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(Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

| Ā | For th | e 2019 calen | dar year, or tax yea | er beginning | | , 2 | 019, | and end | ing | | _ | , 20 | | | | |
|-------------------------|------------|--|---|---------------------------------------|----------------------|----------------|---------|------------------|-----------|----------------|------------------|---------------------------------------|---|--|--|--|
| В | Check | ıf applicable | C Name of organizati | on Dayspring | Outreach Minis | stries | | | | | D Emp | oloyer identificat | ion number | | | |
| | Addres | s change | Doing business as | Dayspring O | utreach Ministr | ies | | | | | 1 | 20-001686 | 57 | | | |
| | Name | change | Number and street | | | | dress) | | Roon | v/suite | E Tele | phone number | | | | |
| | Initial re | eturn | 3702 E 10th ST | | | | | | | | 417-781-3211 | | | | | |
| 百 | Final re | turn/terminated | City or town, state | or province, co | untry, and ZIP or fo | reign postal c | ode | | | | | | | | | |
| \Box | Amend | led return | Joplin, MO 64801 | | | | | | | | G Gros | Gross receipts \$ 407, | | | | |
| | Applica | ation pending | F Name and address | of principal offic | er. | | | | | H(a) Is this a | group return | for subordinates? | | | | |
| | | | Roger Tomlinson | | | | | | | | | ates included? | | | | |
| ı | Тах-ех | empt status: | √ 501(c)(3) |] 501(c) (|) ◀ (insert no.) | 4947(a | 1)(1) 0 | r 527 | | 1 | | list (see instructi | | | | |
| 7 | Websit | te: ► http://w | ww.dayspring.org | | | | | | • | H(c) Group | exemptio | n number 🕨 | | | | |
| K | Form o | f organization: | Corporation Trus | t Associat | ion ☐ Other ► | | LY | ear of for | mation | : 2004 | M Stat | te of legal domicil | le MO | | | |
| Part I Summary | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | 1 | Briefly des | cribe the organiza | ation's missi | on or most sign | nificant acti | ivitie | s: To re | ach ti | ne country | of Mexi | co with the Go | ospel of | | | |
| ? 8 | | Jesus Chri | st through evangel | ism, humanı | tarian works, an | d training a | and ir | ncrease | the m | ission visi | on of ch | nurches and | ************** | | | |
| ğ | 1 | | s in the USA. | | | | | | | | | | *************************************** | | | |
| つき | 2 | Check this | box ▶ 🗌 if the o | rganization (| discontinued it | s operation | ns or | dispose | ed of | more than | 1 25% c | of its net asse | ts. | | | |
| ્ હું | 3 | | voting members | | | | | | | | 1 3 | ŀ | 3 | | | |
| •5 | 4 | Number of | independent voti | ng members | s of the govern | ing body (F | art √ | Mille Co | Ы | V.L.U | 4 | | 3 | | | |
| Hes | 5 | Total numl | ber of individuals | employed in | calendar year | 2019 (Part | V, lif | ne 2a) | | | 16 5 | | 0 | | | |
| Activities & Governance | 6 | Total numl | ber of volunteers (| estimate if n | ecessary) . | | 181 | - NOV | 09 | 2020 | 9 6 | | 20 | | | |
| Ą | 7a | Total unrel | lated business rev | enue from F | art VIII, columi | n (C), line 1 | | | | · · · · | 7a | | 0 | | | |
| | b | Net unrela | ted business taxa | ble income t | from Form 990 | -T, line 39 |]. ' | 000 | <u>7⊢</u> | NI- I-IT | 7b | | 0 | | | |
| | | | | | | | | Odi | 7 | Prior Ye | ar | Current | t Year | | | |
| • | 8 | Contribution | ons and grants (Pa | art VIII, line 1 | lh) | | • | | | | 347,628 | 8 | 311,720 | | | |
| Revenue | 9 | Program s | ervice revenue (Pa | art VIII, line 2 | 2g) | | | | | | 69,013 | 3 | -∡95,502 | | | |
| ě | 10 | Investmen | t income (Part VIII | , column (A) | , lines 3, 4, and | 17d) | | | | | | 7 | 23 | | | |
| | 11 | Other reve | nue (Part VIII, colu | umn (A), line: | s 5, 6d, 8c, 9c, | 10c, and 1 | 11e) | | | | | 0 | 0 | | | |
| i | 12 | Total rever | nue-add lines 8 th | rough 11 (m | ust equal Part \ | VIII, column | ı (A), | line 12) | | | 416,648 | 8 | 407,245 | | | |
| • • | 13 | Grants and | d similar amounts | paid (Part IX | (, column (A), li | nes 1-3) . | | | | | 101,950 | 0 | 129,788 | | | |
| | 14 | the state of the s | | | | | | | | | | | | | | |
| 2 8 | 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | | | | | | 40,200 | 0 38,70 | | | | |
| ر Expenses | 16a | | al fundraising fee: | | | | | | | | | 0 (| | | | |
| Š | b | | raising expenses (| | | | | | <u> </u> | | | <u> </u> | | | | |
| ш | 17 | | enses (Part IX, col | | | - | | | | | 245,286 | 5 | 242,345 | | | |
| | 18 | | nses. Add lines 13 | - | • | | | 25) . | \perp | | 387,436 | 5 | 410,841 | | | |
| | 19 | Revenue le | ess expenses. Sub | otract line 18 | from line 12 | | • | <u>· · · · </u> | | | 29,212 | 2 | -3596 | | | |
| Net Assets or | | | | | | | | | Beg | inning of Cu | rrent Year | r End of | Year | | | |
| Sset | 20 | | ts (Part X, line 16) | | | | • | | <u> </u> | | 250,586 | 5 | 236,235 | | | |
| ¥ ₹ | 21 | | ities (Part X, line 2 | • | | | | | | | 50,881 | 1 | 40,129 | | | |
| 2 (| 22 | | or fund balances | . Subtract lir | ne 21 from line | 20 | • | | ٠ | | 199,70 | 5 | 196,106 | | | |
| _ | art II | ······································ | re Block | | | | | | | | | | | | | |
| | | | , I declare that I have e e. Declaration of prepa | | | | | | | | | my knowledge a | and belief, it is | | | |
| | | | | | | | | | - | | 77/0 | 2/2020 | | | | |
| Si | gn | Signat | ure of officer | - | | | | | | l Dat | 1/2 | 12020 | | | | |
| | ere | | 10 | T 1: | • | Dog . | . د | . 4 | | Da | | , | | | | |
| | 51 C | Type o | or print name and title | Roser Tambinson President | | | | | | | | | | | | |
| | | | preparer's name | · · · · · · · · · · · · · · · · · · · | Preparer's signatu | 70 | | ······ | Date | | Ta | ☐ if PTIN | | | | |
| | aid | - | p. space o mano | ŀ | Jpaio. o oignatu | | | | Duit | | Check self-em | nployed | | | | |
| | epar | | ne 🕨 | | | | | i | | Eiren | 's EIN ▶ | <u> </u> | | | | |
| Us | se On | Firm's add | | | | | | | | | ne no. | | | | | |
| Ma | v the I | | this return with the | e preparer s | hown above? | see instruc | tions | s) | | 1 - 1101 | | 🔲 Ye | s 🗌 No | | | |
| | | | tion Act Notice, see | | | | | · · · · · | t No | 11282Y | · · | | m 990 (2019) | | | |
| . • | | | | | | | | | | | | , 511 | 1-0103 | | | |

| Page 2 |
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| re church hrough short |
| Yes 🗹 No |
| Yes ☑No |
| measured by ons to others, |
| 0) natural a safe home food, shelter, ne in El weekly basis |
| |
| 0) nurch . We language nd inner city pol and |
| 40.174) |
| 10,174) es and out Mexico y others. r ministry |

| Onn 38 | 0 (2016) |
|--------|---|
| Part. | Statement of Program Service Accomplishments 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. |
| | term mission experiences, on site daming, mission services, presentations, and conferences. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code: N/A) (Expenses \$ 146,789 including grants of \$ 0) (Revenue \$ 0) |
| | Humanitarian Services - Dayspring provides food, clothing, medical assistance and other services to those affected by natural |
| | disasters, extreme poverty, and other problems. We operate an orphanage in the city of El Higo, Veracruz, that provides a safe home |
| | for children that are orphans & those that have been removed from the home because of abuse and neglect. We provide food, shelter |
| | education, medical care, psychological counselling, dental care and all other needs for the children in our children's home in El |
| | Higo. Dayspring provides meals for hundreds of children in Reynosa, Tamaulipas and La Haciendita, Nuevo Leon on a weekly basis |
| | Families living in those communities are extremely poor and have been torn apart by the current violence leaving the children |
| | without sufficient food. Our workers provide physical and spiritual care for those families and their children. |
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| | |
| 4b | (Code: N/A) (Expenses \$ 41,884 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. |
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| | *************************************** |
| 4c | (Code: N/A) (Expenses \$ 46,055 including grants of \$ 0) (Revenue \$ 10,174) |
| | 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 |
| | raining 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. |
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| 4d | Other program services (Describe on Schedule O.) |
| 4e | (Expenses \$ 106,172 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ \$340,850 |
| -917 | Trugulari del Vice dariettada 🖝 — NSAU 800 |

| Part | 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? 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? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VII, 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 |
| 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 |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 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 | | 1 |
| | 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 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 140 | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | 1 | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | 1 | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | √ | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | 1 |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 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 | <u> </u> | 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 | 24- | | |
| b | through 24d and complete Schedule K. If "No," go to line 25a | 24a 24b | | 1 |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | - |
| | to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 1 |
| 25a | Section 501(c)(3), 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | : | 1 |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | <u> </u> | ✓ |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 | ļ | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 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 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | 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 | ļ | ✓ |
| 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? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 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 | ✓ | |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 | | Yes | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
|------|--|--|---------------|--|--|--|--|--|--|
| | | | Yes | No | | | | | |
| 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 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | | | | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| За | | | | | | | | | |
| b | | | | | | | | | |
| _ | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 | | | | | |
| b | If "Yes," enter the name of the foreign country ▶ | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 1 | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | - | 1 | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 | | | | | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | - | | | | | |
| - Ca | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | 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? | 7a | | ✓ | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | |
| _ | required to file Form 8282? | 7c | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 1 | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | - | 7 | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| O | sponsoring organization have excess business holdings at any time during the year? | 8 | | 1 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | <u> </u> | | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 7 | | | | | |
| a | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | √ | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 90 | | • | | | | | |
| 10 | 1 1 | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | | | | | | |
| 44 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 1 | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| Þ | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | | |
| | against amounts due or received from them.) | | | | | | | | |
| 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. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | | | |
| C | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | 1 | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | 1 | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |

| 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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See ir | nstruc | tions. | | | | | |
|----------|--|----------|-------------|--|--|--|--|--|--|
| Section | on A. Governing Body and Management | | | | | | | | |
| · | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a : | <u> </u> | | | | | | | |
| | 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 on Schedule O. | | - | | | | | | |
| ь | b Enter the number of voting members included on 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 | | - <u>-</u> - | | | | | |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | 1 | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | 1 | | | | | |
| 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: | | | | | | | | |
| а | The governing body? | 8a | √ | <u> </u> | | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | <u> </u> | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | L | _ | | | | | |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | | | | | | | |
| 400 | Did the arranization have lead chapters branches or offiliates? | 10a | Yes | No / | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | IVa | | | | | | | |
| b | 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? Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | _ ✓ | ├ | | | | | |
| b 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u></u> | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 7 | | | | | | |
| 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 | V | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | 1 | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 1 | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review 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 | 1 | | | | | | |
| b | Other officers or key employees of the organization | 15b | 1 | | | | | | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | - | | | | | |
| 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 | | | | | | | |
| Section | 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-(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 on Schedule O) | • | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | | | olicy, | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | > | | | | | | |

| ο. | _ | _ | 7 |
|----|----|---|---|
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| Part VII | Compensation of Officers, Directors, Trustee | es, Key Employees, Highest | Compensated Employees, and |
|----------|--|----------------------------|----------------------------|
| | Independent Contractors | | |

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

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

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

| ☐ Check this box if neither the organization no | r any relate | d orga | aniz | atic | n c | ompe | nsa | ited any current | officer, director, | or trustee. |
|---|---|--------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | | | • | C) | | | | | |
| (A) | (B) | Position (do not check more than one | | | | | | (D) | (E) | (F) |
| Name and title | Average hours | | | | | is both or/trus | | Reportable compensation | Reportable compensation | Estimated amount of other |
| | per 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) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Roger Tomlinson | 60 | | | | | | | | | |
| 1002 Rex Ave, Joplin, MO 64801 | | / | L. | ✓ | | | L | 31,130 | | |
| (2) Richard Robison | 11 | | | | | ļ | | | | |
| 2509 E Cherokee ST Blacksburg, SC 29702 | | ✓ | | 1 | Ļ | ļ | | | | |
| (3) Michael Schneider | 11 | | | | | | | | | |
| PO Box 9, Wiley, CO 81092 | | ✓ | <u> </u> | ✓ | ┡ | <u> </u> | _ | | | |
| (4) Whitney Thetge | 5 | ļ | |] | | | | | | |
| 3608 E 10th ST, Joplin, MO 64801 | | | - | - | 1 | | - | 7,578 | | |
| (5) | | 1 | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | - |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VI Section A. Officers, Directors, | Trustees, | Key | Em | plo | yee | s, an | d F | fighest Compe | nsated | Emplo | yees (| contir | nued) |
|-------|--|--------------------------|-----------------------------------|--|--------|--------------|------------------------------|------------|-----------------------|-------------|----------|--------------|--------------------|---------------------------------------|
| | | (C) | | | | | | | | | | j | | |
| | (A) | (B) | Position /do not shoot and then a | | | | | | (D) | (E |) | | (F) | |
| | Name and title | Average | | (do not check more than or box, unless person is both | | | | | Reportable | Repor | | | ted am | ount |
| | | hours per week | | | | irect | or/trus | tee) | compensation from the | from re | | | f other pensati | ion |
| | | (list any | Individual trustee or director | Inst | 3 | Key employee | 3 5 | Former | organization | organiz | ations | I . | om the | |
| | | hours for | P S | ₫ | Ę. | 9 | be st | 를 | (W-2/1099-MISC) | (W-2/109 | 9-MISC) | | ization | |
| | | related organizations | 호호 | 2 | | 뒇 | 8 8 | • | | | | related | organiza | ations |
| | | below | TS I | 1 | | 8 | 2 | | | | | | | |
| | | dotted line) | 8 | Institutional trustee | | | Highest compensated employee | | | | | | | |
| | | | | Ľ | | | 8 | | | | | | | |
| (15) | | ļ | | | | | • | | | | | | | |
| | | | | igspace | ļ | <u> </u> | ļ | | | | | ļ | | |
| (16) | | | 1 | | | | | | | | | | | |
| | | ļ | <u> </u> | <u> </u> | | ļ | | <u> </u> | | <u> </u> | | | | |
| (17) | | ļ | 1 | | | | | Ì | | | | | | |
| | | ļ <u>-</u> | | - | - | - | ļ | _ | | <u> </u> | | | | |
| (18) | | ļ | - | | | l | | | : | | | | | |
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| (19) | | | ł | | | | | | : | | | ł | | |
| (00) | | ļ | | | | - | | | | | | | | |
| (20) | | | ł | | | | | | | | | | | |
| (04) | | ļ | | - | _ | _ | <u> </u> | | | <u> </u> | | <u> </u> | | |
| (21) | | | - | ļ | | | i | l | | | | 1 | | |
| (22) | | ļ | | - | - | - | | ├— | | | | | | —— |
| (22) | | | 1 | | l | | i | | ľ | | | † | | |
| (22) | | | | - | - | | | | | | | | | |
| (23) | | | | | | | | | | | |] | | |
| (24) | | | | - | - | - | | - | | | | | | |
| (24) | | | | | | | • | |] | | |] | | |
| (25) | | | - | - | - | - | | - | | | | | | |
| (23) | | † | İ | | | | | | | | | | | |
| 1b | Subtotal | <u> </u> | | L | | L | L | | 38,708 | | | | | |
| c | Total from continuation sheets to Part | | | • | • | | • | | 38,708 | | | - | | |
| d | Total (add lines 1b and 1c) | | | • | • | | • | • | 38,708 | | | | | |
| 2 | Total number of individuals (including but | | | | | | | 2) W | | | 00 000 | of | | |
| ~ | reportable compensation from the organi | | 10 11 | 1030 | , 1130 | | ubove | ., | 0 | o unan y i | 00,000 | 01 | | |
| | | | - | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | officer dire | ector | tnı | cto | - k | | mnl | ovee or highes | t compe | nestad | | | , |
| J | employee on line 1a? If "Yes," complete s | | | | | | | p. | | | i isateu | 3 | | - j - |
| 4 | For any individual listed on line 1a, is the | | | | | | | n a | nd other compe | nsation fr | om the | h | | |
| • | organization and related organizations | | | | | | | | | | | | | 1 |
| | individual | | | | | | | -, | | | | 4 | ٠. | ~ ' |
| 5 | Did any person listed on line 1a receive of | r accrue co | ampe | nsat | tion | fror | n anv | un | related organizat | tion or inc | dividual | | | <u> </u> |
| | for services rendered to the organization' | | | | | | | | | | | 5 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Secti | on B. Independent Contractors | ····· | | | | | ******* | | | | ····· | | | <u> </u> |
| 1 | Complete this table for your five high | nest compo | ensate | ed | inde | eper | ndent | co | ntractors that r | eceived | more 1 | than \$1 | 00.00 | 00 of |
| | compensation from the organization. Rep | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | | |
| | Name and business add | ress | | | | | | | Description of serv | rices | (| Compens | ation | |
| N/A | | | | | | | | | | · | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contracto | rs (includir | ng bu | ıt n | ot I | imit | ed to | th | ose listed abov | e) who | | | | 1 |
| | received more than \$100,000 of compens | | | | | | | | 0 | 1 | | | | 1 |

| | 90 (201 | | | | | | | | | Page |
|--|-------------|---|---------------|--------------|-------|---|-------------------|--|--------------------------------------|--|
| Part | VIII | Statement of Re | | | | en or note to er | w line in this Bo | ۱/۱۱ در | | _ |
| | | Check if Schedule | 0 60 | intains a re | sspoi | ise of flote to at | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| स स | 1a | Federated campaig | ns . | | 1a | 0 | | | | |
| Grants | ь | Membership dues | | | 1b | 0 | Į | | | |
| Q, E | C | Fundraising events | | | 1c | 0 | | | | |
| Gifts, ilar An | d | Related organization | | | 1d | 0 | | | | |
| a, ig | е | Government grants | | | 1e | 0 | | | | |
| Si Si | f | All other contribution | | | | 1 | | | | |
| 音 | | and similar amounts not included above | | | | 311,700 | , | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contribution lines 1a-1f | 1 1 | | | \$ 3,500 | , <u> </u> | | | |
| <u>8</u> | h | Total. Add lines 1a- | -1f . | <u> </u> | | 🕨 | 311,720 | | | |
| | | | | | | Business Code | | | | |
| Program Service Revenue | 2a | Mission Trip Fees | | | | 721000 | 95,502 | 0 | 0 | |
| ₽ e | b | | | | | 00 | 0 | 0 | 0 | (|
| gram Ser Revenue | С | | | | | 0 | 0 | 0 | 0 | |
| <u>ē</u> <u>ā</u> | d | | | | | 0 | 0 | 0 | 0 | |
| 90 F | 0 | | | | | 00 | 0 | 0 | 0 | |
| 4 | f | All other program se | | | | 0 | 0 | 0 | 0 | |
| | 9 | Total. Add lines 2a- | | | | | 95,502 | | | |
| | 3 | Investment income | | _ | | _ | | | | |
| | | other similar amoun | - | -44 | | | 23 | | | |
| | 4 | Income from investr | | | • | | 0 | | | |
| | 5 | Royalties | | (i) Rea | | (ii) Personal | 0 | 0 | 0 | |
| | | Overe vente | 6- | (i) nea | | | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b 6c | | 0 | | | | | |
| | d | Rental income or (loss) Net rental income or | | <u> </u> | | 0 | | | | |
| | l | | (105 | (i) Securit | has | (ii) Other | 0 | 0 | 0 | |
| | 7a | Gross amount from sales of assets | | (,, 0000 | | (.,, 02.6. | | | | |
| ! | | other than inventory | 7a | 1 | 0 | 0 | | | | |
| ø | ь | Less: cost or other basis | - | | | | | | | |
| ine | | | 7b | | O | o | | | | |
| e e | С | Gain or (loss) | 7c | | 0 | | | | | |
| æ | d | Net gain or (loss) | | | | · | 0 | 0 | 0 | |
| Other Rever | 8a | Gross income from | | | | I | | | | |
| δ | | events (not including | \$ | 0 |] | | | | | |
| | | of contributions rej | porte | d on line | | | | | | |
| | | 1c). See Part IV, line | 9 18 | | 8a | 0 | | | | |
| | b | Less: direct expens | es . | | 8b | 0 | | | | |
| | С | Net income or (loss) |) from | n fundraisin | g eve | nts 🕨 | 0 | | 0 | |
| | 9a | Gross income factivities. See Part I | | | 9a | | | | | |
| | ь | Less: direct expens | | | 9b | 0 | , | | | |
| | C | Net income or (loss) | | | | | 0 | 0 | 0 | |
| | | Gross sales of in | - | | | <u>,,, , , , , , , , , , , , , , , , , , </u> | 0 | | U | |
| | IUa | returns and allowan | | | 10a | o | | | | |
| | ь | Less: cost of goods | | | 10b | 0 | | | | |
| | C | Net income or (loss) | | | | <u> </u> | 0 | 0 | 0 | |
| s | | | | | | Business Code | | | | |
| scellaneous Revenue | 11a | | | | | 0 | 0 | 0 | 0 | (|
| ane inu | b | | | | | 0 | 0 | 0 | 0 | (|
| etk eve | С | | | | | 0 | | 0 | 0 | · · · · · · · · · · · · · · · · · · · |
| သို့ နှင့် | | All other revenue | | | | 0 | 0 | 0 | 0 | |

407,245

Total. Add lines 11a-11d Total revenue. See instructions Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must comp | | | | |
|--------|---|-----------------------|------------------------------------|---|--------------------------------|
| | Check if Schedule O contains a response | | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to 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 | 129,788 | 129,788 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 38,708 | 27,096 | 7,742 | 3,871 |
| 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 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 0 | | | |
| b | Legal | 5 | 5 | 0 | 0 |
| c d | Accounting | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 24,595 | 20,906 | 2,460 | 1,230 |
| 14 | Information technology | 2,582 | 1,807 | 387 | 387 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 20,818 | 17,383 | 1,717 | 1,717 |
| 17 | Travel | 72,571 | 68,942 | | 3,629 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 767 | 690 | 0 | 77 |
| 20 | Interest | 7,773 | 6,218 | 777 | 777 |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization . | 7,321 | 6,589 | 0 | 732 |
| 23 | Insurance | 13,409 | 9,386 | 2,682 | 1,341 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| _ | Missionary Support | 44 400 | 44 450 | | |
| a b | Short Term Trip Expenses | 41,188 51,317 | 41,188 46,185 | 0 5,132 | <u>0</u> |
| c | | 0 | 40,103 | 3,132 | |
| d | | 0 | | | |
| e | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 410,841 | 245,636 | 20,897 | 13,676 |
| 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 Pa | art X | | <u> </u> |
|-----------------------------|-----|--|--------------------------|-----|---------------------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 69,391 | 1 | 40,385 |
| | 2 | Savings and temporary cash investments | 3,333 | 2 | 21,810 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, |] | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | Ĺ | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 177,86 | | | |
| | b | Less: accumulated depreciation [10b] 7,321 | 177,861 | 10c | 170,540 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | | 236,235 |
| | 17 | Accounts payable and accrued expenses | 23,721 | 17 | 20,924 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | <u> </u> |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | 1 |
| Liabilities | ı | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| ap | ı | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 27,160 | 24 | 19,203 |
| | 25 | Other liabilities (including federal income tax, payables to related third | Ì. | i | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 50,881 | 26 | 40,129 |
| es | | Organizations that follow FASB ASC 958, check here ▶ □ | | | |
| Ž. | | and complete lines 27, 28, 32, and 33. | | | |
| ä | 27 | Net assets without donor restrictions | | 27 | · · · · · · · · · · · · · · · · · · · |
| d E | 28 | Net assets with donor restrictions | <u> </u> | 28 | |
| ٦ | | Organizations that do not follow FASB ASC 958, check here ▶ ☑ | | | } |
| ř. | | and complete lines 29 through 33. | | | <u></u> |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | 0 | _ | 0 |
| Se | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 30 | 0 |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | 250,586 | | 236,235 |
| let | 32 | Total net assets or fund balances | 199,703 | | 196,107 |
| _ | 33 | Total liabilities and net assets/fund balances | 250,589 | 33 | 236,235 |
| | | | | | Form 990 (2019) |

| Pa | ge | 1 | 2 |
|----|----|---|---|
| | | | |
| | | | |
| | | | |

| om 98 | 90 (2019) | | | Pa | ige 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 | | 40 | 7,245 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 41 | 10,841 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | -3,596 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 19 | 9,703 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | | 19 | 6,107 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | · | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other | | <u> </u> | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | 1 |
| | Schedule O. | | | | اــِـا |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | ļ | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled | or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | l |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | احبا |
| b | 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 audi | ted or | ιа | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | _ | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounts | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | kpiain | on | | |
| _ | Schedule O. | | . | | 4 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | rth in t | | | |
| _ | Single Audit Act and OMB Circular A-133? | | 3a | - | ✓ |
| D | If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | | |
| | required addit or addits, explain why on scriedule of and describe any steps taken to undergo such a | iuuiis . | 30 | 000 | <u> </u> |

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

| lame | of the organization | | | | | Employer identification | number |
|--------|--|-------------------------------------|---|--|--------------------------------------|---|---|
| Days | ayspring Outreach Ministries 20-016867 | | | | | | |
| Par | Reason for Public Cha | rity Status (Al | l organizations must | comple | te this p | art.) See instruction | ns. |
| he c | rganization is not a private founda | | • | | • | • | |
| 1 | A church, convention of churc | | | | | | |
| 2 | A school described in section | | • | | | | |
| 3 | ☐ A hospital or a cooperative ho☐ A medical research organization | | | | | | (iii) Enter the |
| 4 | hospital's name, city, and stat | e: | | | | | · , |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned o | r operate | ed by a government | al unit described in |
| 6 7 | ☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1) | receives a subs | stantial part of its sup | | | | the general public |
| 8 | ☐ A community trust described i | | • | Part II.) | | | |
| 9 | An agricultural research organ or university or a non-land-grauniversity: | ization describe | d in section 170(b)(1) | (A)(ix) op | | | |
| 10 | An organization that normally receipts from activities related support from gross investmen acquired by the organization a | to its exempt fu t income and un | unctions—subject to c prelated business taxal | ertain exc ble incom | ceptions, re (less se | and (2) no more that ection 511 tax) from | n 33¹/₃% of its |
| 11 | ☐ An organization organized and | l operated exclu | sively to test for public | c safety. | See sect i | ion 509(a)(4). | |
| 12 | ☐ An organization organized and | | | | | | |
| | of one or more publicly support Check the box in lines 12a thro | | | | | | |
| a | ☐ Type I. A supporting organithe supported organization supporting organization. Y | n(s) the power to | regularly appoint or e | lect a ma | jority of t | • | |
| b | Type II. A supporting orga control or management of organization(s). You must | the supporting o | organization vested in | the same | | | |
| С | Type III functionally integ | | | | | | ally integrated with, |
| d | Type III non-functionally that is not functionally integree requirement (see instructional see instruc | grated. The orga | anization generally mu | st satisfy | a distribu | ition requirement an | |
| е | Check this box if the organ functionally integrated, or | | | | | | e II, Type III |
| f | Enter the number of supported of | | | | | | |
| g | Provide the following information | n about the supp | ported organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (lii) Type of organization (described on lines 1-10 above (see instructions)) | listed in you | rganization ir governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| A) | | | | | | | |
| B) | | | | | | | |
| C) | | | | | | | |
| D) | | | | | | | |
| E) | | | | | | | ·-· |
| ntal | | | | | | | |

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 | | | | | | |
|----------|--|----------|-----------------|------------------|-------------------|------------------|--------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 160,726 | 172,836 | 194,473 | 347,628 | 311,720 | 1,187,383 |
| 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 | 238,877 | 217,984 | 132,364 | 69,013 | 95,502 | 753,830 |
| 3 | Gross receipts from activities that are not an | _ | | | | | |
| | unrelated trade or business under section 513 | o | . 0 | 0 | o | o | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | • | | | |
| | or expended on its behalf | 0 | 0 | . 0 | 0 | o | 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 | Total. Add lines 1 through 5 | 399,603 | 390,820 | 326,837 | 416,641 | 407,222 | 1,941,213 |
| 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 | | | | | | |
| | 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 | 0 |
| | Add lines 7a and 7b | 0 | 0 | 0 | 0 | . 0 | 0 |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Coati | line 6.) | | | | | 1 | 1,941,213 |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 0010 | (a) 0010 | (f) Total |
| 9 | Amounts from line 6 | | | | (d) 2018 | (e) 2019 | |
| 10a | Gross income from interest, dividends, | 399,603 | 390,820 | 326,837 | 416,641 | 407,222 | 1,941,213 |
| IVa | payments received on securities loans, rents, | | , | | | 1 | |
| | royalties, and income from similar sources . | , | 8 | - | _ | 23 | 52 |
| h | Unrelated business taxable income (less | | | · | | | 52 |
| • | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | اه | o | اه | o | ٥ | 0 |
| С | Add lines 10a and 10b | 7 | 8 | 7 | 7 | 23 | 52 |
| 11 | Net income from unrelated business | | <u>_</u> | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | o | o | o | 0 | o | 0 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | 1 | |
| | (Explain in Part VI.) | o | 0 | o | o | o | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 399,610 | | | 416,648 | 407,245 | 1,941,265 |
| 14 | First five years. If the Form 990 is for the | | 's first, secon | d, third, fourth | , or fifth tax ye | ear as a section | n 501(c)(3) |
| 0 - 4: | organization, check this box and stop her | | | | <u> </u> | | · · > [] |
| | on C. Computation of Public Suppor Public support percentage for 2019 (line 8 | | | 12 oak (%) | | 15 | 4.0/ |
| 15 16 | Public support percentage for 2019 (iiii 6 c | | • | | | 16 | 1 % |
| | on D. Computation of Investment Inc | | | · · · · · | | 1 10 1 | 1 70 |
| 17 | Investment income percentage for 2019 (I | | | v line 13. colu | mn (fl) | 17 | 0 % |
| 18 | Investment income percentage from 2018 | | | - | | 18 | <u> </u> |
| 19a | 331/3% support tests—2019. If the organi | • | • | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests—2018. If the organiz | • | - | - | | - | |
| _ | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization did | _ | - | · · | | - | _ |
| | | | | | | | |

SCHEDULE D (Form 990).

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.

2019

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.

Open to Public Inspection

| Name o | f the organization | | Employer identification number |
|--------|---|--|--|
| Daysp | ing Outrteach Ministries | | 20-0016867 |
| Par | | sed Funds or Other Similar Fund | |
| | Complete if the organization answered "\ | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | ````````````````````````````````````` | |
| - | , | <u> </u> | |
| 5 | Did the organization inform all donors and donor a funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit | of the donor or donor advisor, or fo | r any other purpose |
| | conferring impermissible private benefit? | <u> </u> | · · · · · Yes . No |
| Par | | 4 | |
| | Complete if the organization answered "Y | | |
| 1 | Purpose(s) of conservation easements held by the o | | |
| | Preservation of land for public use (for example, recrea | · | f a historically important land area |
| | Protection of natural habitat | ☐ Preservation o | f a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held | d a qualified conservation contribution | n in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | . 2a |
| ь | Total acreage restricted by conservation easements | | . 2b |
| C | Number of conservation easements on a certified his | | |
| d | Number of conservation easements included in (conservation) | | |
| _ | | | |
| 3 | Number of conservation easements modified, transf | | <u> </u> |
| | tax year ► | retrea, released, extinguished, or terri | mated by the organization during the |
| 4 | Number of states where property subject to conserv | ration easement is located | |
| 5 | Does the organization have a written policy rega | | ection bandling of |
| 3 | violations, and enforcement of the conservation ease | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspect | ting, handling of violations, and enforcing | conservation easements during the year |
| _ | > | g | ,g , |
| 7 | Amount of expenses incurred in monitoring, inspecting | handling of violations, and enforcing | conservation essements during the year |
| • | ►\$ | , nanding of violations, and emotoring t | Solisoi vation casomonts during the year |
| | | (a) abassa actiofs the very increase of a | |
| 8 | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of s | Section 170(n)(4)(b)(i) |
| _ | | | |
| 9 | In Part XIII, describe how the organization reports co | | |
| | balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen | | incial statements that describes the |
| | — | | |
| Part | | | Janer Similar Assets. |
| | Complete if the organization answered "Y | res" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASE | 3 ASC 958, not to report in its revenu | e statement and balance sheet works |
| | of art, historical treasures, or other similar assets | | |
| | service, provide in Part XIII the text of the footnote to | o its financial statements that describe | es these items. |
| b | If the organization elected, as permitted under FASI | B ASC 958, to report in its revenue s | tatement and balance sheet works of |
| | art, historical treasures, or other similar assets held f | | |
| | provide the following amounts relating to these items | s: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, h | | |
| - | following amounts required to be reported under FAS | | and the manda gain, provide the |
| а | Revenue included on Form 990, Part VIII, line 1 . | | > \$ |
| | Assets included in Form 990, Part X | | |
| | | | · · · · · · · · · · · · · · · · · · · |

| Part | Organizations Maintaining Col | lections of A | \rt, His | torical 1 | reasures | , or Ot | ther Similar Ass | sets (continued) |
|-------|--|------------------------------|-------------|------------|--------------------------|------------|--|---|
| 3 | Using the organization's acquisition, accercollection items (check all that apply): | ssion, and oth | er reco | rds, chec | k any of th | ne follov | ving that make si | gnificant use of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | ge progr | ram | |
| b | ☐ Scholarly research | | e | Other | , | | | |
| C | ☐ Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's XIII. | s collections a | nd expla | ain how t | hey further | the org | ganization's exem | pt purpose in Part |
| 5 | During the year, did the organization solid assets to be sold to raise funds rather than | | | | | | | |
| Part | IV Escrow and Custodial Arrange | ments. | | | | <u>-</u> | | - · · · · · · · · · · · · · - · - · - · · - · |
| | Complete if the organization ans 990, Part X, line 21. | wered "Yes" | on For | m 990, f | Part IV, lin | e 9, or | reported an am | ount on Form |
| 1a | Is the organization an agent, trustee, cus included on Form 990, Part X? | | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XI | III and complet | te the fo | llowing to | able: | | | |
| | | | | | | ļ | An | nount |
| C | Beginning balance | | | | | 10 | ; | |
| d | Additions during the year | | | | | 10 | ` | <u></u> |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 11 | | |
| 2a | Did the organization include an amount on | | | | | | | |
| | If "Yes," explain the arrangement in Part XI | III. Check here | if the ex | kplanatio | n has been | provide | ed on Part XIII . | <u> </u> |
| Par | | 1 42 4 . 00 | | | 5. 4.07 6. | 40 | | |
| | Complete if the organization ans | | | | | | 40.7 | 1.05 |
| 4 | | Current year | (b) Pn | or year | (c) Two yes | Irs Dack | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | | | |
| þ | Contributions | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | <u> </u> | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the cu | | | e (line 1g | , column (a | a)) held : | as: | |
| a | Board designated or quasi-endowment ▶ | | .% | | | | | |
| b | Permanent endowment ►% | ó | | | | | | |
| C | Term endowment ▶% | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | | | | | | | |
| 3a | Are there endowment funds not in the pos | ssession of the | e organi | zation tha | at are held | and ad | ministered for the | |
| | organization by: | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(i) |
| | (ii) Related organizations | | | | | | | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related organi | | | | | • | | 3b |
| 4 | Describe in Part XIII the intended uses of the | | n's endo | wment to | unas. | | | |
| Part | | | an Far | 000 r | 20ml N/ 6m | . 11. | Coo Form 000 I | Bort V line 10 |
| | Complete if the organization ans | T | | | | T | | |
| | Description of property | (a) Cost or oth (investme | | | or other basis other) | | Accumulated epreciation | (d) Book value |
| 1a | Land | | | | 30,000 | · · · · · | | 30,000 |
| þ | Buildings | | | | 126,662 | | 1,667 | 124,995 |
| C | Leasehold improvements | | <u> </u> | | | | | |
| d | Equipment | | | | 21,199 | | 5654 | 15,545 |
| е | Other | <u></u> | | ļ | (7) | | | |
| Total | Add lines 1a through 1e (Column (d) must a | eniisi Form QQ | u Part) | r column | rik) line 1i | | ▶ 1 | 170 540 |

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on For | m 990. Part IV. line | e 11b. See Form | 990. Part X. line 12. |
|----------------|--|-------------------------|---|--|
| - | (a) Description of security or category (including name of security) | (b) Book value | (c) Met | hod of valuation: -of-year market value |
| (1) Financial | derivatives | | | |
| (2) Closely h | eld equity interests | | | |
| (3) Other | | | | |
| | | | | |
| /D \ | | | | |
| (C) | | | <u></u> | |
| (D) | | | | |
| (E) | *************************************** | | | |
| | | | | <u> </u> |
| | | | | |
| (H) | | | | · · · · · · · · · · · · · · · · · · · |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . > | <u> L</u> | | |
| Part VIII | Investments – Program Related. Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | | hod of valuation -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | <u> </u> | | |
| (5) | | | | |
| (6) | and the second of the second o | | | |
| (7) | | | ·. · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| (8) | | . | | |
| (9) | 4) (5) (6) (7) (7) (7) | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) . Definition (B) line 13.) | | | |
| Part IX | Complete if the organization answered "Yes" on For | m 990, Part IV, line | e 11d. See Form | 990, Part X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | · | | |
| (2) | | | | <u> </u> |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) (9) | ······································ | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on Forline 25. | m 990, Part IV, line | | e Form 990, Part X, |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal in | | | | (-, |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | · · · · · · · · · · · · · · · · · · |
| (5) | | | | , |
| (6) | | | | |
| (7) | | | · - · · · · · · · · · · · · · · · · · · | |
| (8) | | ·· · | ······································ | |
| (9) | | | | · · · · · · · · · · · · · · · · · · · |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | · · · · · · · | | |
| | uncertain tax positions. In Part XIII, provide the text of the footn | ote to the organization | n's financial stateme | ents that reports the |
| | s liability for uncertain tax positions under FASB ASC 740. Check | | | |

| Part | | | r Return. |
|----------|---|--|---|
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| C | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | 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 | 4a | _ |
| b | Other (Describe in Part XIII.) | | |
| _ | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | |
| Part | | | oer Return. |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | |
| а | Donated services and use of facilities | 28 | - |
| b | Prior year adjustments | | - |
| C | Other losses | | <u></u> |
| d | Other (Describe in Part XIII.) | | |
| _ | Add lines 2a through 2d | | 3 |
| 3 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | · · · · · · · · · · · · · · · · · · · | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | | ન |
| | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | | |
| Part | | :- <u> / </u> | <u></u> |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4; Part IV, lines 1b and 2 | 2b; Part V, line 4; Part X, line |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to provide any additional | information. |
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| Schedule D (Fo | | Page 5 |
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| Part XIII | Supplemental Information (continued) | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection **Employer identification number**

| | oring Outreach Ministries | | | | | 20-0016867 |
|------|---|---|---|--|---|---|
| Par | General Information Form 990, Part IV, line | | ties Outside | the United States. Con | nplete if the organization | n answered "Yes" on |
| 1 | For grantmakers. Does the other assistance, the grants award the grants or assistan | es' eligibility | | | | |
| 2 | For grantmakers. Describe outside the United States. | in Part V the | e organization | 's procedures for monitorin | ng the use of its grants | and 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, fundralsing, 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 | 129,788 |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | " | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
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| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a | Subtotal | | | | | 129,788 |
| b | Total from continuation sheets to Part I | | | | | 0 |
| C | Totals (add lines 3a and 3b) | | | | | 129,788 |

Schedule F (Form 990) 2019 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organizations Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is ne (b) IRS code section and EIN (If applicable) (d) Purpose of (g) Amount of (c) Region (e) Amount of (f) Manner of organization cash grant cash disbursement assistance (1) (2)(3) (4)(5) (6)(7) (8) (9) (10) (11) (12) (13) (14) (15)

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax- |
|---|--|
| | 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 |

(16)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | of |
|---------------------------------|-------------|--------------------------|--------------------------|---------------------------------------|----------------------------------|----|
| | | | | dispursement | assistance | ļ |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
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| (16) | | | | | | |
| (17) | | | | | | |
| (18) | | | | | | |

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| Part | V Fo | reign Forms | | |
|------|-----------------------|--|-------|--------------|
| 1 | the orga | organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," nization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign tion (see Instructions for Form 926) | ☐ Yes | ☑ No |
| 2 | be requir | organization have an interest in a foreign trust during the tax year? If "Yes," the organization may red to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a ner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | ☐ Yes | ✓ No |
| 3 | the orga | organization have an ownership interest in a foreign corporation during the tax year? If "Yes," nization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Foreign Corporations (see Instructions for Form 5471) | ☐ Yes | ☑ No |
| 4 | qualified Informat | organization a direct or indirect shareholder of a passive foreign investment company or a electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, ion Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing to Instructions for Form 8621) | ☐ Yes | ☑ No |
| 5 | the orga | organization have an ownership interest in a foreign partnership during the tax year? If "Yes," inization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Partnerships (see Instructions for Form 8865) | ☐ Yes | ☑ No |
| 6 | "Yes," th | 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 ons for Form 5713; don't file with Form 990) | ☐ Yes | ✓ No |

| Schedule F (F | orm 990) 2019 Page 5 |
|---------------------|---|
| 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 Amer | rica - 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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Employer identification number

| vayspi | ring Outreach Ministries | | | | | 20-00168 | 67 | | |
|--------|---|-------------------------------|--|---|---------------|----------------|--------|-------|-----|
| Part | | | | | | | | | |
| | <u> </u> | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash cont amounts repo Form 990, Part V | rted on | Method o | | | |
| 1 | Art-Works of art | | | | | | | | |
| 2 | Art-Historical treasures | | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities—Publicly traded | | | | | | | | |
| 10 | Securities—Closely held stock . | | | | | | | | |
| 11 | Securities — Partnership, LLC, or trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution—Other | | , | | | | | | |
| 15 | Real estate Residential | | | | | | | | |
| 16 | Real estate Commercial | | | | | | | | |
| 17 | Real estate—Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | = | | | | | • |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other ► (Computer Equip.) | 1 | | | 3,500 | Retail price a | II new | equip | men |
| 26 | Other► () | | | | | | | | |
| 27 | Other ► () | | | | | | | | |
| 28 | Other ► (| | | | | | | | |
| 29 | Number of Forms 8283 received | by the org | ganization during the tax | ear for contribu | tions for | | | | |
| | which the organization completed | | | | | 29 | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organizat | tion receive | by contribution any prope | erty reported in I | Part I. lines | 1 through | | | |
| | 28, that it must hold for at least the | | | | | | ll | [| |
| | to be used for exempt purposes t | or the entir | e holding period? | | | | 30a | | ✓ |
| b | If "Yes," describe the arrangemen | t in Part II. | | | | | | | - 1 |
| 31 | Does the organization have a | | tance policy that require | es the review | of any no | onstandard | _ | | |
| | | ÷ . | | | | | 31 | | 1 |
| 32a | Does the organization hire or use | e third part | ies or related organization | s to solicit. pro | cess. or se | ell noncash | | | |
| | | - | · · · · · · · · · · · · | - | | | 32a | i | 1 |
| ь | If "Yes," describe in Part II. | · | | - | | - | | | |
| 33 | If the organization didn't report an describe in Part II. | amount in | column (c) for a type of pro | perty for which o | olumn (a) i | s checked, | | | |

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

Open to Public Inspection

Name of the organization Employer identification number **Dayspring Outreach Ministries** 20-0016867 Form 990 Page 2 Part III Line 4d (Code: N/A) (Expenses \$ 101,830 Short-Term Mission Trip including grants of \$, 0) (Revenue \$ 0) Short-Term Mission Trips - In the year of 2019, 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 \$ 4,342 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 2019, Dayspring recruited two new missionaries to serve full time in Mexico working along side other missionaries currently there. Our vision is to reach the American churches with a vision and passion for missions. Form 990 Page 6 Part VI Section B Line 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 filing with the IRS. The director coordinates this and receives any comments or concerns. Any concern or comments would be discussed in a special meeting of the board of directors either in person or

by conference call or online meeting

| Page | 2 |
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| | |

| Name of the organization | Employer identification number |
|---|----------------------------------|
| Dayspring Outreach Ministries | 20-0016867 |
| | |
| Form 990 Page 6 Part VI Section B Lines 15a & 15b | |
| The board of directors assigns a member to perform a compensation review for the director and other key | personal as required by IRS |
| | |
| regulations. Various internet resources are used in the review, including the Evangelical Council for Final | ncial Accountability annual |
| 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 |
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| also have electronic copies to send by e-mail if requested. | |
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