Paid

Preparer

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Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

Firm's address >

C&E 950

OMB No 1545-0047 Form 990 **Return of Organization Exempt From Income Tax 2017** 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 Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 2017, and ending 20 D Employer identification number C Name of organization Dayspring Outreach Ministries Check if applicable Address change Doing business as Dayspring Outreach Ministries 20-0016867 Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change П Initial return 3702 E 10th ST 417-781-3211 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Joplin, MO 64801 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo No Application pending Roger Tomlinson H(b) Are all subordinates included \(\sqrt{1} \) res \(\sqrt{1} \) No. 1002 Rex Ave, Joplin, MO 64801 If "No," attach a list (see ins √ 501(c)(3) Tax-exempt status (insert no) 4947(a)(1) or Website: ▶ www.dayspring.us H(c) Group exemption number ▶ Form of organization 📝 Corporation 🔲 Trust L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. To reach the country of Mexico with the Gospel of Activities & Governance Jesus Christ through evangelism, humanitarian works, and training and increase the mission vision of churches and individuals in the USA. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column 7a 0 Net unrelated business taxable income from Form 990-T, line 7b 0 ₩ nor Year **Current Year** 8 Contributions and grants (Part VIII, line 1h). 172,836 194,473 q Program service revenue (Part VIII, line 2g) 132,364 238,877 Investment income (Part VIII, column (A), lines 3, 4, and Pt 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 0 12 Total revenue—add lines 8 through 11 (must equal Part V 399,610 326,844 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 69,089 92,725 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 42,325 41,780 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 235,943 188,832 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 347,276 323,337 19 Revenue less expenses. Subtract line 18 from line 12 43,551 3,507 **End of Year** 20 Total assets (Part X, line 16) 219,052 219,564 21 Total liabilities (Part X, line 26) 52,066 49,072 22 Net assets or fund balances. Subtract line 21 from line 20 166.986 170,492 Part II Signature Block Under penalties of perjury, I deplote that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is reparer (other than officer) is based on all information of which preparer has any knowledge Sign residen Here 2 Type or print name and title



Preparer's signature

633

Date

Cat No 11282Y

Check ___ if self-employed

Yes No No Form **990** (2017)

Firm's EIN ▶

Part	Ш	Statement of Program Service	Accomplishments					
		Check if Schedule O contains a	response or note to a	ny line in this Part	<u> </u>	<u></u> 🗸		
1	Brief	fly describe the organization's miss	sion:					
	To advance the gospel of Christ to Mexico through missionary support, humanitarian works and Children's homes, native church							
	build	ding and support, evangelism, and ot	her ministries. To increa	se a vision in Ameп	cans and the American chur	ches through short		
	term	mission experiences, on site trainin	g, mission services, pres	entations, and confe	erences.			
				_				
2	Did t	the organization undertake any sig	nificant program service	es during the year	which were not listed on th	e		
	prior	r Form 990 or 990-EZ?				☐ Yes ☐ No		
	If "Ye	es," describe these new services of	n Schedule O.			•		
3	Dıd	the organization cease conduction	ng, or make signıfıcan	t changes in how	it conducts, any program	m		
	servi	ices?				☐ Yes ☐ No		
	if "Ye	es," describe these changes on So	hedule O.					
4	Desc	cribe the organization's program s	ervice accomplishments	s for each of its the	ree largest program service	es, as measured by		
		enses. Section 501(c)(3) and 501(c						
	the t	total expenses, and revenue, if any	, for each program servi	ce reported.	-			
			, -					
4a	(Cod	de:) (Expenses \$	80,929 including gran	nts of \$	80,929) (Revenue \$	0)		
	•	anitarian Services - Dayspring provid						
		sters, extreme poverty, and other pro						
		hildren that are orphans & those that						
		ation, medical care, psychological c						
		. Dayspring provides meals for hund	······································					
		ilies living in those communities are				he children		
	witho	out sufficient food. Our workers prov	ride physical and spiritua	I care for those fam	ilies and their children.			
						*		
4b	(Cod	ie.) (Expenses \$	25,384 including gran	nts of \$	11,796) (Revenue \$	0)		
4b	•		25,384 including gran	nts of \$	11,796) (Revenue \$	0)		
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Form 990 (2017)

Page 2



Part	IV Checklist of Required Schedules			
_			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	1	
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		√ √
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
þ	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
c	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? If "Yes," complete Schedule D, Part VIII	11c		1
q	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
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
þ	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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	√	
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	√	
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		√
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	19		✓

Part	Checklist of Required Schedules (continued)		V	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		▼
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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		1
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	24a		1
c	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		✓ ✓
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), 501(c)(4), and 501(c)(29) 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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	28a 28b		✓ ✓
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	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		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? <i>If "Yes," complete Schedule R, Part I</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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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.	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? Note. All Form 990 filers are required to complete Schedule O.	38		1

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			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		7
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		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			اـــِـا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		,
	account)?	4a		
Ь	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
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		✓_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?			7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		r i
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			اب_ا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	_	✓
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Ė
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		/
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			لــــا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ 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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			<u> </u>
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			
С	Enter the amount of reserves on hand			لبا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2017)
		rorr	∷ タゴリ	(2017)

Part	response to line 8a, 8b, or 10b below Check if Schedule O contains a re	Disclosure For each "Yes" response to lines 2 the v. describe the circumstances, processes, or change sponse or note to any line in this Part VI	s in Schedule O. S	See in:	struct	
<u>Secti</u>	tion A. Governing Body and Managen	nent		_		,
					Yes	No
1a	If there are material differences in voting	ne governing body at the end of the tax year rights among members of the governing body, or authority to an executive committee or similar	_1a3			
ь 2	Did any officer, director, trustee, or key	uded in line 1a, above, who are independent . employee have a family relationship or a business i	1b 2 relationship with			
3		r management duties customarily performed by or		2	✓	,
4	•	s, or key employees to a management company or othe anges to its governing documents since the pnor Form 9		4		✓
5		g the year of a significant diversion of the organization		5		1
6	Did the organization have members or sto	- •		6		1
7a	Did the organization have members, stoo one or more members of the governing be	ckholders, or other persons who had the power to ody?	* -	7a		1
b		organization reserved to (or subject to approval overning body?	by) members,	7b		✓
8	Did the organization contemporaneously the year by the following:	document the meetings held or written actions un	dertaken during			
а	• • •			8a	✓	
b	•			8b	✓	<u> </u>
9	the organization's mailing address? If "Ye	ey employee listed in Part VII, Section A, who cannot es," provide the names and addresses in Schedule C)	9		1
Secti	tion B. Policies (This Section B reques	ts information about policies not required by the	e Internal Reven	ue C		·
40	5				Yes	No
10a b	If "Yes," did the organization have writter	branches, or affiliates? n policies and procedures governing the activities of erations are consistent with the organization's exem		10a 10b		✓
11a,	•	of this Form 990 to all members of its governing body befor		11a	1	
b		y, used by the organization to review this Form 990.	-	174	_	1
12a	•	· · · · · · · · · · · · · · · · · · ·		12a	1	
b		ployees required to disclose annually interests that could giv	e rise to conflicts?	12b	1	
С		stently monitor and enforce compliance with the p		12c	√	,
13	Did the organization have a written whistle	eblower policy?		13	✓	
14	Did the organization have a written docum			14	✓	
15		sation of the following persons include a review and contemporaneous substantiation of the deliberation				
а	, , ,	•		15a	✓	
b				15b	✓	
16a		assets to, or participate in a joint venture or simi				
	with a taxable entity during the year?			16a		✓
b	participation in joint venture arrangement	ritten policy or procedure requiring the organization s under applicable federal tax law, and take steps to to such arrangements?	o safeguard the	101		
Secti	tion C. Disclosure	to duon anangemente:	· · · · · ·	16b		<u> </u>
17	List the states with which a copy of this Fe	orm 990 is required to be filed ▶				
18	Section 6104 requires an organization to	make its Forms 1023 (or 1024 if applicable), 990, a ow you made these available Check all that apply	nd 990-T (Section	501(c)(3)s	only)
19	Own website Another's websit Describe in Schedule O whether (and if so financial statements available to the public	, how) the organization made its governing docume		erest _l	oolicy	, and
20	•	number of the person who possesses the organization	n's books and re	cords.	•	
	Roger Tomlinson - 3702 E 10th ST. Joplin, M					

Form 990 (201	7) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
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										
(A) Name and Title	(B) Average hours per weak (list any hours for related organizations below dotted line)	(do n box, office or direct	ot ch unles	Pos neck ss pe	C) ition more rson	-	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
(1) Roger Tomlinson 1002 Rex AVE, Joplin, MO 64801-5650	60	1	Ф	✓		ē.		34,280		
(2) Richard Robison 2509 E Cherokee ST, Blacksburg, SC 29702-7375	5	1		,				o		
(3) Michael Schneider PO Box 9, Wiley CO 81092-0009	5	▼		▼				0		
(4) Whitney Thetge 3608 E 10th St, Joplin, MO 64801-5627	20				1			7,500		
(5)									·	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees		nd F	lighe	st C	ompensated E	mployees (co	ntinued)		
	(A) Name and title A hi			unles	Pos neck ss pe	ition more	than out the state of the state	n an	(D) Reportable compensation from	(E) Reportable compensation fi	rom	Esti amo	(F) mated ount of ther	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compo froi orgai and	ensation the nization related ization:	1
(15)														
(16)														
(17)								-						
(18)														
(19)				-				_			-			
(20)								-				<u>.</u>		
(21)											_	_		
(22)								-			+			•
(23)											-			
(24)								-		<u></u>	_			
(25)											+			-
1b c d	Sub-total	VII, Section		 · ·	•		•	→ →	41,780					
2	Total number of individuals (including but reportable compensation from the organi	not limited		_	list	ed a	above	e) w		ore than \$100	,000 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct								est compens	ated [3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1									4		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		<u> </u>
	on B. Independent Contractors										<u> </u>			
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	ıx
	(A) Name and business add	ress							(B) Description of se	ervices	Cor	(C) npensa	ation	
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed abo	ove) who			000	

٠<u>.</u> ب

.

Part VIII		Statement of Reve							
		Check if Schedule C	contains	a res	ponse or note to		Part VIII	(C)	· · · · · <u> </u>
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	3 , ,	1a	C-71-20	ı			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0			1	
ts, (Am	С	Fundraising events		1c	0				
ia či	d	Related organizations		1d	0				
ons, Sim	e	Government grants (con		1e	0			-	
utic Je	f	All other contributions, g and similar amounts not inc		1f	404 474				ĺ
충		Noncash contributions include			194,474	1			j
Son	9 h	Total. Add lines 1a-1		-11. Ф	-	194,474			
<u>=</u>		TOTAL TITLE THE T	<u> </u>	•	Business Code	104,4,4			<u> </u>
veni	2a	Mission Trip Fees			721000	132,384			
æ	b								
vice	С								
Ser	ď							l	
'am	е								
Program Service Revenue	f	All other program sen							
	<u>g</u> 3	Total. Add lines 2a-2 Investment income				132,384			
	Ŭ	and other similar amo			•	7			
	4	Income from investmen	•		L	0	· 		
	5	Royalties			▶	0			
		•	(i) Real		(II) Personal				
	6a	Gross rents .		0	0				
	b	Less: rental expenses		0	0				
	C	Rental income or (loss)		0	0				
	d 70	Net rental income or (Gross amount from sales of	(i) Securiti		(ii) Other	0			
	7a	assets other than inventory	(i) Occurre	0	```				,
	b	Less cost or other basis							
	С	and sales expenses Gain or (loss)		0					
	d	Net gain or (loss)	· · ·		<u> </u>	0			
enne	8a	Gross income from fu	ındraising	_					
Other Rev		of contributions reporte	ed on line 10	<u>o</u> c).					
ЭĒ		See Part IV, line 18 .		а	0				
₹		Less direct expenses		. b	0				
		Net income or (loss) for Gross income from ga			events . ►	0		 	
	9a	See Part IV, line 19							
	b	Less direct expenses			0				
		Net income or (loss) fi							
		Gross sales of in					· ·=		<u> </u>
- 1		returns and allowance	es	· a		ĺ			
		Less: cost of goods s							
]	С	Net income or (loss) fi		of inve		0			
		Miscellaneous R	evenue		Business Code				
	11a	•••				0			
}	b		••••			0		_	
	ď	All other revenue				0			
		Total. Add lines 11a-	 11d	. !	▶	0			1
	12	Total revenue. See in			<u> </u> ▶	326,844	326,844	0	
									' Form 990 (2017)

					- I ago I C
	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con	<u>'</u>		ns must complete co	lumn (A).
	Check if Schedule O contains a respon			· · · · · ·	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0	_	
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.	92,725	92,725		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 41,780	29,246	8,356	4,178
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	o	o	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		0	0
12	Advertising and promotion	0	0	0	0
13	- · ·	29,711	25,254	2,971	1,486
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	21,279	17,768	1,756	1,756
17	Travel	24,012	22,811	0	1,201
18	Payments of travel or entertainment expenses			1	
40	for any federal, state, or local public officials	0	0	0	0
19 20	Conferences, conventions, and meetings . Interest	0	0	, 0	0
21	Interest	4,814	3,851	481	481 0
22	Depreciation, depletion, and amortization .	7,561	6,805	0	756
23	Insurance	12,276	8,593	2,455	1,228
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	66,203	66,203	0	0
b	Short Term Trip Expenses	22,951	20,656	2,295	0
С		0	0	0	0
d		0	0	0	0
е	All other expenses 0	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	323,337	293,938	18,314	11,085
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) (A) Beginning of year End of year Cash—non-interest-bearing 1 19.429 19,846 Savings and temporary cash investments 2 2 5,246 12,902 3 3 0 0 4 4 ol 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 o n 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 o 0 7 7 0 0 Inventories for sale or use 0 8 0 Prepaid expenses and deferred charges . . . o 9 n Land, buildings, and equipment; cost or 10a other basis Complete Part VI of Schedule D 10a 10b 194,377 10c Less: accumulated depreciation . . . 7.561 186,816 Investments—publicly traded securities . . 11 0 11 0 12 Investments-other securities. See Part IV, line 11 . 0 .12 0 13 13 Investments—program-related. See Part IV, line 11. 0 0 14 14 0 0 Other assets. See Part IV, line 11 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 219,052 16 219,564 17 11,363 17 Accounts payable and accrued expenses 15,039 0 18 18 0 Deferred revenue 0 19 19 0 20 20 Tax-exempt bond liabilities 0 0 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 0 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 Unsecured notes and loans payable to unrelated third parties . . . 40,703 24 24 34,003 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 0 Total liabilities. Add lines 17 through 25 26 52.066 49,072 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 28 28 Temporarily restricted net assets Permanently restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . 0 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 219,052 219,564 33 33 166,986 170,492 Total liabilities and net assets/fund balances . . . 34 219,052 34 2<u>19,564</u>

Form	990	(2017)
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Page **12**

Par	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			26,844
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	23,337
3	Revenue less expenses. Subtract line 2 from line 1	3			3,506
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
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			
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	i		•	
	33, column (B))	10		1	70,492
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·_	<u> </u>	<u> </u>	<u>, U</u>
				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," exp Schedule O.	nain i	n		
0-				-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both.	ileu ("		
	Separate basis Consolidated basis Both consolidated and separate basis				li
h	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on		 	
	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 over	ersiat	nt	1	
_	of the audit, review, or compilation of its financial statements and selection of an independent accour				
	If the organization changed either its oversight process or selection process during the tax year, exp			+	
	Schedule O.				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth ı	n		
	the Single Audit Act and OMB Circular A-133?		. За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th	e 🗀	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Fo	rm 99 0	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

 $\label{lem:complete} \textbf{Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. } \\$

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

pring Outreach Ministries						Name of the organization Employer identification number							
Dayspring Outreach Ministries 20-0016867													
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
1 3 N													
						(iii) Enter the							
hospital's name, city, an	d state:												
		college or university	owned o	or operate	ed by a governmen	tal unit described in							
	-	•	port from	n a gover	nmental unit or from	n the general public							
A community trust descr	ibed in section 170(b))(1)(A)(vi). (Complete	Part II.)										
receipts from activities re support from gross invest acquired by the organization	elated to its exempt fu stment income and un ition after June 30, 19	nctions—subject to c related business taxa 75. See section 509(a	ertain exi ble incon a)(2). (Coi	ceptions, ne (less so mplete Pa	and (2) no more tha ection 511 tax) from art III.)	in 331/3% of its							
	•		•		• • • • • • • • • • • • • • • • • • • •								
control or manageme	ent of the supporting of	organization vested in	the same										
☐ Type III functionally	integrated. A suppor	ting organization opei	rated in c	onnectio	n with, and function	ally integrated with,							
its supported organiz	ration(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.								
that is not functionall	y integrated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar								
☐ Check this box if the	organization received	a written determination	on from t	he IRS th	at it is a Type I, Typ	e II, Type III							
				Jigariizati	ion.								
• • •	•					• • • • • • • • • • • • • • • • • • • •							
		(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the d	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)							
]		Yes	No									
· · · · · · · · · · · · · · · · · · ·													
				-									
	organization is not a private for A church, convention of A school described in set A hospital or a cooperate hospital's name, city, an An organization operate section 170(b)(1)(A)(iv). A federal, state, or local An organization that nor described in section 170 A community trust described in section 170 An agricultural research or university or a non-lar university: An organization that norreceipts from activities resupport from gross invest acquired by the organization organized An organization organized of one or more publicly Check the box in lines 12 Type II. A supporting the supported organization org	organization is not a private foundation because it A church, convention of churches, or associat A school described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization operated in chospital's name, city, and state: An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or govern An organization that normally receives a subsidescribed in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b) An agricultural research organization described or university or a non-land-grant college of agruniversity: An organization that normally receives (1) mor receipts from activities related to its exempt fur support from gross investment income and un acquired by the organization after June 30, 19 An organization organized and operated exclusion of one or more publicly supported organization Check the box in lines 12a through 12d that described in the supported organization. You must complete Part II. Type III A supporting organization supervise control or management of the supporting organization(s). You must complete Part II. Type III functionally integrated. A supporting organization(s). You must complete Part II. Type III non-functionally integrated. A supporting organization organization organization organization received functionally integrated, or Type III non-functionally integrated. The organization received functionally integrated, or Type III non-functionally integrated. The organization received functionally integrated organizations. Provide the following information about the supported the following information about the supported organizations.	rganization is not a private foundation because it is: (For lines 1 througi	rganization is not a private foundation because it is: (For lines 1 through 12, chei	organization is not a private foundation because it is: (For lines 1 through 12, check only on	reganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) □ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). □ A school described in section 170(b)(1)(A)(ii). □ A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). □ A norganization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.) □ A dederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). □ An organization that normally receives a substantial part of its support from a governmental unit or fror described in section 170(b)(1)(A)(iv). (Complete Part II.) □ An agricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part III.) □ An agricultural research organization described in section 170(b)(1)(A)(iv) operated in conjunction with a or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state o university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state o university or governmental to see the support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) □ An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) □ An organization organization doperated exclusively for the benefit of, to perform the functions of it tax) from acquired by the organization organization see organization of supporting organization organization organization organization organization organization organization organizati							

Schedule A (Form 990 or 990-EZ) 2017

Par							
	(Complete only if you checked the						lality under
Sect	Part III. If the organization fails to ion A. Public Support	quality und	er the tests in	sted below, p	nease compi	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(2) 2010	(6) 2014	(6) 2010	(4) 2010	(6) 2011	(i) Total
•	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						
	on B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		<u> </u>	_/_			<u></u>
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 VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for th					12 ear as a section	on 501(c)(3)
	organization, check this box and stop her					· · · · ·	
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2017 (line 6			1, column (f))		14	%
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organization gual box and stop here. The organization gual	zation did not	check the box			15 3 ¹ / ₃ % or more,	check this
b	331/2% support test—2016. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16		ıs 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "to organization	ets the "facts	-and-circumsta	ances" test, cl	heck this box	and stop here	. Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization did instructions					k this box and	see ▶ □

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support				<u></u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	269,190	231,298	160,726	172,836	194,473	1,028,523
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	69,775	146,432	238,877	217,984	132,364	805,432
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	. 0	o	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	338,965 O	<u>377,730</u> 0	399,603	390,820	326,837	1,833,955
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c from line 6.)						1,833,955
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	338,965	377,730	399,603	390,820	326,837	1,833,955
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	_ 3	7	8	7	25
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	3	_ 7	8	7	25
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•		-			0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	338,965	377,733	399,610	390,828	326,844	1,833,980
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	=		
Secti	on C. Computation of Public Suppor	t Percentage	· _				
15	Public support percentage for 2017 (line 8	, column (f) div	ided by line 1:	3, column (f))		15	100 %
16	Public support percentage from 2016 Sch	edule A, Part I	II, line 15 .	<u> </u>		16	100_%
Secti	on D. Computation of Investment Inc	ome Percer	itage				
17	Investment income percentage for 2017 (I	ine 10c, colum	n (f) divided by	line 13, colun	າກ (f))	17	%
18 19a	Investment income percentage from 2016 331/3% support tests—2017. If the organic			 on line 14 an	 d line 15 is m	18 ore than 331a%	% and line
130	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2016. If the organization 18 is not more than 331/3%, check this beautiful to the support tests—2016.	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization did	=	-		•	-	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			<u>. </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	_	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	_	
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

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Page	э

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			Ь
	7,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			} ;
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		li
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ا
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	l
Secti	on C. Type II Supporting Organizations	_	· ·	
	Management of the comment and adversarial and a second of the discrete		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	ction	
٠,	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2).
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
2	Activities Test. Answer (a) and (b) helow		Yes	No
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			, {
	those supported organizations and explain how these activities directly furthered their exempt purposes,			, 1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			. 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.		-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	_	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions.	y int	egrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)					
Sect	ion D - Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity		<u> </u>					
<u> 3 </u>	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets	<u> </u>						
5	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI). See instructions.							
<u> </u>	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.							
9_	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) / Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6		·					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.							
3_	Excess distributions carryover, if any, to 2017							
a								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2017 distributable amount							
<u>i</u> _	Carryover from 2012 not applied (see instructions)							
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>						
4	Distributions for 2017 from							
	Section D, line 7 \$							
a_	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2017 distributable amount			<u> </u>				
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.							
8	Breakdown of line 7.							
а	Excess from 2013							
b	Excess from 2014							
С	Excess from 2015 .							
d	Excess from 2016 .							
e	Excess from 2017			<u>_</u> i				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number **Dayspring Outreach Ministries** 20-0016867 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year. Aggregate value of contributions to (during year) 2 3 Aggregate value of 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 6 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? Conservation Easements. Part II Complete if the organization answered "Yes" on 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 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 2b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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 violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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. Complete if the organization answered "Yes" on 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: **b** Assets included in Form 990, Part X

Par										
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the	e follov	ving that are a	signıfı	cant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e prog	rams			
b	☐ Scholarly research		е	☐ Other						
C	☐ Preservation for future generations									
4	Provide a description of the organizati XIII	on's collections a	ınd expl	ain how th	ey further t	the org	janization's ex	empt p	urpose	in Part
5	During the year, did the organization								_	
	assets to be sold to raise funds rather		ined as	part of the	organizatio	on's co	ellection? .	L	Yes	☐ No
Part	Complete if the organization 990, Part X, line 21.		' on Foi	rm 990, P	art IV, line	9, or	reported an a	amoun	t on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Voc	□ No
b	If "Yes," explain the arrangement in Pa								, 163	
								Amour	ıt	
С	Beginning balance					10				
d	Additions during the year .					1d				
е	Distributions during the year .					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun	t on Form 990, Pa	art X, line	21, for es	scrow or cu	stodia	account liabil	ty?	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the e	xplanation	has been p	orovide	ed on Part XIII			
Par	t V Endowment Funds.									
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line	10.				
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years ba	ick (e)	Four year	ırs back
1a	Beginning of year balance									
b	Contributions									
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 the	ne current year en	d balanc	e (line 1g,	column (a)) held a	as:			
а	Board designated or quasi-endowment	t >	.%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.							
3а	Are there endowment funds not in the	possession of the	e organı	zation tha	t are held a	ınd adı	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations							. 3	e(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as requi	red on Sci	hedule R?			. [3	3b	
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	owment fu	nds.					•
Part	VI Land, Buildings, and Equipr	ment.								
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line	11a. S	See Form 990), Part	X, line	10.
	Description of property	(a) Cost or oth (investme		(-,	other basis ner)		Accumulated preciation	(d)	Book va	lue
1a	Land				30,000					30,000
b	Buildings				129,996		1,667	<u> </u>		128,329
c	Leasehold improvements			 	,		.,007			,
d	Equipment				34,008		5,614			28,394
e	Other			-	373		280	•		93
Total.	Add lines 1a through 1e. (Column (d) mi	ust equal Form 99	0. Part	K. column		c.) .	<u> </u>			186,816

Part VII	Complete if the organization answered	"Yes" on Form	990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	od of valuation of-year market value
(1) Financial					
	neld equity interests	:			
(3) Other					
(A)					
(B)					
(C) (D)			 	··	
(E) (E)				· <u> </u>	
(E) (F)			 _	- .	
(G)				· <u>-</u>	
·\:\-/(H) .	•••				
	o) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII	Investments - Program Related.			<u>. </u>	
	Complete if the organization answered	"Yes" on Form	990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		od of valuation of-year market value
(1)					
(2)	-				
(3)					
(4)	·				
(5)					
(6)	<u> </u>			_	
(7)					
(8)		·			
(9)	15 000 D 17 1 (D) (C) (D)				
	n) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	"V" F	OOO Dord IV Ive	- 11d Coo Farms	000 Dart V Iraa 15
	Complete if the organization answered (a) Descrip		990, Part IV, line	e 110. See Form	(b) Book value
	(a) Descrip	7.0011			(b) Book Value
(1) (2)		 .			
(3)					<u> </u>
(4)					•
(5)		_ _ .			
(6)	1-1-1-1				
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)	<u></u> .	▶	
Part X	Other Liabilities.				
_	Complete if the organization answered line 25.	"Yes" on Form	990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
<u>1.</u>	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)			_		
(4)					
(5)			_		
(6)		-2 	_		
(7)			\dashv		
(8)			\dashv		
(9)	Minist equal Form 000. Part V and (Philips 05)		_		
) must equal Form 990, Part X, col. (B) line 25.) ▶ uncertain tax positions. In Part XIII, provide the te	ovt of the feetness	to the ergenization	e financial statemen	to that raparts the
⊑. ∟iauiiity i0ľ	uncertain tax positions. In Part Alli, provide the te	eki oi iiie iooiiioie	to the organization	is iiriariciai Staternen	is mai reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99	-	er Return.
1	Total revenue, gains, and other support per audited financial statemer		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2		. 2a	1 1
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	. 2b	<u> </u>
C	Recoveries of prior year grants	. 2c	-
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3
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		_
b	Other (Describe in Part XIII.)	. 4b	
	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii		5
Part	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 99		per Heturn.
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
С	Other losses	. 2c	7
d	Other (Describe in Part XIII.)	. 2d	7
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII)	. 4b	7
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5
Part	XIII Supplemental Information.		
2, Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional	information
			``
·			
·			
•••••			

Schedule D (For	rm 990) 2017	Page 5
	Supplemental Information (continued)	, , , , , , , , , , , , , , , , , , ,
	•	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

20-0016867 **Dayspring Outreach Ministries** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☑ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (f) Total expenditures for (a) Region (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is region (by type) (such as, fundraising, program services, investments, grants to recipients offices in the region employees, agents, and a program service, describe specific type of and investments in the region service(s) in the region independent located in the region) in the region (1) North America 0 0 Program Services See Part V 92,725 (2) (3) (4) (5) (6)(7) (8)(9) (10)(11)(12)(13)(14)(15)(16)(17)За Sub-total . 0 0 92,725 Total from continuation sheets to Part I 0 O 0

c Totals (add lines 3a and 3b)

92,725

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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) N organ	(a) Name of organization	(b) IRS code section and EIN	(c) Region	me of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Daraction and EIN on cash grant cash grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash assistance	(i) Method of valuation
		(if applicable)		•		disbursement	assistance		(book, FMV, appraisal, other)
£					-				
<u>g</u>				•					
(3)			•				•		
<u>4</u>					1				
(2)									
(9)					S.C.				
(2									
(8)									
(6)									
(10)									
(11)		:							
(12)									
(13)									
(14)									
(15)									
					•				

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

3 Enter total number of other organizations or entities

N

Schedule F (Form 990) 2017

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. Schedule F (Form 990) 2017

Part III Grants an

(a) Type of grant or assistance	s 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)							
(3)							
(4)							
(5)							
(9)			•		•		
(1)							
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(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2017

Part	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Trusi	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign is and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	the c	he organization have an ownership interest in a foreign corporation during the tax year? If "Yes," irganization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qualı <i>Infori</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621).	☐ Yes	☑ No
5	the c	he organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain gn Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	"Yes,	the organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to separately file Form 5713, International Boycott Report (see actions for Form 5713; don't file with Form 990)	Yes	☑ No

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:	aguS	lemer	ntal	Inform	ation

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 990 Schedule F Page 1 Part 1 Line 3 Column E
North america - Funds are used for the expenses involved in the various programs we preform in the country of Mexico. Program
services includ: Humanitarian programs, support for native pastors, native churches, missionaries, our children's home located in El
Higo, Veracruz, and various feeding programs in the states of Nuevo Leon, Veracruz, Hidalgo, San Luis Potosi and Tamaulipas, Mexico. Our
monitoring process for these funds includes receipts, expense reports, and on site review by the President and the Board of Directors
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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.

2017
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Dayspring Outreach Ministries	20-0016867
Form 990 Page 2 Part III Line 4d	
(Code: N/A) (Expenses \$ 54,963 including grants of \$ 0) (Revenue	e \$ 0)
Short-Term Mission Trips - In the year of 2012, Dayspring provided mission trips for over 500 individ	uals. Those individuals were able to
experience life as a missionary, be involved in work projects helping churches and the people of Me	xico, humanitarian projects, and working
with children. While working in a third world country, they learn the importance of giving and service	e 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.	
(Code: N/A) (Expenses \$ 6,094 including grants of \$ 0)	(Revenue \$ 0)
USA Mission Ministry - Dayspring promoted missions in the United States through speaking engage	ments in over 30 churches and
organizations. Those engagements included mission conferences, men's retreats, youth convention	s, camp meetings and church services.
We help through our follow-up to make that mission experience a life changing experience that will c	ontinue to impact the individual as
well as their families, their churches, and their communities. Dayspring is actively involved in mission	onary recruiting through the USA
ministry. During 2010, Dayspring recruited two new missionary families to serve full time in Mexico v	vorking along side other missionaries
currently there. Our vision is to reach the American churches with a vision and passion for mission	S
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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	est issues become evident, whether
before or during a transaction by any of the board members, it is communicated to the entire board f	or 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.
·····	
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 d	lirector coordinates this and receives
any comments or concerns. Any concern or comments would be discussed in a special meeting of t	he board of directors either in person or
by conference call or online meeting.	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
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 Fina	ncial Accountability annual
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	ww.dayspring.us. People may also
Review our IRS form 990 on the www.guidestar.org website. We provide copies of our financial statement	s 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	
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