# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

<u>A</u> _	For the	2016 Calendar year, or tax year beginning , 2016, and endi	ig .	, 20	
В	Check if a	pplicable C Name of organization Dayspring Outreach Ministries		D Employer identification n	umber
	Address o	hange Doing business as Dayspring Outreach Ministries		20-0016867	
裋	Name cha	At the sent street (see B.O. hour 4 modern delivered to street address) Room(a)	nte	E Telephone number	-
一	Initial retu	· • • • • • • • • • • • • • • • • • • •		417-781-3211	
$\overline{\sqcap}$	Final return	Character and the control and the second second			
Ħ	Amended			G Gross receipts \$	
$\overline{\sqcap}$	Applicatio		H(a) Is this a gro	oup return for subordinates? Xes	✓ No
_				ubordinates included 🗹 Ye	
	Tax-exem	ot status		o," attach a list (see instruction	
<u></u>	Website:		H(c) Group	exemption number >	
<del>-</del>		panization	M State of legal domicile	MO	
P	art I	Summary	tion 2004		
		Briefly describe the organization's mission or most significant activities: To rea	ch the countr	y of Mexico with the Gos	pel of
ė	1	esus Christ through evangelism, humanitarian works, and training and increase the			<b>4</b>
auc	-	individuals in the USA.	<i></i>		
Ē	2 (	heck this box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of its net assets.	
Š		Number of voting members of the governing body (Part VI, line 1a)	WED :	<b>∖∫</b> 3	3
ত ক		lumber of independent voting, members of the governing body (FartVI, line 1b)		4	3
es		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		Z 5	0
Activities & Governance		otal number of volunteers (estimate if necessary)	2019	6	20
		otal unrelated business revenue from Part VIII, column (C), line 12			0
_		Net unrelated business taxable income from Form 990-T, line 38 UGDEN	VIII V	7b	0
_	<del> </del>		Prior	ar Current Ye	ar
	8	Contributions and grants (Part VIII, line 1h	CUBBER	TRATI	347,628
Je e	1	Program service revenue (Part VIII, line 2c	5.69	132.384	69,013
Revenue	1	nvestment income (Part VIII, column (A),   nd 7d)	191 111	1 0 7 70/	7
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 4	2626	Coron X	0
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	926.844	416,648
_		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		D\$27725	101,950
	14	Benefits paid to or for members (Part IX, column (A), line 4)	TAH	Shut	0
"	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		41,780	40,200
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
pen	1	otal fundraising expenses (Part IX, column (D), line 25) ► 12,099			<del></del>
Δ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	188,832	245,286
,	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		323,337	387,436
,	1	Revenue less expenses. Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	3,507	29,212
- 8			Beginning of Cui		
ets c	20 1 21 1 22 1	otal assets (Part X, line 16)		219,564	250,586
Ass Bal	21	otal liabilities (Part X, line 26)		49,072	50,881
¥ E	22	Net assets or fund balances. Subtract line 21 from line 20		170,492	199,705
	art II	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to th	e best of my knowledge and	belief, it is
tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowle	edge.	
		Ross Tomb		11-15-19	
Sig	ın l	Signature of officer	Dat		
He		Roger Tomlinson President			
		Type print name and title			
		Print/Type preparer's name Preparer's signature D	ate	Check I if PTIN	
Pa				self-employed	
	eparer	Firm's name	Firm	's EIN ▶	
US	e Only	Firm's address >		ne no.	
Ma	v the IRS	6 discuss this return with the preparer shown above? (see instructions)		Yes	No 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form 990 (2018)

•	
Form 99	0 (2018) Page 2
Párt	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To advance the gospel of Christ to Mexico through missionary support, humanitarian works and Children's homes, native church building and support, evangelism, and other ministries. To increase a vision in Americans and the American churches through short term mission experiences, on site training, mission services, presentations, and conferences.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 111,445 including grants of \$ ) (Revenue \$ 0)  Humanitarian Services - Dayspring provides food, clothing, medical assistance and other services to those affected by natural disasters, extreme poverty, and other problems. We operate an orphanage in the city of El Higo, Veracruz, that provides a safe home or children that are orphans & those that have been removed from the home because of abuse and neglect. We provide food, shelter, education, medical care, psychological counselling, dental care and all other needs for the children in our children's home in El Higo. Dayspring provides meals for hundreds of children in Reynosa, Tamaulipas and La Haciendita, Nuevo Leon on a weekly basis Families living in those communities are extremely poor and have been torn apart by the current violence leaving the children without sufficient food. Our workers provide physical and spiritual care for those families and their children.
4b	(Code. ) (Expenses \$ 28,708 including grants of \$ 0) (Revenue \$ 0)
	Mexican Churches and Pastors - Dayspring operates a network of over 100 native churches in Mexico. Dayspring is a church
	planting organization with ongoing evangelistic ministry throughout the country of Mexico and church building projects. We
	minister in nine Mexican states spanning the entire length of the country. We currently have ministries to four different language
	groups and several unreached people groups. Our churches are in remote jungles, desert mountains, remote villages, and inner city
	neighborhoods. Dayspring is also responsible for pastoral training, which is accomplished through our video bible school and pastoral conferences and retreats. We currently are responsible for the spiritual growth and care of over 100 native pastors.
	evangelists, and native missionaries and their churches and congregations.
	,
	•••••••••••••••••••••••••••••••••••••••
	(Code: ) (Expenses \$ 77,140 including grants of \$ 0) (Revenue \$ 0)
	(Code: ) (Expenses \$ 77,140 including grants of \$ 0) (Revenue \$ 0)  Missionary Support and Training - Dayspring currently provides support for 14 full time American and native missionaries and their families located in Mexico and the United States. They are involved in various types of ministry and works throughout Mexico
	and the USA, including children's ministries, pastoral and evangelistic ministries, humanitarian works, training and many others.
	Dayspring operates a seven month missionary training school to prepare individuals from the USA and Latin America for ministry
	service as music ministers, pastors, and full time missionaries. In the school, students learn basic discipleship, theology,
	languages, first aid and emergency medical training, health and missionary survival. The students are prepared through classroom training and hands on practice. Our students have gone on to become missionaries, pastors, youth and worship leaders, and other ministers in both the USA, Mexico, and Latin America.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 62,242 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ \$279,535



A BDFO

Párt	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	/	
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? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? <i>If</i> "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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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		<b>√</b> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<b>√</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓_
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_		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	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		✓

Part	Checklist of Required Schedules (continued)			,
			Yes	No
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<b>✓</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	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	25a		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<	
Part				
		]	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	

a Gross income from members or shareholders	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		,				
Statements, field for the calendar year ending with or within the year covered by this return   2a   0   bit at least one is reported on line 2a, did the organization field eli required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-field (see instructions)   2b   11 Yes; has if field a Form 990-1 for this year? If "No" to fine 35, provide an explanation or Schedule 0   2c   11 Yes; has if field a Form 990-1 for this year? If "No" to fine 35, provide an explanation or Schedule 0   2d   2d   2d   2d   2d   2d   2d   2d   2d	2	Takes the sumber of employees received as Form W.S. Transmitted of West and Tay		Yes	No			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filed a Form 990-1 for this year? If "No" is fune as pyrameta an explanation in Schedule O.  3c Infancial account in a foreign country (such as a bank account, securities account, or other financial accountry)  1if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry)  1if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry over, a financial accountry in the programization file the such explanation and accountry over, a financial accountry over, and accountry ov	2ą		]					
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions).  3a    J	h		2h					
3a   V   1   1   1   1   1   1   1   1   1			20		$\vdash$			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, leuch as a bank account, securities account, or other financial accountry?  b If "Yes," enter the name of the foreign country; P. NA.  See instructions for filing requirements for FICEN 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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  of If "Yes," did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If If "Yes," indicate the number of Forms 8282 filed during the year  Pod the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If If "Yes," indicate the number of Forms 8282 filed during the year  If If the organization received a contribution of qualited infelicutal property, did the organization life Form 899 as required?  If the organization received a contribution of qualited infelicutal property, did the organization life Form 899 as required to the organization received a contribution of a pays the property of the p	3a							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunities account, or other financial account)?  b If "Yes," enter the name of the foreign country;								
b if "Yes," enter the name of the foreign country: Name instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  tif "Yes" to line 5a or 5b, did the organization this Form 8886-7?  5c	4a							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-17.  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization flee Form 8399 as required?  If the organization received a contribution of cars, boats, engines, or other vehicles, did the organization that is a contribution of cars, boats, engines, or other vehicles, did the organization that for mids.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the organizat		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓			
ba Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? did was a promoted to the party of the organization shelt and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  3 Did the organization received a contribution of qualified intellectual property, did the organization flee from 8898 as required?  4 If the organization received a contribution of qualified intellectual property, did the organization flee from 1098-C?  5 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund fund maintained by the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  5 Did the sponsoring organization make a distribution to advisor, or related person?  9 Did the sponsoring organization sc	b							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5 aor 5b, did the organization file Form 8886-T?  If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization included with every solicitation an express statement that such contributions or grifts were not tax deductible?  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 and services provided to the payor?  Dif "Yes," did the organization ortify the donor of the value of the goods or services provided?  The bif "Yes," did the organization ortify the donor of the value of the goods or services provided?  The bif "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The bif the organization receive a payment of qualified intellectual property, did the organization the form 8898 as required?  The companization receive a contribution of cars, boats, arribanes, or other vehicles, did the organization the rom 889-0 as required?  The sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization receive and a distribution to a donor, donor advisor, or related person								
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   7g			+		<u> </u>			
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excess parachute payment(s) during the year?		· · · · · · · · · · · · · · · · · · ·	14b					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?    If "Yes," complete Form 4720, Schedule O			15		<b>√</b>			
If "Yes," complete Form 4720, Schedule O.		·	16					
					<u> </u>			
			Form	990	(2018)			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	iee ins	struct	
Sect	on A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>V</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>/</b>
6	Did the organization have members or stockholders?	6		<del>                                     </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<b>✓</b>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		1
10a	Did the organization have local chanters branches or affiliates?	10a	Yes	.No
b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva		<del>-</del>
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	<del>                                     </del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>▼</b>	_
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	<u> </u>
b	Other officers or key employees of the organization	15b	<u>√</u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	 16a	_	<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		]
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Roger Tomlinson	ords	•	

Form	agn	(2018)	

Page 7

Part VII	Compensation of Officers, Direct	tors, Trustees,	Key Employees,	Highest C	ompensated	Employees	s, and
	Independent Contractors						

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

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

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

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

Check this box if neither the organization no	r a <u>ny rel</u> ate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.	
	(C)										_
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average					e than o		Reportable	Reportable	Estimated	
	hours per	office	er and			or/trust		compensation	compensation from	amount of	
	week (list any hours for	Individual trustee or director	7	Ş	8	육포	Fo	from the	related organizations	other compensation	
	related	dred	意	Officer	g	ploy	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	Sp	ğ	`	Key employee	98	-	(W-2/1099-MISC)		organization and related	
	line)	l lug	3		уее	) Mg				organizations	
		e	Institutional trustee			Highest compensated employee					
			•			e e					_
(1) Roger Tomlinson	60										
1002 Rex Ave, Joplin, MO 64801	<u> </u>	1		✓		l		33,000	0		0
(2) Richard Robison	1										_
2509 E Cherokee ST Blacksburg, SC 29702		✓		✓		<u> </u>		0	0		0
(3) Michael Schneider	1										
PO Box 9, Wiley, CO 81092		✓		<b>✓</b>				0	0		0
(4) Whitney Thetge	5										
3608 E 10th ST, Joplin, MO 64801					✓			7,200	0	<u> </u>	0
(5)									•		
(6)											_
(7)										. <u></u>	_
(0)				_							_
(8)											
(9)											
(10)										· · · · · · · · · · · · · · · · · · ·	
(11)				_							_
<u></u>											
(12)											_
(13)		_								<del></del>	_
(14)				$\dashv$			-				-

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (	contin	ued)		
	(A) Name and title	(B) Average hours per				an	an Reportable Reportat			table Estimated				
	•	week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ns	comp fro orga and	other pensation om the inization related nization	n I
(15)														
(16)														
(17)												-		
(18)												•		
(19)												•		
(20)							<u>-</u>							
(21)					,			-						
(22)					!									
(23)														
(24)														
(25)													••	
	Sub-total	VII, Sectio	n A				-	<ul><li> </li><li> </li><li> </li></ul>	40,200 0 40,200		0			0
2	Total number of individuals (including but reportable compensation from the organic	not limited									00,000	) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direc								est comper	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortal an \$1	ole o 50,0	com 000	per ? <i>II</i>	nsatio	s, "	complete Sch					
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper omple	nsat ete 3	ion Sch	fror edu	n any <i>ile J f</i>	uni	related organiz uch person	ation or ind	ıvıdua 	d 5		<b>\</b>
Section	on B. Independent Contractors													
1									ax 					
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
N/A_									· · · · · · · · · · · · · · · · · · ·	<del></del>				
		<del></del>							<u> </u>					
2	Total number of independent contractor received more than \$100,000 of compensations.	rs (includin	g bu	t no	ot l	mit	ed to	th	ose listed abo	ove) who				

Part VIII		,									
	· ·	Check if Schedule O contains a res	ponse or note to			· · · · · ·					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
nts nts	1a	Federated campaigns 1a	0								
iz or iz	b	Membership dues 1b	0								
s, G Am	С	Fundraising events 1c	0								
ia G	d	Related organizations 1d	0								
in is	е	Government grants (contributions) 1e	0			ı					
rijor er S	f	All other contributions, gifts, grants,				,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	<u> </u>								
e e	g	Noncash contributions included in lines 1a–1f \$	347,628		ļ						
	h h	Total. Add lines 1a-1f		347,628							
E E			Business Code								
eve	2a	Mission Trip Fees	721000	69,013	0	0	0				
ě	b		ļ. —	0	<u>0</u>		0				
ξ	C			0	0	0	, 0				
Š	d				0	0	. 0				
Jan	e	All other program service revenue.			0	0	0				
Program Service Revenue	g	Total. Add lines 2a–2f		69,013			<u>U</u>				
	3	Investment income (including divide		05,013			· · · · · · · · · · · · · · · · · · ·				
		and other similar amounts)		7	o	o	o				
	4	Income from investment of tax-exempt be		0	0	0	0				
	5			0	0	0	0				
		Royalties	(ii) Personal								
	6a	Gross rents 0	0								
	ь	Less rental expenses 0	G	}	l	i					
	С	Rental income or (loss)	0								
	d	Net rental income or (loss)	>	0		0	0				
	7a	Gross amount from sales of (i) Securities	(ii) Other								
		assets other than inventory0	0								
	b	Less cost or other basis					!				
		and sales expenses . 0	0								
	С	Gain or (loss)	<del>-</del>				!				
41	d	Net gain or (loss)	▶	0	0	0	<u>0</u>				
enne	8a	Gross income from fundraising									
<b>&gt;</b>		events (not including \$									
Other Re		of contributions reported on line 1c).					Ì				
her		See Part IV, line 18 a	0								
ō		Less: direct expenses b	0				<u> </u>				
		Net income or (loss) from fundraising	events . 🕨	0		0	0				
	9a	Gross income from gaming activities.  See Part IV, line 19 a					İ				
		·									
		Less. direct expenses b					<u> </u>				
	100	Net income or (loss) from gaming active Gross sales of inventory, less	vities ▶		0	0					
	iva	returns and allowances a					}				
		Less. cost of goods sold b	0		ľ		]				
		Net income or (loss) from sales of inve	enton/	0							
		Miscellaneous Revenue	Business Code		0	0					
}	11a		203,1633 0006	0	0	0	<u>'</u>				
	b	N/A		0	0	0					
	C			0	0	0	0				
	d	All other revenue		0	0	0					
-	_		>				<u>_</u>				
	12	Total revenue. See instructions .		416,648	0	0	0				

J

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	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	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	101,950	101,950		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	40,200	0 28,140	8,040	4,026
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	20,110	,	7,02.
7 8	Other salaries and wages	. 0	0	0	
9 10	Other employee benefits	0	0	. 0	(
11 a	Fees for services (non-employees):  Management	0	0	0	
b c d	Legal	0 0	0 0	0 0	
e	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	
9 12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
13 14	Office expenses	0 25,026 0	21,272	0 2,503 0	1,251
15 16	Royalties	0 22,149	0 18,494	0 1,827	1,827
17 18	Travel	43,388	41,219	. 0	· 2,269
19 20	Conferences, conventions, and meetings . Interest	575 6,525	518 5,220	0 652	58 653
21 22 23	Payments to affiliates	8,955 12,079	9,060 8,455	0 0 2,416	896 1,208
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.)		5,33		,
a b	Missionary Support Short Term Trip Expenses	83,469	83,469	0	0
c	Misc.	42,768 352	38,491 317	4,277 18	0
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	387,436	355,604	19,733	12,099
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)	30.7.00		:	

P	art X	Balance Sheet						
	,	Check if Schedule O contains a response or	note to any line in this l	Part X		<u></u>		
				(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing		19,846	1	69,391		
	2	Savings and temporary cash investments	12,902	2	3,334			
	3	Pledges and grants receivable, net		0	$\overline{}$	0		
	4			0	4	0		
	5	Loans and other receivables from current and f	former officers, directors,					
	1	trustees, key employees, and highest co						
	}	Complete Part II of Schedule L		, 0	5	0		
	6	Loans and other receivables from other disqualified pers	ons (as defined under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B), an						
		sponsoring organizations of section 501(c)(9) volunt						
sts	J	organizations (see instructions). Complete Part II of Sche		0		0		
Assets	7	Notes and loans receivable, net		0		0		
⋖	8	Inventories for sale or use	•	0		0		
	9	Prepaid expenses and deferred charges	, , , <i>, , , ,</i> , ,	0	9	0		
	10a	Land, buildings, and equipment cost or				}		
	١.	other basis. Complete Part VI of Schedule D	10a 186,81					
	i .	Less accumulated depreciation	10b 8,95	·		177,861		
	11	· · · · · · · · · · · · · · · · · · ·	0		0			
	12 13	Investments—other securities. See Part IV, line 1 Investments—program-related. See Part IV, line	0	<del></del>	0			
	14	Intangible assets	0					
	15	Other assets. See Part IV, line 11		15	0			
		Total assets. Add lines 1 through 15 (must equa		219,564		250,586		
		Accounts payable and accrued expenses		15,039		23,721		
	18	Grants payable		13,033		25,721		
		Deferred revenue	0	<del></del>	0			
	1	Tax-exempt bond liabilities		0	<del></del>	0		
	l	Escrow or custodial account liability. Complete F		0	21	0		
S	l	Loans and other payables to current and fo			Ì			
Liabilities		trustees, key employees, highest compens	sated employees, and		ll_			
abi		disqualified persons. Complete Part II of Schedu	G	22	0			
<b>=</b>	23	Secured mortgages and notes payable to unrelate	ted third parties	0	23	0		
	24	Unsecured notes and loans payable to unrelated	I third parties	34,033	24	27,160		
	25	Other liabilities (including federal income tax, p	•					
		parties, and other liabilities not included on lines	17-24). Complete Part X			·		
		of Schedule D		0		0		
_	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·	49,072	26	50,881		
S		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		d	i			
nç.								
ala		Unrestricted net assets	0		0			
8		Temporarily restricted net assets Permanently restricted net assets	0		0			
5		Organizations that do not follow SFAS 117 (ASC 95			-29			
F.		complete lines 30 through 34.	oj, check here v and	'	. 1			
Net Assets or Fund Balances		Capital stock or trust principal, or current funds	0	30				
Se		Paid-in or capital surplus, or land, building, or eq		0				
As			Retained earnings, endowment, accumulated income, or other funds.					
Ę		Total net assets or fund balances	219,564 170,492		250,586 199,705			
_		Total liabilities and net assets/fund balances .	219.052		250,586			
						Form <b>990</b> (2018)		

Page	. 4	
rage		4

	(20.0)		, ago 14
Par	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		416,648
2	Total expenses (must equal Part IX, column (A), line 25)		387,436
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>	29,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		170,492
5	Net unrealized gains (losses) on investments		0
6	Donated services and use of facilities		. 0
7	Investment expenses		0
8	Prior period adjustments		0
9	Other changes in net assets or fund balances (explain in Schedule O)		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	<u> </u>	199,705
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	
			Yes No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🗌 Accrual 📗 Other	_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın	1
_	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or	1 1 1
	reviewed on a separate basis, consolidated basis, or both:	İ	
	Separate basis Consolidated basis Both consolidated and separate basis		
D	Were the organization's financial statements audited by an independent accountant?	. 2b	<b></b> ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a	
	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 oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		] ]
	If the organization changed either its oversight process or selection process during the tax year, explain		<del>                                     </del>
	Schedule O.	""	
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth		<b>-</b>
Jd	the Single Audit Act and OMB Circular A-133?	. 3a	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<del></del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		
	,		m <b>990</b> (2018)
		. 0	

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

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

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Vame	ame of the organization Employer identification number							
Days	ayspring Outreach Ministries 20-0016867							
_	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1							
1							()	
2	A school described in section							
3	A hospital or a cooperative hos						(III) Enter the	
4	hospital's name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	☐ A federal, state, or local govern☐ An organization that normally	receives a subs	tantial part of its sup				n the general public	
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)					
8	A community trust described in	= =						
9	An agricultural research organi or university or a non-land-gra- university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, le (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	☐ An organization organized and							
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to cal	rry out the purposes	
	of one or more publicly support Check the box in lines 12a thro							
a	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s			
	control or management of to organization(s). You must o				persons	that control or man	age the supported	
C	Type III functionally integing its supported organization(						ally integrated with,	
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)	
	that is not functionally integree requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	d an attentiveness	
ө	Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information	about the supp	oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)								
B)								
C)								
D)								
E)	· · · · · · · · · · · · · · · · · · ·							
Catal	i		I	1	l l			

### 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	under the tes	sta listed Deit	w, please co	implete rart i	1.)	
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2014	(6) 2013	(0) 2010	(0) 2017	10/2010	(i) iotai
•	received. (Do not include any "unusual grants.")	231,298	160,726	172,836	194,473	347,628	1,106,961
2	Gross receipts from admissions, merchandise	231,290	100,720	172,830	134,473	347,020	1,100,301
	sold or services performed, or facilities furnished in any activity that is related to the			,			
	organization's tax-exempt purpose	146,432	238,877	217,984	132,364	69,013	804,670
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	o	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	. 0	o	o	o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the				Ì		
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	377,730	399,603	390,820	326,837	416,641	1,911,631
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3				İ		
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000				ł		
	or 1% of the amount on line 13 for the year	0	0	.0		0	0
	Add lines 7a and 7b	377,730	399,603	390,820	326,837	416,641	1,911,631
8	Public support. (Subtract line 7c from				1		
Cooti	on B. Total Support				<u>.</u> 1		1,911,631
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014 377,730	399,603		326,837	416,641	1,911,631
10a	Gross income from interest, dividends,	377,730	399,003	390,820	320,037	410,041	1,011,001
100	payments received on securities loans, rents,				ļ		
	royalties, and income from similar sources .	3	· 7	8	7	7	32
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
C	Add lines 10a and 10b	3	7	8	7	7	32
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on	0	0	0	o	0	0
12	Other income. Do not include gain or				ļ		
	loss from the sale of capital assets				1		
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	377,733	399,610			416,648	1,911,663
14	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor			<del></del>			
15	Public support percentage for 2018 (line 8			3. column (fl)		15	100 %
16	Public support percentage from 2017 Sch					16	100 %
	on D. Computation of Investment Inc			<del></del>			
17	Investment income percentage for 2018 (			y line 13, colur	mn (f))	17	2.4 %
18	Investment income percentage from 2017	' Schedule A, F	Part III, line 17			18	2.9 %
19a	331/3% support tests-2018. If the organi	ization did not	check the box	on line 14, an	d line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organiz	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 33	31/3%, and
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

OMB No 1545-0047

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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 . . . . . . 5 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 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) 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 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . . 2a 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ 8 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	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, ched	ck any of the	he follo	wing that are a	a significant use of its
à	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams	
b	☐ Scholarly research		e	☐ Othe	r			
С	☐ Preservation for future generations	3						•
4	Provide a description of the organizat XIII.	tion's collections	and expl	ain how t	they further	r the ore	ganization's ex	empt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Pari	Part IV Escrow and Custodial Arrangements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes	on For	m 990, I	Part IV, lin	e 9, or	reported an a	amount on Form
1a	Is the organization an agent, trustee,	, custodian or oth	ner intern	nediary fo	or contribu	tions oi	other assets	not
	included on Form 990, Part X?							· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing t	able:			
								Amount
C	Beginning balance					10	;	
d	Additions during the year					10	l	
е	Distributions during the year					16	<del></del>	·
f	Ending balance					11	<del></del>	
2a	Did the organization include an amoun	•	•					-
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII	<u> </u>
Par								
	Complete if the organization						45.77	
_		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance	<del></del> -						-
b	Contributions							
С	Net investment earnings, gains, and				}			
	losses							<del></del>
d	Grants or scholarships	·			<del> </del>			- <del></del>
е	Other expenditures for facilities and programs							
4		_ <del>.</del>			<del> </del>		<del></del>	<del></del>
f	Administrative expenses End of year balance	·			<u> </u>			
g	End of year balance   Provide the estimated percentage of t	ho ourrent waar or	d bolone	o (line 1e	l column (	// bold		
2	Board designated or quasi-endowmer	ne current year er	02	e (iiile 19	, column (a	a)) neid	<b>a</b> 5	
a b	Permanent endowment ▶	0/	70					
c	Tomporarily rostricted andowment							
v	The percentages on lines 2a, 2b, and		nn%					
3a	Are there endowment funds not in the	·		zation tha	at are held	and ad	ministered for	the
•	organization by:	poddoddion or u	.o o.ga		at a.o	2.10 00		Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations					•		. 3a(ii)
h	If "Yes" on line 3a(ii), are the related of							. 3b
4	Describe in Part XIII the intended uses					• •		. 05
Part								
	Complete if the organization		" on For	m 990. F	Part IV. line	e 11a. :	See Form 990	0. Part X. line 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
		(investm		(0	ther)	d€	epreciation	
1a	Land				30,000			30,000
b	Buildings		_		128,329		1,667	126,662
C	Leasehold improvements				0		0	0
d	Equipment				28,394		7,195	21,199
е	Other			<u> </u>	93		93	0
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part )	K, column	(B), line 10	Oc)	▶ [	177,861

### **SCHEDULE F** (Form 990) ·

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

2018

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Daysp	oring Outreach Ministries					20-0016867					
Par	General Information Form 990, Part IV, line	on Activit 14b.	ties Outside	the United States. Cor	nplete if the organization a	answered "Yes" on					
1	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 grants or assistance?										
2	For grantmakers. Describe outside the United States.	in Part V th	e organization	's procedures for monitoring	ng the use of its grants ar	d other assistance					
3	Activities per Region. (The fo	llowing Part	I, line 3 table	can be duplicated if addition	nal space is needed.)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region					
(1)	North America	0	0	Program Services	See Part V	101,950					
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)						•					
(9)											
<del>(10)</del>		_									
(11)					RECE	VED IN CURR					
(12)					_	L <sub>3</sub> 1 8 2020					
(13)											
(14)					<b>D</b> .GI	DEN, UTAH					
(15)											
(16)		,									
(17)											
3a	Subtotal		-								
b	Total from continuation sheets to Part I			-							
, с	Totals (add lines 3a and 3b)										

40. (444.7	- Tage •
Part V	Supplemental Information ,
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions.
Form 900 S	chedule F Page 1 Line 3 Column E
North Ame	rico - Funds are used for the expenses involved in the various programs we preform in the country of Mexico. Program
Services in	clude : Humanitarian programs, support for native pastors, native churches, missionaries, our children's home located in the city
of El Higo,	Veracruz and various feeding programs in the states of Nuevo Leon, Veracruz, 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)

Department of the Treasury

Internal Revenue Service

#### 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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019
Open to Public Inspection

Employer identification number Name of the organization **Dayspring Outreach Ministries** 20-0016867 Form 990 Page 2 Part III Line 4d (Code: N/A ) (Expenses \$ 58,565 Short-Term Mission Trip including grants of \$ 0 ) (Revenue \$ 0) Short-Term Mission Trips - In the year of 2018, Dayspring provided mission trips for over 500 individuals. Those individuals were able to experience life as a missionary, be involved in work projects helping churches and the people of Mexico, humanitarian projects, and working with children. While working in a third world country, they learn the importance of giving and service and when they return home, they continue to be involved in service in their home churches and communities. The trip fees and group participation enable Dayspring to impact thousands in Mexico and fulfill our primary purpose. (Code: N/A) (Expenses \$ 3,677 including grants of \$ 0) (Revenue \$ 0) USA Mission Ministry - Dayspring promoted missions in the United States through speaking engagements in over 30 churches and organizations. Those engagements included mission conferences, men's retreats, youth conventions, camp meetings and church services. We help through our follow-up to make that mission experience a life changing experience that will continue to impact the individual as well as their families, their churches, and their communities. Dayspring is actively involved in missionary recruiting through the USA well as their families, their churches, and their communities. Dayspring is actively involved in missionary recruiting through the USA ministry. During 2010, Dayspring recruited two new missionary families to serve full time in Mexico working along the prissof of RES IRS - OSC -554 currently there. Our vision is to reach the American churches with a vision and passion for missions. FEB 1 8 2020 OGDEN, UTAH Form 990 Page 6 Part VI Section B Line 12c The conflict of interest policy is monitored by the board of directors. If any potential conflict of interest issues become evident, whethers before or during a transaction by any of the board members, it is communicated to the entire board for monitoring, Separation of decision making and any other necessary actions needed to preclude a conflict are taken and recorded in the minutes of the board of directors. 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 filling with the IRS. The director coordinates this and receives any comments or concerns. Any concern or comments would be discussed in a special meeting of the board of directors either in person or

by conference call or online meeting.

Schedule O (Form 990 or 990-EZ) (2019)	Page Z
Name of the organization	Employer identification number
Dayspring Outreach Ministries	20-0016867
, Form COD Date C Date VI Continu D. Lines 450 C 45b	
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 Finar	icial 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	·
On the state of th	an devening us. Peenle movalse
Our organizational documents, financial statements and IRS Form 990 are available on our web sites at wy	w.uayspring.us. Feople 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
	' A b effer We
no cost to the requester, either by mail or e-mail. Our governing documents and policies are available for	review at our nome office, we
also have electronic copies to send by e-mail if requested.	
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