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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

_		ie Service	Information about Form 990 and its instructions is at www.irs.g			22
<u>A</u> _	For the		ndar year, or tax year beginning January 1 , 2013, and ending	Decemi		, 20 13
В	Check if a	applicable	C Name of organization Dayspring Outreach Ministries) Employ	er identification number
	Address of	change	Doing Business As Dayspring Outreach Ministries	i		20-0016867
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		ETelephor	ne number
	Initial retu	ım İ	3702 E 10th ST			417-781-3211
П	Terminate	ed lee	City or town, state or province, country, and ZIP or foreign postal code			
$\bar{\Box}$	Amended		Joplin, Missouri 64801	la	Gross re	oceants \$
H			F Name and address of principal officer:			subordinates? Yes V No
ш	Афрасаци	-				
			Roger Tomlinson	-1		s included? Yes No
<u> </u>		npt status		-{		•
<u>J</u>	Website:		://dayspring.us	H(c) Group e	· · · · · · · · · · · · · · · · · · ·	
			✓ Corporation Trust Association Other ► L Year of formation	2004	M State	of legal domicile MO
Ρ	art I	Summ	. •			
	1	Briefly de	scribe the organization's mission or most significant activities: To reach	the country	of Mexi	co with the Gospel of
8	!	Jesus Ch	rist through evangelism and humanitarian aid and increase the mission vision	n of churche	s and in	dividuals in the USA.
ğ	1					
Governance	2	Check th	is box ▶☐ If the organization discontinued its operations or disposed of	more than	25% of	its net assets.
Š	3	Number (of voting members of the governing body (Part VI, line 1a)		3	5
∞	1		of independent voting members of the governing body (Part VI, line 1b)		4	4
es	1		nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	
₹	l .		nber of volunteers (estimate if necessary)		6	30
Activities			elated business revenue from Part VIII, column (C), line 12		7a	
•	1		• • •			0
	b	net unre	ated business taxable income from Form-990-T, line 34	Prior Yea	7b	0
			MECEIVED			Current Year
Revenue			tions and grants (Part VIII, line it)		246,309	269,189.
			service revenue (Part VIII, line 2g)		57,886.	69,775.
9	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		16	0
Œ	11	Other rev	renue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		0	7,400.
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3	04,210.	346,364.
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0
			paid to or for members (Part IX, column (A), line 4)		0	0
co.	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)		39,950.	39,650.
Expenses	1	-	onal fundraising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·	0	00,000.
6	1		draising expenses (Part IX, column (D), line 25) ▶			
찣	L				250 224	207.577
			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		259,234	307,577.
	1	•	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		299,184.	347,227.
_		Revenue	less expenses. Subtract line 18 from line 12		5,026	-863.
208			<u> </u>	ginning of Cun		End of Year
Net Assets	20		ets (Part X, line 16)		207,382	207,007.
Ž.	21	Total liab	ilities (Part X, line 26)		79,713.	80,151.
Ž	22	Net asse	ts or fund balances. Subtract line 21 from line 20		127,669	126,856
Р	art II	Signa	ture Block			
Ur	nder penal	ties of perju	ry, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the	e best of r	my knowledge and belief, it is
trı	ie, correct	, and comp	lete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowle	dge.	
			Cu. I de		11/15	12014
Sig	gn	Sign	ature of officer	Date	-/	
	ere		Poger Tombuson President		•	
	-	Tvn	or print name and title			
_			pe preparer's name Preparer's signature Date		Τ	PTIN
	nid	1			Check	∐
	epare		<u></u>		self-emp	picyeu
U	se Onl	y Firm's r	ame >	Firm'	s EIN ▶	
		Firm's a	ddress ▶	Phon	ne no	
Ma	y the IR	IS discus	s this return with the preparer shown above? (see instructions)	<u></u>		Yes 🗌 No

	groups and sever	ai unreached people	groups. Our churche	es are in remote jungles, d	desert mountains, remo	te villages, and inner city
	neighborhoods.	Dayspring is also res	ponsible for pastoral	training, which is accom	plished through our vide	eo bible school and
	pastoral conferen	nces and retreats. We	currently are respon	sible for the spiritual gro	wth and care of over 10	0 native pastors,
	evangelists, and	native missionaries a	nd their churches and	d congregations.		
		+ -				

4c	(Code:) (Expenses \$	114,967. includin	ng grants of \$	0) (Revenue \$	0)
				rides support for 18 full ti		
				are involved in various t		
				vangelistic ministries, hu		·
		-		ool to prepare individuals		
				ies. In the school, stude		
				and missionary survival.		
				to become missionaries		
		the USA, Mexico, and		to necome missionaries	, pastors, youth and wo	isriip leaders, and outer
	illilisters in noti	the USA, Mexico, and	Laun America.			
					·	
4.4	041		<u> </u>			
4d		services (Describe in	•			
	(Expenses \$	110,412. includir	ng grants of \$	0) (Revenue \$	0)	
<u>4e</u>	Total program se	ervice expenses 🕨	314,7	20.		
						Form 990 (2013)

Part	IV Checklist of Required Schedules			Page
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		/
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		1
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		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	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		1
С		11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	1
f		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		1
b	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	5	14a		1
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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	 	1
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		▼
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			Τ.
20 a		19 20a	-	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Form 99	0 (2013)		ı	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			,
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	21		✓
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			•
	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 25a			1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		V
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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	25a		✓
Ь	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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		✓
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			1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	27.7	<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		ري و کړي د مامند سامد	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		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			,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		•
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	200		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	V
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

37

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			_ 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	_	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			
	account)?	4a		1
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.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	✓
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD	<u> </u>	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	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		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	L	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	1
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		1
9	Sponsoring organizations maintaining donor advised funds.	۳		-
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	1
10	Section 501(c)(7) organizations. Enter:		[
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ŀ	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		l	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
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.			
Ь	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	
٠.			1	
C 1/10	Enter the amount of reserves on hand	14-		
14a	or the organization receive any payments for indoor tallfilling services duffing the tax year?	14a	ı	▼

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes			tructi	
Coati	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	• •	<u> </u>
Secu	on A. Governing Body and Management		,	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a 4		163	
18	If there are material differences in voting rights among members of the governing body, or	18 4			1
	if the governing body delegated broad authority to an executive committee or similar				1
	committee, explain in Schedule O.				i
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 3			į
2	Did any officer, director, trustee, or key employee have a family relationship or a business in				i
	any other officer, director, trustee, or key employee?		2		-
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 95	00 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization		5		√
6	Did the organization have members or stockholders?		6		√
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval	• •		-	1
	stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			i
	the year by the following:				
а	The governing body?		8a	√	
_	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C				,
Saati	on B. Policies (This Section B requests information about policies not required by the		9	200 1	
Secu	The Policies (This Section & requests information about policies not required by the	e internal neveri	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		/
	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters.	100		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the properties of the describe in Schedule O how this was done.	oolicy? If "Yes,"	12c	1	
13	Did the organization have a written whistleblower policy?		13	Ż	
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review a	and approval by	<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				1
а	The organization's CEO, Executive Director, or top management official		15a	✓	
b	Other officers or key employees of the organization		15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to the organization invest in the organization investigation in the organization investigation in the organization investigation in the organization investigation investigation investigation investigation investigation investigation in the organization investigation investigation investigation investigation in the organization investigation i				
_	with a taxable entity during the year?		16a		✓_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to creamization's example status with respect to such arrangements?		401		ئــــ ـ
Saati	organization's exempt status with respect to such arrangements?		16b	<u></u>	
<u>5ecτι</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	5010	C)(3)e	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	(000101	. 551	J,(J)3	Ciny)
	✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Sc.	hedule (O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest	policy	, and
-	financial statements available to the public during the tax year.	-,		- J	,
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the)	
	organization: ▶ Pager Tomlinson - 3702 F 10th ST Jonlin MO 64801-5624				

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Daga	•
raue.	

Form **990** (2013)

Form 990 (2013)

Part VII	Compensation of Officers	, Directors,	Trustees,	Key Employees,	Highest (Compensated	Employees	, and
	Independent Contractors	ı						

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 no	r any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
					C)					
(A)	(B)	/do -	at at	Pos		thor -		(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for	무급	Ins	₽	6	릚픎	Former	the	organizations	compensation
	related	등	렱	Officer	en	Ples	E E	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호트	20		Key employee	8 8	`	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	1		yee	ᇛ				organizations
		8	Institutional trustee		ŀ	Highest compensated employee			1	
				_	_	ă.	_			
(1) Roger Tomlinson	60 hr/wk									
1002 Rex AVE, Joplin, MO 64801-5650	1	1		1		1		32,000.		
(2) Dichard Dobison	5 hr/wk							92,000.		
2509 E Cherokee ST, Blacksburg, SC 29702-7375	1	1		1				o	Ì	
(3) Michael Schneider	5 hr/wk									
PO Box 9, Wiley CO 81092-0009		1		1				o		
(4) Whitney Thetge	20 hr/wk									
3608 E 10th St, Joplin, MO 64801-5627	1			1		1		7,650.		
(5) Mike Pinkelman	5 hr/wk									
P.O. Box 280, Brewster, KS 67732-0280		1		✓				0		
(6)										
			L_	<u> </u>						
(7)				l						
	<u> </u>		_	<u> </u>						
(8)										
			<u> </u>	L			L_			
(9)										
	ļ		ļ	_	_		<u> </u>			
(10)		1	1	ĺ					.	
AAD	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	ļ	<u> </u>			
(11)						İ				
(40)		ļ		\vdash	\vdash	1	\vdash	1		
(12)	· 	ł			1					
(13)		\vdash	\vdash	╁─	\vdash		\vdash			
(iv)	+	1					1	1]	
(14)	 	 	 	\vdash	\vdash	 	╁┈	 		
<u> </u>	†	1		1	1					
		1	1		1				1	

	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles r and	Pos eck s pe i a d	rson irect	than out to the theory trust	n an tee)	(D) Reportable compensation from	(E) Reportab compensation related	n from	Esti amo o	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		from organ and	ensation in the nization related nizations	ì
(15)						-								
(16)									:					
(17)	•••••••••••							-						
(18)														
(19)						_					-	···	<u></u>	
(20)						_		-	<u> </u>			·		
(21)						-								
(22)								-			- -			
(23)						_		-					· - -	
(24)						L		<u> </u>						
(25)														
1b c d	Sub-total	VII, Sectio		•			•	→	39,650. 0 39,650.		0 0 0		-	C
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w		ore than \$1		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, dırec						emp	ployee, or high	· ·		3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of regreater th	portal an \$1	ble (150,	con	npei)? /	nsatio	s, "	and other comp complete Sch	ensation fr	om the			
5	individual	or accrue co	ompe	nsat	tion	fro	m any	y un	related organiz			5		✓
	on B. Independent Contractors				•									
1	Complete this table for your five highest compensation from the organization. Repyear.													ЗХ
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
NA				_				Ë						
								F				-		
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Form **990** (2013)

Part	VIII	Statement of Revenue					_
,		Check if Schedule O contains a resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a a	1a	Federated campaigns 1a	0		Tevendo		0.2014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
B .	С	Fundraising events 1c	0				
a je	d	Related organizations 1d	0				
3, E	е	Government grants (contributions) 1e	0				
ri S	f	All other contributions, gifts, grants,					
호		and similar amounts not included above 1f	269,189	ĺ			
E G	g	Noncash contributions included in lines 1a-1f: \$	7,400				
ರ ೯	h	Total. Add lines 1a-1f		276,589.			
9			Business Code				
Program Service Revenue	2a	Mission Trip Fees	721000	69,775.	69,775.	0	0
æ	b						
ş	С						
35	d						
ᇤ	е						
ğ	f	All other program service revenue.					
	<u>g</u>	Total. Add lines 2a-2f		69,775.			
	3	Investment income (including divide					_
	_	and other similar amounts)	ļ	0	0	0	0
	4	Income from investment of tax-exempt bo	· -	0	0	0	
	5	Royalties	(ii) Personal	0	0	0	0
	6-						
	6a		0	į			
	b		0				•
	d	Rental income or (loss) 0	0			0	0
	7a	Gross amount from sales of (i) Securities	(ii) Other	0	0	<u> </u>	
	'6	assets other than inventory 0	0		İ		
	ь	Less: cost or other basis					
	_	and sales expenses . 0	o				
	c	Gain or (loss) 0	0				
	ď	Net gain or (loss)			0	0	0
ane		Gross income from fundraising				1	
		events (not including \$ 0 of contributions reported on line 1c).					
Other Reve	_	See Part IV, line 18 a	0		i		
ŏ	1	Less: direct expenses b					
		Net income or (loss) from fundraising of Gross income from gaming activities.		0		0	
		See Part IV, line 19 a	0				
		Less: direct expenses b	0				
	C 100	Net income or (loss) from gaming activ	/ities ▶			0	
	iva	Gross sales of inventory, less returns and allowances a					
			0	ļ			
	b	Less: cost of goods sold b	o entory >				
	c	Net income or (loss) from sales of inve Miscellaneous Revenue	Business Code	0	0	0	ļ <u>.</u>
	11a						
	b	<u>NA</u>		0	0	0	ļ,
	C			0	0	0	,
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions.		346 364	69 775		

Part IX Statement of Functional Expenses

Do set :	Check if Schedule O contains a responsinclude amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b, a	and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rganizations in the United States. See Part IV, line 21				
	· .	0	0		
	Grants and other assistance to individuals in the United States. See Part IV, line 22				
	•	0	<u>_</u>		
	Grants and other assistance to governments, organizations, and individuals outside the	1			
	Inited States. See Part IV, lines 15 and 16	20 400	20 400		
	Benefits paid to or for members	20,400.	20,400.		
	Compensation of current officers, directors,				
	rustees, and key employees	39,650.	27,755.	7,930.	3,965
	Compensation not included above, to disqualified	33,030.	27,755.	7,330.	
	ersons (as defined under section 4958(f)(1)) and				•
	ersons described in section 4958(c)(3)(B)	اه	o	o	
	Other salaries and wages	0	0	0	
	ension plan accruals and contributions (include				
se	ection 401(k) and 403(b) employer contributions)	0	o	o	
9 0	Other employee benefits	0	0	0	
	Payroll taxes	0	0	0	
11 F	ees for services (non-employees):				
a M	Management	0	o	o	
b L	egal	2,885.	2,885.	0	
c A	Accounting	16.	16.	0	
d L	.obbying	0	0	0	
e, P	rofessional fundraising services. See Part IV, line 17	0			
	nvestment management fees	0	0	0	
	other. (If line 11g amount exceeds 10% of line 25, column				
(A	A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12 A	Advertising and promotion	o	0	0	
	Office expenses	28,204.	23,973.	2,820.	1,410
14 in	nformation technology	1,096.	767.	164.	164
	Royalties	0	0	0	
	Occupancy	32,467.	27,110.	2,679.	2,679
	ravel	43,803.	41,613.	0	2,190.0
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	0	0	0	
	Conferences, conventions, and meetings .	315.	284.		32
	nterest	10,451.	8,361.	1,045.	1,045
	Payments to affiliates	0	0	0	
	Depreciation, depletion, and amortization .	9,226.	8,303	0	923
	nsurance	12,769.	8,938.	2,554.	1,277
	Other expenses. Itemize expenses not covered	İ			
	bove (List miscellaneous expenses in line 24e. If ne 24e amount exceeds 10% of line 25, column				
	A) amount, list line 24e expenses on Schedule O.)				
•	dissionary Support				·
	Short Term Trip Expenses	83,361.	83,361.	0	<u> </u>
	/ehicle Maintenance and replacement	16,301.	14,671.	1,630.	
	finistry Supplies	14,035	14,035	0	
	All other expenses	32,248.	32,248.	0	
	otal functional expenses. Add lines 1 through 24e	247 207	244 700		12.604
	loint costs. Complete this line only if the	347,227.	314,720.	18,822.	13,684
0	organization reported in column (B) joint costs				
fr	rom a combined educational campaign and		ļ		
ft.	undraising solicitation. Check here ▶ ☐ if ollowing SOP 98-2 (ASC 958-720)				B.4.
		NA NA	NA	NA]	Form 990 (2013

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 24,859. 1 16,854. 2 2 Savings and temporary cash investments 13,322. 4,616. 3 3 Pledges and grants receivable, net 0 0 4 4 Accounts receivable, net . . . 0 750. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Assets 7 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b **b** Less: accumulated depreciation 177,907. 10c 77,077. 176,081. 11 11 Investments-publicly traded securities 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11. 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 207,007 207,382. 17 17 20,300 24,128. Grants payable 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Labilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 59,412. 55,973. 26 Total liabilities. Add lines 17 through 25 26 79.713 80,101. Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 127,669. 27 126,806 28 28 Temporarily restricted net assets 0 Net Assets or Fund 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 127,669. 126,806 34 34 Total liabilities and net assets/fund balances . 207,382. 207,007 Form **990** (2013)

Page	1	2
·ugo	•	-

	· · · · · · · · · · · · · · · · · · ·					<u> </u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34	6,364.
2	Total expenses (must equal Part IX, column (A), line 25)	2			34	7,227.
3	Revenue less expenses. Subtract line 2 from line 1	3				-863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			12	7,669.
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			12	26,806
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			
•	Schedule O.					
2a				2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea	or			
	reviewed on a separate basis, consolidated basis, or both:		1			
.=.	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					ئـــ - ا
b	The state of the s			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a			
	separate basis, consolidated basis, or both:					l i
	Separate basis Consolidated basis Both consolidated and separate basis	vomi-	h.			[;]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the selec			2c		,
	If the organization changed either its oversight process or selection process during the tax year, e			2C		V
	Schedule O.	rpiaiii	"'			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth				
3a	the Single Audit Act and OMB Circular A-133?	·	"'	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	eran ti	ما	30		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
	required addit of addito; explain my in confedence and december any elope anten to discord out in		ļ		, 990	(2013)
				FUII	550	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

name	or the organization						=	ampioyer iu	enuncauoi	ii number	
Days	pring Outreach Minis									16867	
Par	rt I Reason fo	or Public Char	ity Status (All orga	nizations	s must c	omplete	this par	t.) See ii	nstructio	ons.	
The o	organization is not a	a private founda	tion because it is: (For	r lines 1 t	hrough 1	1, check	only one	box.)			
1			nes, or association of).		
2	·		170(b)(1)(A)(ii). (Attac								
3			pital service organiza			section 1	70(b)(1)(A)(iii).			
4			n operated in conjunc)(Б)(1)(А)	(iii). Enter the	
•		e, city, and state	•							` ,	
5	An organization		he benefit of a collec	ge or univ	versity ov	vned or	perated	by a go	vernment	tal unit descri	bed in
6 7	☐ A federal, state	e, or local govern n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of					it or fron	n the general	public
8	A community to	rust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)					
9	receipts from a support from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions-sub ated bus	oject to d siness tax	ertain ex cable inc	ceptions ome (les	s, and (2) ss section	no more	e than 331/₃%	of its
10	An organization	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio i	n 509(a)(4).		
11	An organization	n organized an ne or more pub	d operated exclusive licly supported organ describes the type of s	ely for th	e benefit described	of, to p	oerform t on 509(a	he funct)(1) or se	ions of, ection 50	9(a)(2). See s	
	a 🗌 Type I	b 🗌 Type	II c ☐ Type III	-Functio	nally inted	orated	d □1	Type III-N	lon-funct	tionally integra	ated
Θ	☐ By checking th	ns box, I certify ndation manage	that the organization rs and other than one	is not cor	ntrolled d	rectly or	indirectly	y by one	or more	disqualified p	ersons
f			written determination	n from t	he IRS t	hat it is	a Type	I, Type I	I, or Typ	oe III support	ing
	organization, c										· _ □
g			ne organization accep	oted anv	aift or co	ontributio	n from a	nv of the)		_
3	following perso		is organization accep	,	3			,			
	(i) A person v	ho directly or II	ndirectly controls, eithody of the supported o							nd Yes	No √
			on described in (i) abo	_						11g(ii)	1
	• •	•	a person described in							11g(ii)	1
h	• •	•	on about the support							[119[10]]	<u> </u>
					rganization		ou notify		- 41-	Carl Amount of a	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) is	sted in your document?	the organ	nization in of your port?	organizat (i) organi	s the tion in col. zed in the S.?	(vii) Amount of n support	
				Yes	No	Yes	No	Yes	No		
(A) N	I/A										
(B)											
(C)		,									
(D)											
(E)											
		·					1				

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for 2 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 Total. Add lines 1 through 3 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2012 Schedule A, Part II, line 14 15 331/2% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this b 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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.)

	if the organization falls to qualify	under the tes	is listed belo	w, please co	Inplete Fart I	1.)	
	on A. Public Support	 					
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	j		l			
	received. (Do not include any "unusual grants.")	329,608.	238,308.	213,102.	246,309.	269,190.	1,296,517.
2	Gross receipts from admissions, merchandise			1			
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	50 247	76 100	22.046	E7 00C	60 775	204 162
3		58,347.	76,109.	22,046.	57,886.	69,775.	284,163.
3	Gross receipts from activities that are not an unrelated trade or business under section 513				. 1		_
	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid	Į				1	
	to or expended on its behalf	o	o	o	o	o	0
5	The value of services or facilities						
•	furnished by a governmental unit to the		į				
	organization without charge	اه	0	o	0	o	•
•	•					-	0
6	Total. Add lines 1 through 5	387,955.	314,417.	235,148.	304,195.	338,965.	1,580,680.
7a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons .	0	0	. 0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	İ					
	or 1% of the amount on line 13 for the year	0	0	o	o	o	0
C	Add lines 7a and 7b	0	0	0	0	0	1,580,680.
8	Public support (Subtract line 7c from						1,000,000
•	line 6.)	. 1	Ì	ļ	İ		
Coati	on B. Total Support		l				
		<u> </u>	710040	(3.0044	4.0.040	(-) 0040	40 T-1-1
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	387,955.	314,417.	235,148.	304,195.	338,965.	1,580,680.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	29.	3.	6.	16.	o	54.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •						į į	
	activities not included in line 10b, whether		,			İ	
	or not the business is regularly carned on						· ·
12	Other income. Do not include gain or				1	1	
	loss from the sale of capital assets	1			1		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	387,984.	314,420.	235,154.	304.211.	338,965.	1,580,734.
14	First five years. If the Form 990 is for the						
• -	organization, check this box and stop he	_			_		
Socti	on C. Computation of Public Suppor			<u> </u>	<u> </u>		
				0 and (6)	<u> </u>	45	400.0/
15	Public support percentage for 2013 (line 8		-			15	100 %
16	Public support percentage from 2012 Sch				<u></u>	16	100 %
Secti	on D. Computation of Investment In		<u>-</u>			.,,	
17	Investment income percentage for 2013 (line 10c, colum	ın (f) divided b	y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2012	Schedule A, F	Part III, line 17			18	0 %
19a	331/2% support tests-2013. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on . ▶ 🗸
ь	331/3% support tests-2012. If the organiz	=	~	-		_	_
_	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di		-	· · ·		-	

chedule A (I	Form 990 or 990-EZ) 2013 Page	4
Part IV	Supplemental Information. 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).	_
√A		
•••••		
		
-		
·		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization **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. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year NA 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . . Aggregate value at end of year 4 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 chantable 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 a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a NA 2b Total acreage restricted by conservation easements 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 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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) 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. b 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: 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	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of the	follov	ving that are a s	ignificant	use of its
а	☐ Public exhibition		d	Loan	or exchange	e prog	rams		
b	☐ Scholarly research		e	Other					
С	☐ Preservation for future generation								
4	Provide a description of the organiza XIII.	tion's collections	and expla	in how t	ney further t	the org	janization's exer	npt purpo	se in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather	r than to be mainta	ained as p	art of the	e organization	on's co	llection?	Y€	s 🗌 No
Part	Complete if the organization 990, Part X, line 21.		" to Forr	n 990, P	art IV, line	9, or 1	reported an am	ount on	Form
1a									es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able:				
							Α	mount	
C	Beginning balance					10	;		NA
d	Additions during the year					10	·		
e	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21? .				□ Ye	s 🗌 No
	If "Yes," explain the arrangement in F	art XIII. Check her	re if the ex	planation	n has been j	provid	ed in Part XIII .	<u></u>	
Par	V Endowment Funds.								
	Complete if the organization							<u></u>	
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	NA.						<u> </u>	
b	Contributions		<u> </u>					_	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships		<u> </u>					<u> </u>	
е	Other expenditures for facilities and programs	ļ							
f	Administrative expenses								
g	End of year balance							<u> </u>	
2	Provide the estimated percentage of	the current year e	nd balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowme	ent ▶	%						
b	Permanent endowment ▶	<u></u> %							
C	Temporarily restricted endowment	·%							
	The percentages in lines 2a, 2b, and								
3a	Are there endowment funds not in the	ne possession of t	he organi	zation the	at are held a	and ac	lministered for th	ne ,	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organ							3b	
4	Describe in Part XIII the intended use		on's endo	wment f	unds.				
Par	Land, Buildings, and Equipment Complete if the organization	•	s" to For	n 990, F	art IV, line	11a.	See Form 990,	Part X, I	ine 10.
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Boo	k value
1a	Land				30,000.	,	in the state of		30,000.
b	Buildings				150,000.				134,997
С	Leasehold improvements								
d	Equipment								
е	Other	•			73,158.		62,074.		11,084.
Total	Add lines 1a through 1e. (Column (d)	must equal Form 9	990. Part	K. columi	(B) line 10	(c).)			176.081

	(a) December of		11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
I) Financial	derivatives		
	neld equity interests		
Other NA	<u> </u>		
(A)			
(B)			
(C)		ļ	
(D)			
(E)			
(F)			
(G) (H)			
	Name and Form 000 Part V and Filling 101 B		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related.		
art VIII	Complete if the organization answered "Yes" to For	m 000 Part IV line	11c See Form 990 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) BOOK VAIGE	Cost or end-of-year market value
1) NA			
2)		 	
3)			
4)			
5)	······································		
- <i>,</i> 6)			
-/			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" to Fo	m 990, Part IV, line	
	(a) Description		(b) Book value
1) NA			
2)			
2) 3) 4)			
2) 3) 4) 5)			
2) 3) 4) 5) 6)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
2) 3) 4) 5) 6) (7) (8)	ump (h) must equal Form 000. Part Y, cal. (P) line 15.)		
2) 3) (4) 5) 6) 7) 8) 9) otal. (Colu	(-)		>
2) 3) (4) 5) 6) 7) (8) (9) otal. (Colu	Other Liabilities.		11e or 11f See Form 990 Part X
2) 3) (4) 5) 6) 7) (8) (9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" to Fo		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) (7) (8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25.		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25.		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X (1) Federal ii	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
2) 33) 44) 55) 66) 77) 88) 99) otal. (Colu Part X 1) Federal in 2) NA 3)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X (1) Federal ii (2) NA (3)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X (1) Federal in (2) NA (3) (4)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) (7) 8) 9) otal. (Colu Part X (1) Federal in (2) NA (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		11e or 11f. See Form 990, Part X,
(1) Federal ii (2) NA (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X (1) Federal ii (2) NA (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) (0) (1) Federal ii (2) NA (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" to Fo line 25. (a) Description of liability (b) Book value		▶ 11e or 11f. See Form 990, Part X,

Part			Return.	
	Complete if the organization answered "Yes" to Form 990, F		1:1	
1	Total revenue, gains, and other support per audited financial statements		1	<u>338,965.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1		
а	Net unrealized gains on investments	2a (의	
b	Donated services and use of facilities		의 [
С	Recoveries of prior year grants		4 1	
d	Other (Describe in Part XIII.)	2d (4	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	338,965.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a (⊣ ।	
b	Other (Describe in Part XIII.)	L	<u> </u>	_
	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	338,965.
Part			er Heturn.	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total expenses and losses per audited financial statements		1	347,227.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.	1	
a	Donated services and use of facilities	2a (<u> </u>	
b	Prior year adjustments		의	
C	Other losses		2	
d	Other (Describe in Part XIII.)		익	_
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	347,227.
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		<u>0</u>	
þ	Other (Describe in Part XIII.)	4b	9	_
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 10.) 	5	347,227.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
				-
				•
				•••••

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

	ring Outreach Ministries					0-0016867
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization ans	swered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli					
	grants or assistance?					✓ Yes □ No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its gran	ts and other
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if additio	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) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	North America	0	0	Program Services	See Part V	20,400
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	-					
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b						20,400
_	sheets to Part I					20.400

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190) 20	ant	Part IV. line 15, for any recipient who received
orm 9	Q	ጧ
19 F (F	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	
Schedule F (Form 990) 2013	Part	
S		•

-	(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			N/A						
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(15)									
(16)									
N	Enter total nu by the IRS, or	mber of recipie for which the g	ant organizations list grantee or counsel h	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie 1 501(c)(3) equivaler	s by the foreign cour	ntry, recognized as t	ax-exempt •	

Schedule F (Form 990) 2013

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2013

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

(e) Manner of (f) Amount of (g) Description valuation of non-cash of non-cash assistance assistance assistance													•					
of (d) Amount of cash grant																		
Part III can be duplicated if additional space is needed. of grant or assistance (b) Region recipients																		
Part III can be duplicate (a) Type of grant or assistance	(1) N/A	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Page	4

Part	V Foreign Forms		
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	☑ 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	☑ 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)	Yes	☑ No

Schedule F (Fo	chedule F (Form 990) 2013 Page		
Part V	Supplemental Information 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); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).	anc	
Form 900 S	chedule F Page 1 Part 1 Line 3 (1) Column E		
North Amer	ica - Funds are used for expenses involved in the various program services we preform in the country of Mexico. Program		
Services inc	clude Humanitarian, Mexican churches, our orphanage located in El Higo, Veracruz, and various feeding programs.		
Our monitor	ring process for these funds includes receipts, expense reports, and review by the President and Board of Directors.		
	,		

SCHEDULE O (Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

20-0016867 **Dayspring Outreach Ministries** Form 990 Page 2 Part III Line 4d (Code: N/A) (Expenses \$ 79,179. including grants of \$ 0) (Revenue \$ 69,779.) 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. including grants of \$ 0) (Revenue \$ (Code: N/A) (Expenses \$ 31,295. 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 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 making and any other necessary actions needed to preclude a conflict are taken and recorded in the minutes of the board of directors. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 51056K Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 4
Name of the organization	Employer identification number
Dayspring Outreach Ministries	20-0016867
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 Council for Final	ncial Accountability annual compen
compensation review, to compare our compensation. A full report is given to the entire Board of Director	s to ensure full disclosure.
Compensation is set 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 web sites at w	unu davenring us. Poonlo may also
our organizational documents, infancial statements and IR3 Form 930 are available on our web sites at wi	ww.uayspring.us. reopie may also
review our IRS form 990 on the www.guidestar.org website. We provide copies of our financial 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 available for	review at our home office, We
also have electronic copies to send by e-mail if requested.	