	>	177,907

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				<del></del>
(D) (E)				
(F)				
(G)				<del></del>
(H)				
(I)				<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.)	0		<del></del>
Part VIII	Investments—Program Related	· · · · · · · · · · · · · · · · · · ·		
	(a) Description of investment type	(b) Book value	(c) Method of value	uation
·	(-)	(4) 5551 1415	Cost or end-of-year m	
(1)				<del></del>
(2)			120	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				<del>_</del>
	b) must equal Form 990, Part X, col (B) line 13.)	0		
Part IX:	Other Assets. See Form 990, Pa			(b) Book value
(4)	(i	a) Description		(b) Book value
(1)				
(2)				
(3)	<u> </u>			
<u>(4)</u> (5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	·-·
(10)				
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		0
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	0		
(2) Loan o	n Texas Guesthouse	59,412.		
(3)				
(4)				
(5)				
(6)				
(7)	<u> </u>			
(8)			1	
(9)			1	
(10)			-	
(11)	M.)		{	
	(b) must equal Form 990, Part X, col. (B) line 25 ) ►	59,412		
	SC 740) Footnote. In Part XIII, provide the			
nability for ur	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the loothole has been provided in P	art XIII

Page	4
Page	•

Part XI Reconciliation of Revenue per Audited Financial State  1 Total revenue, gains, and other support per audited financial stateme  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments			1	304,211.
a Net unrealized gains on investments				00 1,2 1 11
			3.50	
	.   2a	0	3.3	
<b>b</b> Donated services and use of facilities	. 2b	0.		
c Recoveries of prior year grants	. 2c	0		
d Other (Describe in Part XIII.)	. 2d	0.		
			2e	0.
3 Subtract line 2e from line 1			3	304,211.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	.   4a	0.	-	
<b>b</b> Other (Describe in Part XIII.)	. 4b	0.		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	•		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,	lıne 12.)		5	304,211.
Part XII Reconciliation of Expenses per Audited Financial Sta		ith Expenses pe	r Return	
			1	299,200.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	.   2a	0.		
<b>b</b> Prior year adjustments	. 2b	0		
c Other losses	. 2c	0		
d Other (Describe in Part XIII.)	. 2d	0		
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	299,200.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	0.		
<b>b</b> Other (Describe in Part XIII.)	. 4b	0.		
· · · · · · · · · · · · · · · · · · ·			4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.) .		5	299,200.
Part XIII Supplemental Information			•	
Complete this part to provide the descriptions required for Part II, lines 3, 5, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d an information				

#### SCHEDULE F 、(Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-0016867

Daysp	ring Outreach Ministries					20-0016867
Part			es Outside	the United States. Com	plete if the organization	n answered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?		e grants or as			
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its	grants and other
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type service(s) in region	expenditures for
(1)	North America	0	0	Program Services	See Part V	48,709
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)	<u> </u>					
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	. 0	0			48,709
b	Total from continuation sheets to Part I	0	0			

c Totals (add lines 3a and 3b)

48,709

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

	1								
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ									
(7)									
<u>ල</u>									
₹									
(2)									
9									
<u> </u>									
<u>@</u>									
6									
10									
<u> </u>									
(12)									
(13)									
(14)									
(15)									
(16)									
							7	•	

Enter total number of other organizations or entities . . .

N

က

Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Yeart III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

Part III Grants ar

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2012

Da	<b>α</b> Δ	4
ra	aе	-

Schedule	e F (Fo	orm 99	0) 2012

Part	V Foreign Forms		<del></del>
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	<b></b> ✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	<b>√</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

ochedule i	v	OITT	330) 2	٠
Part V		S	upp	l

Sun	plementa	l Informa	tion
Oup	picilicita	, ,,,,,,,,,,,,	

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 900 Schedule F Page 1 Part 1 Line 3 (1) Column E
North America - Funds are used for expenses involved in the various program services we preform in the country of Mexico. Our
monitoring process for these funds includes receipts, expense reports, and review by the President and Board of Directors. Program
Services Include Humanitarian, Mexican churches and pastors.

#### SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ. Open to Public Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection **Employer identification number** 

**Dayspring Outreach Ministries** 20-0016867 Form 990 Page 2 Part III Line 4d (Code: N/A ) (Expenses \$ 84,806. including grants of \$ 0 ) (Revenue \$ 57,886. ) Short-Term Mission Trips - In the year of 2012, Dayspring provided mission trips for over 500 individuals. Those individuals were able to experience life as a missionary, be involved in work projects helping churches and the people of Mexico, humanitarian projects, and working with children. While working in a third world country, they learn the importance of giving and service and when they return home, they continue to be involved in service in their home churches and communities. The trip fees and group participation enable Dayspring to impact thousands in Mexico and fulfill our primary purpose. N/A) (Expenses \$ 15,425. including grants of \$ 0) (Revenue \$ USA Mission Ministry - Dayspring promoted missions in the United States through speaking engagements in over 30 churches and organizations. Those engagements included mission conferences, men's retreats, youth conventions, camp meetings and church services. organizations. Those engagements included mission conferences, men's retreats, youth conventions, camp meetings and church services. We help through our follow-up to make that mission experience a life changing experience that will continue to impact the individual as We help through our follow-up to make that mission experience a life changing experience that will continue to impact the individual as well as their families, their churches, and their communities. Dayspring is actively involved in missionary recruiting through the USA ministry. During 2010, Dayspring recruited two new missionary families to serve full time in Mexico working along side other missionaries currently there. Our vision is to reach the American churches with a vision and passion for missions. Form 990 Page 6 Part VI Section B Line 11b Our policy is to electronically mail a copy of IRS 990 to all directors prior to filing with the IRS. The director coordinates this and receives any comments or concerns. Any concern or comments would be discussed in a special meeting of the board of directors either in person or by conference call or online meeting. Form 990 Page 6 Part VI Section B Line 12c The conflict of interest policy is monitored by the board of directors. If any potential conflict of interest issues become evident, whether before or during a transaction by any of the board members, it is communicated to the entire board for monitoring. Separation of decision

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization	Employer identification number
Dayspring Outreach Ministries	20-0016867
Form 990 Page 6 Part VI Section B Line 12c - cont.  making and any other necessary actions needed to preclude a conflict are taken and recorded.	ed in the minutes of the board of directors.
Form 990 Page 6 Part VI Section B Lines 15a & 15b	
The board of directors assigns a member to perform a compensation review for the director	and other key personal as required by IRS
regulations. Various internet resources are used in the review, including the Evangelical Co	ouncil for Financial Accountability annual
compensation review, to compare our compensation. A full report is given to the entire Box	ard of Directors to ensure full disclosure.
Compensation is set at or below current compensation levels indicated by the review.	
Compensation is set at or below current compensation levels indicated by the review.	
Form 990 Page 6 Part VI Section C Line 19	
Our organizational documents, financial statements and IRS Form 990 are available on our v	web sites at www.dayspring.us. People may also
review our IRS form 990 on the www.guidestar.org website. We provide copies of our finance	cial statements and IRS form 990 on demand at
no cost to the requester, either by mail or e-mail. Our governing documents and policies are	e available for review at our home office, We
also have electronic copies to send by e-mail if requested.	